

# UNOFFICIAL COPY



Doc#: 1215848000 Fee: \$40.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 06/06/2012 09:07 AM Pg: 1 of 2

DECEASED JOINT  
TENANCY AFFIDAVIT

STATE OF ILLINOIS

COUNTY OF

Cook Albert Payton

being duly

sworn states that

he resides at 163 North  
Cathole in the City of Chicago  
Ill 60644

That HE was acquainted

Wife

Wilma Payton

deceased who, at the time of her

death, was one of the owners of the land in Cook

County, Illinois, described as: Lot 35 and the south 6 feet

of lot 26 in Block 2 in Beardships addition to Austin # subdivision of the East  
Half of the East half of the North east quarter of the southwest quarter of  
section 9, Township 39 North Range 13 East of the Third principal  
Meridian lying south of Lake Street (except 2 1/2 north 1/2 acres and the South  
1/2 5 thereof) in Cook County Illinois

P.I.N. 16-09-313-015-0000

That the deceased died Aug 26, 2004

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

Subscribed and sworn to before me by the said

ALBERT PAYTON

his 2ND day of JUNE, A.D. 19 2012

Gary Alsip  
Notary Public

Albert Payton



# UNOFFICIAL COPY

CITY OF CHICAGO  
DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS

REGISTRATION DISTRICT NO. 155.99

## MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

612160

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

AUG 30 2004

I, JOHN L. WILHELM M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN OBDINANCE OF SAID LAW AND ORDINANCES.

*John L. Wilhelm, MD*  
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

DECEASED-NAME FIRST MIDDLE LAST <i>WILMA J. Payton</i>	SEX 2. Female	DATE OF DEATH (MONTH, DAY, YEAR) 3. August 26, 2004
COUNTY OF DEATH 4. Cook	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. November 10, 1939	IF DECEASED EVER IN U.S. ARMY, NAVY, AIR FORCE, OR MARINE CORPS? (YES/NO) 6c. Hospice
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6a. Chicago	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. Albert Payton Jr.	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. College (1-6 or 3+)
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Birmingham, Ala	KIND OF BUSINESS OR INDUSTRY 11a. Homemaker	INSIDE CITY (YES/NO) 13c. Yes
SOCIAL SECURITY NUMBER 10. 318 32 2034	11b. Home	CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13a. 163 North Latrobe
RESIDENCE (STREET AND NUMBER) 13a. 163 North Latrobe	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14b. Black	13d. Cook
STATE 13a. Illinois	14c. ZIP CODE 13f. 60644	13e. MOTHER-NAME FIRST MIDDLE LAST (MAIDEN) LAST 16. Humprey
FATHER-NAME FIRST MIDDLE LAST 15. Willie Harris	RELATIONSHIP 17b. Husband	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 163 North Latrobe, Chicago, IL 60644
INFORMANT'S NAME (TYPE OR PRINT) 17a. Albert Payton Jr.	17b. Relationship 17c. Address	17d. City, State, ZIP Chicago, IL 60644
IMMEDIATE CAUSE (Final disease or condition resulting in death) (a) Congestive Heart Failure	17e. Cause of death (a) Congestive Heart Failure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) DUE TO OR AS A CONSEQUENCE OF (c) DUE TO OR AS A CONSEQUENCE OF	17f. Underlying cause	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		
DATE OF OPERATION, IF ANY 20b.	MAJOR FINDINGS OF OPERATION 20c.	DATE OF DEATH 21c. 7:30 A.M.
(10) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a.	20b. Date of operation	21b. Hour of death
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 22a. SIGNATURE NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. SANJAY Anand, MD 550 W. Wabasha Chicago, IL 60616	20c. Date of operation	21d. Date of death
NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT) 22c.	20d. Date of operation	21e. Date of death
23. BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	20e. Date of operation	21f. Date of death
CEMETERY OR CREMATORY-NAME 24b. Oakridge	20f. Date of operation	21g. Date of death
STREET AND NUMBER OR R.F.D. NAME 24c. Hillside, Illinois	20g. Date of operation	21h. Date of death
CITY OR TOWN STATE 24d. Hillside, Illinois	20h. Date of operation	21i. Date of death
ZIP 24e. 60644	20i. Date of operation	21j. Date of death
25a. Corbin Colonial Funeral Chapel 5345 West Madison Street Chicago Illinois 60644	20j. Date of operation	21k. Date of death
FUNERAL DIRECTOR'S SIGNATURE 25b. <i>John L. Wilhelm, MD</i>	20k. Date of operation	21l. Date of death
FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-014794	20l. Date of operation	21m. Date of death
LOCAL REGISTRAR'S SIGNATURE 25d. <i>John L. Wilhelm, MD</i>	20m. Date of operation	21n. Date of death
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26a. AUG 30 2004	20n. Date of operation	21o. Date of death