

UNOFFICIAL COPY

STATE OF ILLINOIS)
)SS.
COUNTY OF COOK)



Doc#: 1213744089 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 05/16/2012 02:54 PM Pg: 1 of 2

SURVIVORSHIP AFFIDAVIT

Burton A. Brown, being duly sworn state that I reside at 1910 Rita Avenue, in the City of St. Charles.

That I was acquainted with Joseph P. Fuller, the deceased, who at the time of death owned the land described below:

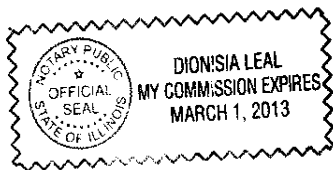
Lot 19 in Block 3 in 1st Addition to Marquette Road Terrace, being a subdivision in the North ½ of the North East ¼ of the South East ¼ of Section 22, Township 38 North, Range 13, East of the Third Principal Meridian.

PIN: 19-22-405-019-0000

Commonly known as 6739 S. Kedvale Avenue, Chicago, IL 60629.

That the deceased died on October 30, 2011 as is evidenced by the death certificate attached hereto.

Affiant makes this affidavit for the purpose of spreading of record the death of Joseph P. Fuller leaving the Joint Tenant Survivorship as Rita F. Fuller.




(Affiant's Signature)

SUBSCRIBED and SWORN to before me this
9 day of March, 2012


NOTARY PUBLIC

Prepared by:
Law Offices of Burton A. Brown
205 W. Wacker Drive, Suite 922
Chicago, Illinois 60606
312-236-5582

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COOK COUNTY CLERK VITAL RECORDS
CHICAGO, ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2011 0080541

DATE ISSUED 11/07/2011

DECEDENT'S LEGAL NAME JOSEPH P FULLER			SEX MALE	DATE OF DEATH OCTOBER 30, 2011	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 68 YEARS	DATE OF BIRTH MARCH 10, 1943		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME 6739 S KEDVALE AVE			
PLACE OF DEATH DECEDENT'S HOME					
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED] 7311	STATUS AT TIME OF DEATH MARRIED		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME RITA MAHON	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 6739 S KEDVALE		APT. NO.	CITY OR TOWN CHICAGO		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60629	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JAMES FULLER		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MARY BARRETT
INFORMANT'S NAME RITA FULLER		RELATIONSHIP WIFE	MAILING ADDRESS 6739 S KEDVALE AVE, CHICAGO, IL, 60629		
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION HOLY SEPULCHRE CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE ALSIP, IL	DATE OF DISPOSITION NOVEMBER 04, 2011	
FUNERAL HOME THOMAS MCINERNEYS SONS FUNERAL HOMES, 4635 S WALLACE ST, CHICAGO, IL, 60609					
FUNERAL DIRECTOR'S NAME THOMAS J MUNLEY				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011924	
LOCAL REGISTRAR'S NAME DAVID ORR				DATE FILED WITH LOCAL REGISTRAR NOVEMBER 1, 2011	
CAUSE OF DEATH PART I. CHOLANGLOCARCINOMA 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 significant conditions contributing to death but not resulting in the underlying cause given in PART I				WAS AN AUTOPSY PERFORMED? NO	
				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
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 28, 2011	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 11:30 PM	
CERTIFIER PHYSICIAN				DATE CERTIFIED OCTOBER 31, 2011	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DRAGOMIR JAVONIC MD, 4201 W 9TH STREET, OAK LAWN, ILLINOIS, 60453				PHYSICIAN'S LICENSE NUMBER 036095897	

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.

David Orr
David Orr
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

PHOTOCOPIED FROM ORIGINAL FILED AT BOTTOM