

STATE OF ILLINOIS )  
 )SS  
COUNTY OF COOK )

DECEASED JOINT TENANT AFFIDAVIT

Affiant, **ROBERT J. McKEE**, being first duly sworn, for the purpose of declaring heirship for a certain Quit Claim Deed by and between **John A. McKee, Jr. (married to Dorothy McKee) and Robert J. McKee (married to Jewel McKee) being the sole surviving heirs at law of John A. McKee who died on January 11, 1962 and Minnie P. McKee who died on October 4, 2007** covering the land described below, deposes and says:

- 1. That he resides at: 208 Anderson St., Apt. 8HS, Hackensack, NJ 07601
- 2. That he was acquainted with John A. McKee a/k/a John Alfred McKee who died on January 11, 1962, as evidenced by the attached certified copy of the death certificate.
- 3. That said decedent was one of the owners of the land described AS FOLLOWS:

**Lots 48 and 49 in Block 3, in Lincoln Manor 4<sup>th</sup> Addition, being a Subdivision of that part of the East one-half (E½) of the Northeast One Quarter (NE¼) of Section 3, Township 36 North, Range 13, East of the Third Principal Meridian which lies North of Midlothian Turnpike in Cook County, Illinois**

**Commonly known as: 13707 S. Keystone Ave., Robbins, IL 60472  
PIN: 28-03-214-003-0000 and 28-03-214-004-0000**

- 4. That said decedent died:  
 **XXX** leaving no last will and testament  
 leaving a last will and testament, a copy of which is attached



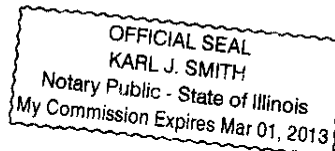
Doc#: 1207546001 Fee: \$64.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 03/15/2012 09:35 AM Pg: 1 of 3

- 5. Further affiant sayeth naught.

*Robert J. McKee*  
ROBERT J. McKEE

Subscribed to and sworn to before me this 1<sup>ST</sup> day of February, 2012

*Karl J. Smith*  
Notary Public



BP

# UNOFFICIAL COPY

March 15, 2012

STATE OF ILLINOIS  
County of Cook

DAVID ORR, COUNTY CLERK

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is the true and correct copy of the original Record on file, all of which appears from the records and files in my office. IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

*David V. Orr*  
COUNTY CLERK

ORIGINAL #452  
FILL IN WITH TYPEWRITER OR LEGIBLE PRINTING

STATE OF ILLINOIS

STATE FILE NUMBER 1340

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO 16.10

REGISTERED NUMBER

DECEDENT'S BIRTH NO.		PLACE OF DEATH a. STATE ILLINOIS b. COUNTY COOK		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. STATE ILLINOIS b. COUNTY COOK	
c. <input checked="" type="checkbox"/> INSIDE corporate limits and in City, Village, or Incorporated Town CHICAGO		c. <input type="checkbox"/> INSIDE corporate limits and in City, Village, or Incorporated Town		c. <input type="checkbox"/> INSIDE corporate limits and in City, Village, or Incorporated Town	
d. <input type="checkbox"/> OUTSIDE corporate limits and in Township name		e. LENGTH OF STAY IN INSTITUTION		e. LENGTH OF RESIDENCE AT 2c or 2d	
1. NAME OF HOSPITAL OR INSTITUTION COOK COUNTY HOSPITAL		g. LENGTH OF STAY IN INSTITUTION 3 DAYS		f. RESIDENCE ADDRESS (Street & No. or R.F.D. and Post Office) 13707 SOUTH KEYSTONE AVE	
h. If not in hospital or institution, give Street & No.		g. Did decedent reside ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4. DATE OF DEATH (MONTH) (DAY) (YEAR) 1-11-62	
3. NAME OF DECEASED a. (FIRST) JOHN b. (MIDDLE) ALFRED c. (LAST) McKEE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) MARRIED		9. AGE (in years last birthday) UNKNOWN ABOUT 56	
5. SEX MALE		6. RACE NEGRO		11. BIRTHPLACE (City and state or foreign country) UNK ALA.	
10a. USUAL OCCUPATION LABORER		10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION		12. Citizen of what country? U.S.A.	
13. FATHER'S FULL NAME ROBERT MCKEE		14. MOTHER'S FULL MAIDEN NAME HATTIE BLAIR		INFORMANT SIGNATURE Arthur J. Hunter	
15. Was deceased ever in U. S. Armed Forces? (Yes, no, or unknown) (Give war or dates of service) NO		16. SOCIAL SECURITY NUMBER 337-07-1005		b. ADDRESS COOK COUNTY HOSPITAL RECORDS	
18. MEDICAL CAUSE OF DEATH PART I. DEATH WAS CAUSED BY. (Enter only one cause per line for (A), (B) and (C).) IMMEDIATE CAUSE (A) Bronchogenic Carcinoma		19a. DATE OF OPERATION, IF ANY		19b. MAJOR FINDINGS OF OPERATION	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART I(A).		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH	
NOTE: If an injury was involved in this death, the Coroner must be notified.					
21. I hereby certify that I attended the deceased from 1-9-1962 to 1-11-1962, that I last saw the deceased alive on 1-11-1962, and death occurred at 8:00 A.M. from the causes and on the date stated above.					
Signature: <i>W. F. Dipper</i> M.D.		License Number: 3636900		Date: 1/11/62	
Address: 1835 West Harrison St Chicago Illinois		Phone: 738-7100			
22. DISPOSITION: BURIAL REMOVAL CREMATION CEMETERY: LINCOLN LOCATION: WORTH, ILL.		Date: 1-20-62		23. FUNERAL DIRECTOR: MILLER-MAYER-CULBERTSON SIGNATURE: <i>Robert Mayer-Culbertson</i> ADDRESS: 730 E 65th ST Chicago 37, Ill. License Number: 5598	
24. Received for filing on JAN 14 1962		(Signed) <i>Samuel L. Ardellman</i> M.D.		LOCAL REGISTER	

