

UNOFFICIAL COPY



Doc#: 1227746005 Fee: \$60.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 10/03/2012 09:12 AM Pg: 1 of 2

CTIC-HE

032020415

STATE OF ILLINOIS

AFFIDAVIT OF SURVIVING SPOUSE OR JOINT SURVIVOR

COUNTY COOK

Maurice E Smith, being first duly sworn, deposes and says as follows:

2P

- 1) That Maurice E Smith and Anna M. Smith are joint owners of property under a duly recorded survivorship or tenancy by entireties deed.
- 2) That the property is known as 5000W 190th St Country Club Hills, IL 60478 COOK County, State of ILLINOIS and also known as Permanent Parcel Number 31-04-409-008-0000 on the records of the County Auditor. The original Survivorship Deed is recorded in the records of the COOK County Recorder.

I have included the descriptive information requested below and have attached a full legal description as an attachment hereto.

LOT 52 IN MARYLAKE ESTATES UNIT 2, BEING A RESUBDIVISION OF PART OF LOT 1 IN MARYCREST, BEING A SUBDIVISION OF PART OF THE NORTHEAST 1/4 AND PART OF THE SOUTHEAST 1/4 OF SECTION 4, TOWNSHIP 35 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

- 3) That Anna M. Smith died on or about April 22, 2010, a ST JAMES HOSPITAL & HEALTH CENTER- OLYMPIA FIELDS.
- 4) That by virtue of the death of the party listed in Item #3 above, MAURICE E SMITH is the fee simple owner of the above described property and requests that this fact be reflected on the land and tax records of the county.

Christina Barilla
Witness

Maurice E. Smith
Affiant MAURICE E SMITH

STATE OF ILLINOIS

COUNTY OF Cook

Sworn to before me and subscribed in my presence this 25th day of July, 2012.



[Signature]
Notary Public
My Commission Expires:

UNOFFICIAL COPY

CERTIFICATION OF DEATH RECORD

CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2010 0032449

DATE ISSUED 05/06/2010

DECEDENT'S LEGAL NAME ANNA M SMITH		SEX FEMALE	DATE OF DEATH APRIL 23, 2010																																																			
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 71 YEARS	DATE OF BIRTH JANUARY 22, 1939																																																				
CITY OR TOWN OLYMPIA FIELDS		HOSPITAL OR OTHER INSTITUTION NAME ST JAMES HOSP & HEALTH CENTER-OLY FIELDS																																																				
PLACE OF DEATH INPATIENT																																																						
BIRTHPLACE HARTSVILLE, TN	SOCIAL SECURITY NUMBER XXXXXXXXXX	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME MAURICE SMITH	EVER IN U.S. ARMED FORCES? NO																																																		
RESIDENCE 5000 W 190TH STREET		APT. NO.	CITY OR TOWN COUNTRY CLUB HILLS	INSIDE CITY LIMITS? YES																																																		
COUNTY COOK	STATE IL	ZIP CODE 60478	FATHER'S NAME BAILEY L HALL	MOTHER'S NAME PRIOR TO FIRST MARRIAGE ERCIIE L ADAMS																																																		
INFORMANT'S NAME MAURICE SMITH		RELATIONSHIP HUSBAND	MAILING ADDRESS 5000 W 190TH STREET, COUNTRY CLUB HILLS, IL, 60478																																																			
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION MOUNT HOPE CEMETERY	LOCATION - CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION MAY 03, 2010																																																			
FUNERAL HOME TAYLOR FUNERAL HOME LTD, 63 E 79TH STREET, CHICAGO, IL, 60619																																																						
FUNERAL DIRECTOR'S NAME CHARLES B TAYLOR			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034010097																																																			
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR MAY 4, 2010																																																			
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%; border: none;">CAUSE OF DEATH</td> <td style="border: none;">PART I. CARDIAC ARRHYTHMIA</td> <td style="border: none; width: 10%;"></td> <td style="border: none; width: 10%;"></td> <td style="border: none; width: 10%;"></td> <td style="border: none; width: 10%;"></td> <td style="border: none; width: 10%;"></td> <td style="border: none; width: 10%;"></td> <td style="border: none; width: 10%;"></td> <td style="border: none; width: 10%;"></td> </tr> <tr> <td style="border: none;">IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small></td> <td style="border: none;">a. _____</td> <td style="border: none;">Due to (or as a consequence of):</td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">b. _____</td> <td style="border: none;">Due to (or as a consequence of):</td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">c. _____</td> <td style="border: none;">Due to (or as a consequence of):</td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;">Due to (or as a consequence of):</td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> </table>					CAUSE OF DEATH	PART I. CARDIAC ARRHYTHMIA									IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	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):							
CAUSE OF DEATH	PART I. CARDIAC ARRHYTHMIA																																																					
IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	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 <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I.																																																						
			WAS AN AUTOPSY PERFORMED? UNKNOWN																																																			
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? UNKNOWN																																																			
DID TOBACCO USE CONTRIBUTE TO DEATH?	FEMALE PREGNANCY STATUS		MANNER OF DEATH																																																			
	NOT APPLICABLE		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 MARCH 29, 2010	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH UNKNOWN																																																		
CERTIFIER PHYSICIAN			DATE CERTIFIED APRIL 23, 2010																																																			
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH SUNIL A PATEL, 3700 W 203RD STREET, SUITE 302, OLYMPIA FIELDS, ILLINOIS, 60461			PHYSICIAN'S LICENSE NUMBER 036091559																																																			

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH



This is to certify that this is a true and correct copy from the official death record filed with Illinois Department of Health.

David Orr
Cook County Clerk

