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Doc#: 1224156011 Fee: \$42.00
Eugene "Gene" Moore BHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 08/28/2012 01:47 PM Pg: 1 of 3

Deceased Joint Tenant Affidavit

File # : 1207657 1 of 1
Address: 2105 S Saint Charles Rd #2
Maywood, IL 60153
Pin # : 15-10-116-051-1002

Legal Description:

UNIT 2 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN ST. CHARLES CONDOMINIUM AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NUMBER 26584728, IN THE NORTHWEST 1/4 OF SECTION 10, TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

prepared by:
Kochinski Law
401 E. North Ave
Villa Park IL 60181

mail to:
SATURN TITLE LLC
1030 W. HIGGINS ROAD
SUITE 365
PARK RIDGE, IL 60068

(STATE OF ILLINOIS)
(County of Cook)

UNOFFICIAL COPY

DAVID ORR, COUNTY CLERK

JULY 20, 2012

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

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|--|--|---|---|---|--|
| DECEDENT'S BIRTH NO. | REGISTRATION DISTRICT NO. 16-35 | STATE OF ILLINOIS | | STATE FILE NUMBER | |
| | REGISTERED NUMBER 122 | MEDICAL CERTIFICATE OF DEATH | | | |
| Type or Print in PERMANENT INK. See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS. A DECEASED B C D E PARENTS 1 2 3 CAUSE 4 5 N P CERTIFIER 22a 22b 22c DISPOSITION 24a 24b 24c 24d 25a 25b 25c 26a 26b | 1. DECEASED NAME FIRST MIDDLE LAST DONEL OWENS Sr. | | 2. SEX MALE | 3. DATE OF DEATH (MONTH, DAY, YEAR) MARCH 26, 2007 | |
| | 4. COUNTY OF DEATH COOK | | AGE—LAST BIRTHDAY (YRS) MOS. DAYS HOURS MIN. 5a. 67 5b. 5c. | 5d. DATE OF BIRTH (MONTH, DAY, YEAR) AUGUST 25, 1939 | |
| | 6a. MELROSE PARK | | 6b. GOTTlieb MEMORIAL HOSPITAL | | 6c. INPATIENT |
| | 7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Lexington, MS | | 8a. MARRIED, NEVER MARRIED, DIVORCED, WIDOWED, DIVORCED (SPECIFY) Married | | 8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) Virginia Davis |
| | 9. SOCIAL SECURITY NUMBER | | 10. USUAL OCCUPATION 11a. Laborer | | 11b. KIND OF BUSINESS OR INDUSTRY 11b. General |
| | 10. RESIDENCE (STREET AND NUMBER) 13a. 2105 ST. CHARLES RD #2 | | 11. CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13b. MAYWOOD | | 12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 12th |
| | 13a. STATE IL | | 13b. ZIP CODE 60153 | | 13c. INSIDE CITY (YES/NO) 13c. YES |
| | 14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. Black | | 14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. NO | | |
| | 15. FATHER—NAME FIRST MIDDLE LAST Willie James Owens | | 16. MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST Beatrice Scott | | |
| | 17a. INFORMANT'S NAME (TYPE OR PRINT) FELICITA MOJICA | | 17b. RELATIONSHIP RECORDS | | |
| 18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) → (a) Failure to thrive, Deconditioned CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) Poorly differentiated Non-Small Cell Carcinoma (c) | | 17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 701 W NORTH AVE MELROSE PARK IL 60160 | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 months 2 months | |
| PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. COPD, ETOH, Degenerative Joint Disease | | 18a. ALTOGETHER (YES/NO) NO | | 18b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) NO | |
| 19a. DATE OF OPERATION, IF ANY | | 20a. MAJOR FINDINGS OF OPERATION | | 20b. FEMALE, WAS THERE A PREGNANCY IN PAST 12 MONTHS? NO | |
| 21a. (DID/DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 3/26/07 | | 21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) NO | | 21c. HOUR OF DEATH 12:57 P.M. | |
| 22a. SIGNATURE <i>Christopher R. Thorge</i> | | 22b. DATE SIGNED (MONTH, DAY, YEAR) 3/26/07 | | 22c. ILLINOIS LICENSE NUMBER 636-107863 | |
| 22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) Christopher R. Thorge 701 W. North Ave, Melrose Park, IL 60160 | | 22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) Howard Eichen | | NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED. | |
| 24a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | | 24b. CEMETERY OR CREMATORY—NAME Oakridge Cemetery | | 24c. LOCATION CITY OR TOWN STATE Hillside, Illinois | |
| 24d. FUNERAL HOME NAME Corbin Colonial Funeral Chapel | | 24e. STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 5345 W. Madison, Chicago, Illinois 60644 | | 24f. DATE (MONTH, DAY, YEAR) Apr. 2, 2007 | |
| 25a. FUNERAL DIRECTOR'S SIGNATURE <i>Carita S. Vincent-Smith</i> | | 25b. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-015905 | | 25c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) March 28, 2007 | |
| 26a. LOCAL REGISTRAR'S SIGNATURE <i>Mary Padeston Ailes</i> | | 26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) | | | |

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