

UNOFFICIAL COPY



Doc#: 1224422065 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 08/31/2012 11:04 AM Pg: 1 of 2

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ~~ILLINOIS~~ Pennsylvania]
COUNTY OF ~~Allegany~~ Allegany]

Deb Berniston being duly sworn states that Steven J. Wickliffe resides at 2210 Pioneer Rd. in the city of Evanston

That Steven Wickliffe was acquainted with Mary O. Wickliffe deceased who, at the time of her death, was one of the owners of the land in Allegheny County, Illinois, described as:

The following described Real Estate situated in the County of Cook in the State of Illinois, to wit:

The South 2 feet of Lot 1 and all of Lot 2 in Block 4 in Common's and Best's Addition to Evanston A Subdivision of part of the South West 1/4 of the South West 1/4 of Section 12, Township 41 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

S Yes
P Yes
S N
M N
SS Yes
E Yes
BT Yes

P.I.N. 10-12-315-079-0000

That the deceased died Dec. 1, 2006 as evidenced by a certified copy of death certificate of the deceased attached hereto.

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Jaime L. Kesich - Notary Public
Baldwin Boro., Allegheny County
MY COMMISSION EXPIRES MAR. 03, 2013

Subscribed and sworn to before me by the said

Jaime L. Kesich
this 9th day of August, A.D. 192012

Notary Public

Deb Berniston
(affiant signature)

UNOFFICIAL COPY

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. <u>16.23</u>	STATE OF ILLINOIS	STATE FILE NUMBER	
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH		
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS DECEASED B C D E PARENTS 1 2 3 CAUSE 4 5 N P CERTIFIER 23 DISPOSITION	1. DECEASED—NAME FIRST MIDDLE LAST <u>Mary O. Wickliffe</u>		2. SEX <u>Female</u>	
	3. DATE OF DEATH (MONTH, DAY, YEAR) <u>December 1, 2006</u>			
	4. COUNTY OF DEATH <u>Cook</u>		5a. AGE—LAST BIRTHDAY (YRS) <u>62</u>	5b. UNDER 1 YEAR MOS. DAYS
	6a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <u>Evanston</u>		5c. UNDER 1 DAY HOURS MIN.	5d. DATE OF BIRTH (MONTH, DAY, YEAR) <u>October 25, 1944</u>
	6b. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <u>2210 Pioneer Road</u>		6c. IF HOSP. OR INST. INDICATE D.O.A., OP/EMER. RM, INPATIENT (SPECIFY)	
	7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <u>Waterloo, IA</u>		8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Married</u>	
	8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <u>Steven Wickliffe</u>		9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) <u>No</u>	
	10. SOCIAL SECURITY NUMBER <u>[REDACTED]-4048</u>		11a. USUAL OCCUPATION <u>Teacher</u>	
	11b. KIND OF BUSINESS OR INDUSTRY <u>Education</u>		12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) College (1-4 or 5+) <u>4</u>	
	13a. RESIDENCE (STREET AND NUMBER) <u>2201 Pioneer Road</u>		13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. <u>Evanston</u>	13c. INSIDE CITY (YES/NO) <u>Yes</u>
13d. COUNTY <u>Cook</u>		13e. STATE <u>Illinois</u>		
13f. ZIP CODE <u>60201</u>		14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) <u>White</u>		
14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:				
15. FATHER—NAME FIRST MIDDLE LAST <u>Joseph Overmann</u>		16. MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST <u>Ann Risse</u>		
17a. INFORMANT'S NAME (TYPE OR PRINT) <u>Steven Wickliffe</u>		17b. RELATIONSHIP <u>Husband</u>		
17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)		<u>2210 Pioneer Road Evanston, IL 60201</u>		
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.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
Immediate Cause (Final disease or condition resulting in death) → (a) <u>Cardiovascular arrest</u>		<u>minutes</u>		
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) <u>gross atherosclerosis</u>		<u>months</u>		
(c) <u>breast cancer</u>		<u>years</u>		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		19a. AUTOPSY (YES/NO) <u>No</u>		
19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)		<u>No</u>		
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION		
20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? <u>NO</u>				
21a. (I/DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) <u>10-26-06</u>		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) <u>No</u>		
21c. HOUR OF DEATH <u>12:30 A.M.</u>				
22a. SIGNATURE <u>Kathleen A. Havlin</u>		22b. DATE SIGNED (MONTH, DAY, YEAR) <u>12-4-06</u>		
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <u>Kathleen A. Havlin, M.D., 2650 Ridge Ave., Evanston IL</u>		22d. ILLINOIS LICENSE NUMBER <u>22036-06715</u>		
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		
24a. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Cremation</u>		24b. CEMETERY OR CREMATORY—NAME <u>Forest Crematory</u>		
24c. LOCATION CITY OR TOWN STATE <u>Romeoville, IL</u>		24d. DATE (MONTH, DAY, YEAR) <u>12-5-06</u>		
25a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP <u>Cremation Society of Illinois 1030 E. Northwest Hwy. Mount Prospect, IL 60056</u>		25b. FUNERAL DIRECTOR'S SIGNATURE <u>Gerald Sullivan</u>		
25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <u>034-011265</u>				
26a. LOCAL REGISTRAR'S SIGNATURE <u>[Signature]</u>		26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <u>December 4, 2006</u>		

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE DECEMBER 5, 2006 SIGNED [Signature]
 AT EVANSTON, Illinois OFFICIAL TITLE LOCAL REGISTRAR

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.