

UNOFFICIAL COPY

DECEASED JOINT
TENANCY AFFIDAVIT



Doc#: 1034313002 Fee: \$38.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 12/09/2010 08:33 AM Pg: 1 of 2

STATE OF ILLINOIS]
COUNTY OF]

Cook

_____ being duly
sworn states that Minnie Lust resides at 5314 south
May _____ in the City of Chicago
Illinois 60609.

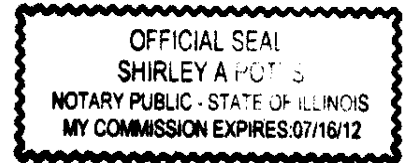
That he was acquainted husband
Jimmie Lust deceased who, at the time of his
_____ death, was one of the owners of the land in Cook
_____ County, Illinois, described as:

lot 7 in Block 4 in
Gaylord's subdivision of the south west 1/4 of the
southeast 1/4 of Section 8 Township 28 north, Range 14, East
of the third principal Meridian, in Cook County, Illinois

P.I.N. 20-08-415-008-0000

That the deceased died October 13, 2010

as evidenced by a certified copy of death certificate of the
deceased attached hereto.



Subscribed and sworn to before me by the said

Minnie Lust

this 7th day of December, A.D. 2010

Shirley Potts

Notary Public

Minnie B. Lust
(affiant signature)

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COOK COUNTY CLERK VITAL RECORDS

**CHICAGO, ILLINOIS
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2010 0074543

DATE ISSUED 10/29/2010

DECEDENT'S LEGAL NAME JIMMIE DAVID LUST SR			SEX MALE	DATE OF DEATH OCTOBER 13, 2010	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 73 YEARS	DATE OF BIRTH JUNE 18, 1937		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME SEASONS HOSPICE AT HOLY CROSS HOSPITAL			
PLACE OF DEATH HOSPICE FACILITY					
BIRTHPLACE COFFEEVILLE, MS	SOCIAL SECURITY NUMBER [REDACTED]	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME MINNIE BELL		EVER IN U.S. ARMED FORCES? YES
RESIDENCE 5314 SOUTH MAY STREET		APT. NO.	CITY OR TOWN CHICAGO		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60609	FATHER'S NAME THOMAS LUST		MOTHER'S NAME PRIOR TO FIRST MARRIAGE ROSIE LEE SPENCER
INFORMANT'S NAME MINNIE LUST		RELATIONSHIP WIFE	MAILING ADDRESS 5314 SOUTH MAY STREET, CHICAGO, IL, 60609		
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION MOUNT HOPE CEMETERY	LOCATION - CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION OCTOBER 20, 2010	
FUNERAL HOME JONES FUNERAL HOME LLC, 3240 WEST 79TH STREET, CHICAGO, IL, 60652					
FUNERAL DIRECTOR'S NAME WILLIAM WHEATLEY			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016351		
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR OCTOBER 15, 2010		
CAUSE OF DEATH PART I. END STAGE RENAL FAILURE					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	Due to (or as a consequence of):		
		b.	Due to (or as a consequence of):		
		c.	Due to (or as a consequence of):		
			Due to (or as a consequence of):		
PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I. LUNG CANCER				WAS AN AUTOPSY PERFORMED? NO	
				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
DID TOBACCO USE CONTRIBUTE TO DEATH?		FEMALE PREGNANCY STATUS NOT APPLICABLE		MANNER OF DEATH NATURAL	
DATE OF INJURY		TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?
LOCATION OF INJURY					
DESCRIBE HOW INJURY OCCURRED:				IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? YES		DATE LAST SEEN ALIVE OCTOBER 11, 2010	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 06:00 AM
CERTIFIER PHYSICIAN				DATE CERTIFIED OCTOBER 14, 2010	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH SANJAY J AMIN, 606 POTTER ROAD, DES PLAINES, ILLINOIS, 60016				PHYSICIAN'S LICENSE NUMBER 036087155	



This is to certify that this is a true and correct copy from the official death record filed with Illinois Department of Health.

David Orr
David Orr
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE