

UNOFFICIAL COPY



Doc#: 1111054011 Fee: \$38.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 04/20/2011 02:49 PM Pg: 1 of 2

DECEASED JOINT
TENANCY AFFIDAVIT

STATE OF ILLINOIS]
COUNTY OF]

Cook Robert L. Christmon being duly
sworn states that he resides at 617
Morris Ave in the city of Bellwood
IL 60104

That she was acquainted Wife
Alma L. Christmon deceased who, at the time of her
death, was one of the owners of the land in Cook
county, Illinois, described as

Lot one hundred Fifty Nine (459)
Lot one hundred sixty (160)

IN Rice's Subdivision in Bellwood, a subdivision of part of
the south west Quarter (1/2) of section 9, Township 39 North,
Range 12, East of the third Principal Meridian

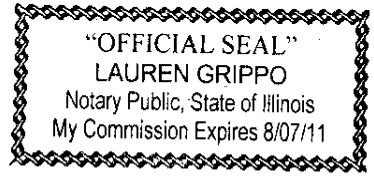
P.I.N. 15-09-305-048-0000 — 15-09-305-049-0000

That the deceased died 3-22-2011

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

Subscribed and sworn to before me by the said

Robert L. Christmon
is 19th day of April, A.D. 19 2011



Lauren Grippo
Notary Public

UNOFFICIAL DEATH COPY**HILLSIDE, ILLINOIS
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2011 0023488

DATE ISSUED 03/29/2011

DECEDENT'S LEGAL NAME ALMA CHRISTMON		SEX FEMALE	DATE OF DEATH MARCH 22, 2011	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 75 YEARS	DATE OF BIRTH JANUARY 16, 1936		
CITY OR TOWN PROVISO TWP		HOSPITAL OR OTHER INSTITUTION NAME FOSTER G MC GAW HOSPITAL		
PLACE OF DEATH INPATIENT				
BIRTHPLACE PONTOTOC, MS	SOCIAL SECURITY NUMBER 426-62-6961	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME ROBERT CHRISTMON	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 612 MORRIS AVENUE		APT. NO.	CITY OR TOWN BELLWOOD	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60104	FATHER'S NAME LEE HENRY MILTON	MOTHER'S NAME PRIOR TO FIRST MARRIAGE LIMMIE MCQUINTER
INFORMANT'S NAME ROBERT CHRISTMON		RELATIONSHIP HUSBAND	MAILING ADDRESS 612 MORRIS AVENUE, BELLWOOD, IL, 60104	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION WOODLAWN CEMETERY	LOCATION - CITY OR TOWN AND STATE FOREST PARK, IL	DATE OF DISPOSITION MARCH 26, 2011	
FUNERAL HOME FOUNTAIN JORDAN SHEPARD FUNERAL HOME, 418 SOUTH CICERO, CHICAGO, IL, 60644				
FUNERAL DIRECTOR'S NAME DUSHAWN SMITH			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016056	
LOCAL REGISTRAR'S NAME WILLIAM J DAUGHERTY JR			DATE FILED WITH LOCAL REGISTRAR MARCH 28, 2011	
CAUSE OF DEATH PART I. ACUTE MYOCARDIAL INFARCTION				
IMMEDIATE CAUSE (Final disease or condition resulting in death)				
a. _____ Due to (or as a consequence of):				
b. ATRIAL FIBRILLATION _____ Due to (or as a consequence of):				
c. _____ 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 ATRIAL FIBRILLATION			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 UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? UNKNOWN	DATE PRONOUNCED	TIME OF DEATH 10:29 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED MARCH 25, 2011	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH SUSAN C. BALVERDE, M.D., 675 WEST NORTH AVENUE STE 410, MELROSE PARK, ILLINOIS, 60160				PHYSICIAN'S LICENSE NUMBER 036046845

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ILLINOIS DEPARTMENT OF PUBLIC HEALTH

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


 TOWNSHIP CLERK

MAR 29 2011