012  
3  
550-65

924

CAUSE OF DEATH  
1621

W. F. Dipper MD

VS & R 200—BUREAU OF STATISTICS—ILLINOIS DEPARTMENT OF PUBLIC HEALTH

# UNOFFICIAL COPY

DAVID ORR, COUNTY CLERK

March 15, 2012

STATE OF ILLINOIS  
County of Cook

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is the true and correct copy of the original Record on file, all of which appears from the records and files in my office. IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

*David D. Orr*  
COUNTY CLERK

<b>DECEDENT'S BIRTH NO.</b>	REGISTRATION DISTRICT NO. <u>16.34</u>	<b>STATE OF ILLINOIS</b>		STATE FILE NUMBER
	REGISTERED NUMBER <u>452</u>	<b>MEDICAL CERTIFICATE OF DEATH</b>		
<i>Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS</i>	<b>DECEASED NAME</b> FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
	1. <u>MINNIE Pearl MCKEE</u>		2. <u>FEMALE</u>	3. <u>OCTOBER 4, 2007</u>
	COUNTY OF DEATH	AGE - LAST BIRTHDAY (YRS)	DATE OF BIRTH (MONTH, DAY, YEAR)	
	4. <u>COOK</u>	5a. <u>82</u>	5b. <u>APRIL 6, 1925</u>	5d. <u>APRIL 6, 1925</u>
<b>A</b>	6a. <u>HARVEY</u>		6b. <u>INGALLS MEMORIAL HOSPITAL</u>	
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		IF HOSP OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)	
	7. <u>Grady, Alabama</u>		6c. <u>IMPATIENT</u>	
	8. <u>Widowed</u>		9. <u>No</u>	
<b>B</b>	SOCIAL SECURITY NUMBER		KIND OF BUSINESS OR INDUSTRY	
	10. <u>348-28-1563</u>		11b. <u>Home</u>	
	11a. <u>Homemaker</u>		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
	12. <u>8th</u>		College (1-4 or 5+)	
<b>C</b>	RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)
	13a. <u>13707 S Keystone</u>		13b. <u>Robbins</u>	13c. <u>Yes</u>
	STATE		ZIP CODE	COUNTY
	13e. <u>ILLINOIS</u>		<u>1360472</u>	<u>Cook</u>
<b>D</b>	FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE LAST (MAIDEN) LAST	
	15. <u>Julius Reynold</u>		16. <u>Georgia Weatherly</u>	
	INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
	17a. <u>John McKee</u>		17b. <u>SON</u>	17c. <u>14200 Winchester Ave, Dixmoor IL 60426</u>
<b>E</b>	18. PART I. Enter the diseases, or complications that caused the death. Do not enter mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	Immediate Cause (Final disease or condition resulting in death)		<u>HRS</u>	
	(a) <u>SEPTIC SHOCK</u>		<u>3.5 day</u>	
	CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		<u>3.5 day</u>	
<b>CAUSE</b>	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		AUTOPSY (YES/NO)	
	<u>CAD, I.M.</u>		19a. <u>No</u>	
	DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION	
	20a.		20b.	
<b>OPERATION</b>	1 (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	
	21a. <u>10.4.07</u>		21b. <u>NO</u>	
	TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH	
	22a. SIGNATURE <u>Dilip Shah</u>		21c. <u>3:15 P. M.</u>	
<b>CERTIFIER</b>	NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		DATE SIGNED (MONTH, DAY, YEAR)	
	22c. <u>Dilip Shah MD 17901 Governors Hwy Homewood IL</u>		22b. <u>10/5/07</u>	
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER	
	23.		22d. <u>36-045-0361</u>	
<b>DISPOSITION</b>	BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY-NAME	LOCATION CITY OR TOWN STATE	DATE (MONTH, DAY, YEAR)
	24a. <u>Burial</u>	24b. <u>Lincoln Cemetery</u>	24c. <u>Chicago Illinois</u>	24d. <u>10-12-2007</u>
	FUNERAL HOME	NAME STREET AND NUMBER OR R.F.D.	CITY OR TOWN STATE	ZIP
	25a. <u>W.W. Holt Funeral Home</u>	<u>175 West 159th Street</u>	<u>Harvey Illinois</u>	<u>60426</u>
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		
25b. <u>W.W. Holt</u>		25c. <u>10992</u>		
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		
26a. <u>Nancy L. Clark</u>		26b. <u>OCT 09 2007</u>		

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