## **UNOFFICIAL COPY**

ログラショウと DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois) )ss County of Cook)

CASSIA L. KEY CAMPBELL, hereinafter referred to as the affiant deposes and states



Doc#: 1113357009 Fee: \$38.00 Eugene "Gene" Moore RHSP Fee: \$10.00

n

Cook County Recorder of Deeds
Date: 05/13/2011 02:53 PM Pg: 1 of 2

that the affiaric resides at: 236 Vernon Dive Bolingbrook, IL 60440;

That the decedent, MINIE POWELL, at the time of her death was one of the owners of the property in Cook, County, Illinois, to wit:

LOT 192 IN CREEKSIDE SUDDIVISION PHASE II, BEING A SUBDIVISION OF PART OF THE SOUTHWEST 1/4 OF SECTION 17, TOWNSHIP 35 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN: 31-17-307-011-0000

Commonly known as: 624 Highland Road Matteson, IL 60443

That said decedent died on June 12, 2005 leaving no last will and testament;

That the total value of the estate of said decedent including her taxable interest in the above real estate is \$40,000.00.

That the Illinois Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full.

Dated: April 28, 2011

CASSIA L. KEY CAMPBELL

Subscribed and Sworn to

before me by CASSIA L. KEY CAMPBELL

this 28th Day of April, 2011.

FICIAL SEAL RD M. NARK

Notary Public

This document prepared by: Atty Medard M. Narko, 15000 S. Cicero, Oak Forest, IL 60452

mail to: Medard M. Narko, 15000 S. Cicero, Oak Forest, IL 60452

CONDITIONS, IF ANY
WHICH GIVE RISE TO
MAGDIATE CAUSE (a)
STATING THE UNDERLYING COUNTY OF DEATH 17a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER SOCIAL SECURITY NUMBER DECEASED-NAME FUNERAL DIRECTOR'S SIGNATURE 23 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER NAME AND ADDRESS OF CERTIFIEF BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) NUMBER FUNERAL HOME 24a. BURIAL, CREMATION, REMOVAL (SPECIFY) REGISTERED 26a. LOCAL REGIS 18. PA RT I. ann /Rev. INFECTION OF PERMANENT PACEMAKER A T. I. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I UXTORN DENCE (STREET AND NUMBER) euse or condition unag in death) 427-62-9164 EBEST OF MY KNOWLEDGE, F OPERATION, IF ANY IGNATURE > ANT'S NAME (TYPE OR PRINT) JUNIA MAYBLEINE GIGGERS -NAME SAW HIM/HER ALIVE ON CHICAGO MARTIN BURKE, MD CIPTON Sim CURRAN, MD 7 MINNIE Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory ares. shock, or heart failure. List only one cause on each line. 13f. ロドセンの "UNCKAL 24b CEMETERY OR CREMATORY-NAME (a) ACUTE HEMORRHAGE OF DUE TO, OR AS A CONSEQUENCE OF € 86443 MIDDLE 11a. EATH OCCURRED AT 1 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) \*EMPTENIAS RIGHT"CHEST; USUAL OCCUPATION (TYPE OR PRINT) HOME MAKER MEDICAL CERTIFICATE OF DEATH END STAGE RENAL (MONTH, DAY, YEAR) FUNGGEMIA 3 JUNE 12, Illinois Department of Public Health—Division of Vital Records MARTIN BUTKE, RACE (WHITE, BLACK INDIAN, etc.) (SPECIFY) 149 Cr 00015 AGE-LAST BIRTHDAY 5a. 74 グロノンス HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) (WHITE, BLACK, AMERICAN MIDDLE HETIME, PATE AND PLACE AND DIVE TO THE CAUSE(S) STATED THE UNIVERSITY OF CHICAGO HOSPITALS STREET AND NUMBER OR R.F.D. CHICACO, 2005 5841 SOUTH MARYLAND (YRS) 13b. (TYPE ACTIVE) CITY, TOWN, M.D. RELATIONSHIP |現長cokbs UNDER 1 YEAR NAME OF SURVIVING SPOUSE (MAIDENNAME, IF WIFE) 13b. 0 12 X KIND OF BUSINESS OR INDUSTRY DISEASE POWELL D.O. TWP, OR ROAD DISTRICT NO LAST INFECTED PACEMAKER ILLINOIS 60637 SOUTH 24c. LOCATION HESOM OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUE) TO RICAN, BIG. MOTHER-NAME 14b. 50 12/5/ HOURS MIN Horne O N MAILING ADDRESS JSKIDNO 1220 060 EXAMINER NOTIFIED? CITY OF TOWN AY DATE OF BIRTH (MONTH, DAY, YEAR) SEX FIRST CITY OR TOWN □ YES HICAEBUTHL MARKIAN Elementary/Secondary ( NIN PATERILE PATE PATE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBE KNUNKY SPECIFY INSIDE CITY <u>13</u> YES/NO) 3. JUNE 12. LINOIS DATE OF DEATH (MONTH, DAY, YEAR) AUTOPSY (YES/NO) 19a NO MIDDLE 19a 7,7 IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 200 HOUR OF DEATH DATE SIGNED ILLINOIS LICENSE NUMBER 22b. JUNE NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER 22d. 036-083340 (BASED ON 1989 U.S. STANDARD CERTIFICATE) Y HIGHEST GRADE COMPLETED)

College (1-4 or 5 + ) YES | NO 5 OP/EMER. HM. INPATIENT (SPECIFY)

GC. INPATIENT Ö 13d. COUNTY 19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES-NO) 2005 24d. DATE I (MONTH DAY YEAR) 0637 200 13, 2005 WAS DECEASED EVER IN U.S ARMED FORCES? (YES/NO) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ググジ (MONTH, DAY, YEAR) (MONTH, DAY, YEAR) 2:00 P M 0 LAST

3357009

MULTICOLOR SIGNATURE SEAL IS THIS CERTIFICATE COPY VALID WHEN AFFIXED.

1,200

10676

## DEPARTMENT OF PUBLIC HEALTH CITY OF CHICAGO

LOCAL REGISTRAP neem LAW AND ORDINANCES

KEPT BY ME IN ORDINANCE OF SAID SHEET IS A TRUE COPY OF A RECORD **ACCOMPANYING CERTIFICATE ON THIS** THE CITY OF CHICAGO; THAT THE OF ILLINOIS AND THE ORDINANCES OF BY VIRTUE OF THE LAWS OF THE STATE AND DEATHS FOR THE CITY OF CHICAGO THE RECORDS OF BIRTHS, STILLBIRTHS JUN 15 ZINE CITY OF CHICAGO COUNTY OF COOK

CERTIFY THAT I AM THE KEEPER OF THE CITY OF CHICAGO, DO HEREBY

CUSTRAR OF VITAL STATISTICS OF JOHN L. WILHELM M.D., LOCAL STATE OF ILLINOIS

DISTRICT NO. 16. 10

STATE OF ILLINOIS

STATE FILE