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Doc#: 1110344085 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 04/13/2011 03:38 PM Pg: 1 of 3

Affidavit of Death of Joint Tenant
(Michael C. Woods, Deceased)

STATE of ILLINOIS
COUNTY of COOK

NOW COMES TANYA WOODS, Affiant herein, being of lawful age, the Decedent herein, having known her since age 16 years, that Affiant owned certain real property with the Decedent as Joint Tenants with right of Survivorship, said property being described further as:

LOT 36 IN BLOCK 6 IN HILLIARD AND DOBBINS FIRST ADDITION TO WASHINGTON HEIGHTS, A SUBDIVISION OF THE EAST ½ OF THE NORTHEAST ¼ OF SECTION 7 AND THE NORTHWEST ¼ OF SECTION 8, TOWNSHIP 37 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property Index Number: 25-07-218-021-0000

That the above described property is also commonly known as 9811 South Vanderpoel Avenue, Chicago, Illinois 60643-1233.

Affiant states further that she obtained her interest in the above described property by Quit Claim Deed from Michael C. Woods to Tanya Woods and Michael C. Woods as joint tenants, and recorded the Cook County Recorder of Deeds office at 118 N. Clark Street, Room 120, Chicago, Illinois 60602 on April 1, 1997.

Affiant states further that the Decedent departed this life in Chicago, Illinois in Cook County on August 12, 2008 being forty-four (44) years old.

These statements are true and correct and based on personal knowledge of the Affiant.

Further Affiant sayeth not.

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Sworn to and executed this, the
16th day of December 2010

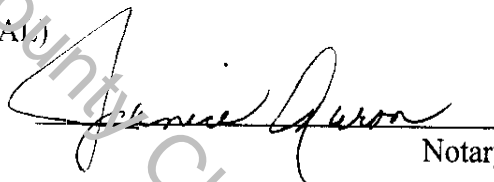


Tanya Woods, Affiant
9811 South Vanderpoel Avenue
Chicago, Illinois 60643

State of ILLINOIS)
) ss.
County of COOK)

The undersigned, a notary public in and for the above county and state, certifies that TANYA WOODS, known to me to be the same person whose name is subscribed as Affiant to the foregoing Affidavit of Death of Joint Tenant, appeared before me in person and acknowledged signing and delivering the instrument as the free and voluntary act of the affiant for purposes therein set forth.

Dated: 12/16/2010 (SEAL)


Notary Public

Property of Cook County Clerk's Office

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STATE OF ILLINOIS CERTIFICATE OF DEATH

| | | | | | |
|--|--|---|---|---|--|
| REGISTRATION DISTRICT NO. 16:33 | | LOCAL FILE NUMBER 398 | | STATE FILE NUMBER 198 AUG 08 | |
| 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) Michael Christopher Woods | | | 2. SEX Male | | 3. DATE OF DEATH (Month/Day/Year) (Spell Month) August 12, 2008 |
| 4. COUNTY OF DEATH Cook | | 5a. AGE AT LAST BIRTHDAY (Years) 44 | 5b. UNDER 1 YEAR Months: _____ Days: _____ | 5c. UNDER 1 DAY Hours: _____ Minutes: _____ | 6. DATE OF BIRTH (Month/Day/Year) January 12 1964 |
| 7a. CITY OR TOWN Evergreen Park | | | 7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) Little Company of Mary | | |
| 7c. PLACE OF DEATH (Check only one; see instructions) | | | | | |
| IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival | | | IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long-term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____ | | |
| 8. BIRTHPLACE (City and State or Foreign Country) Chicago Illinois | | 9. SOCIAL SECURITY NUMBER [REDACTED]-7034 | 10. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown | | 11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) Tanya Edmonds |
| 12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| 13a. RESIDENCE (Street and Number) 9811 South Vanderpoel Avenue | | 13b. APT. NO. Chicago | 13c. CITY OR TOWN Chicago | 13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 13e. COUNTY Cook | 13f. STATE IL | 13g. ZIP CODE 60643 | 14. FATHER'S NAME (First, Middle, Last) Benson Woods | | 15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Kathleen Parker |
| 16a. INFORMANT'S NAME Tanya D Woods | | 16b. RELATIONSHIP Wife | 16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 9811 South Vanderpoel Ave Chicago IL 60643 | | |
| 17. METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): _____ | | 18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) Forest Crematory | | 19. LOCATION - CITY, TOWN AND STATE Romeoville Illinois | 20. DATE OF DISPOSITION (Month/Day/Year) August 15 2008 |
| 21a. FUNERAL HOME NAME Cremation Society of Illinois | | STREET AND NUMBER 1374 East 53rd Street | CITY OR TOWN Chicago | STATE Illinois | ZIP 60615 |
| 21b. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> | | | 21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-011165 | 21d. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) August 15th, 2008 | |
| 22. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i> | | | 23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) August 15th, 2008 | | |
| 24. PART I. Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. | | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Pulmonary embolism Due to (or as a consequence of): _____ | | | | | |
| Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST | | | | | |
| b. Deep vein thrombosis Due to (or as a consequence of): _____ | | | | | |
| c. Fall Due to (or as a consequence of): _____ | | | | | |
| PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. obesity | | | | | 25. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | 26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No | 28. IF FEMALE: <input type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Pregnant within one year of death but time unknown <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past 12 months | 29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation | | | |
| 30. DATE OF INJURY (Month/Day/Year) | 31. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. | 32. PLACE OF INJURY (e.g. Decedent's home; construction site; restaurant; wooded area) | | 33. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 34. LOCATION OF INJURY Street and Number Apartment Number City or Town State ZIP Code | | | | | |
| 35. DESCRIBE HOW INJURY OCCURRED: | | | | | 36. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify): _____ |
| 37. I (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (Month/Day/Year) | | 38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 39. DATE PRONOUNCED (Month/Day/Year) 8-12-08 | 40. TIME OF DEATH 2:37 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. | |
| 41. CERTIFIER (Check only one): <input type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. | | | | | |
| 42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) HISHAM A. HASHISH, M.D. 2121 W. HARRISON ST., CHICAGO, ILLINOIS 60612-3705 | | | | | 43. PHYSICIAN'S LICENSE NUMBER |
| 44. TITLE OF CERTIFIER THE MEDICAL EXAMINER | | 45. DATE CERTIFIED (Month/Day/Year) 8-13-08 | 46. SIGNATURE OF CERTIFIER <i>[Signature]</i> | | |

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

DATE: AUGUST 15TH 2008
AT: EVERGREEN PARK, ILLINOIS

REGISTRAR: Kelly A. Kuzlik
SIGNATURE: *[Signature]*