SED JOIN OFFICE A LIBERT OF Y

DECEASED JOINT
TENANCY AFFIDAVIT

Doc#: 1236616049 Fee: \$60.00
Karen A. Yarbrough RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 12/31/2012 11:36 AM Pg: 1 of 2

COUNTY OF COOK

I, Sharon Green, being duly sworn states that she resides at 8085 S. Mozart, in the City of Chicago, Cook County, Illinois.

That I was acquainted with Whitney Hales, deceased who, at the time of his death, was one of the owners of the land in Joint Tenancy with Beulah Hales, his wife, in Cook County Illinois, described as:

Lot One Hundred and Three (103) in South Manor being a subdivision of Lots 1 to 24, both inclusive, in Block One (1) to (24) both inclusive in Block Two (2), and Lots 1 to 24, both inclusive, in Block Three (3), in Schrader's Subdivision of the South Half (1/2) of the Northwest Quarter (1/4) of the Southwest Quarter (1/4) Section 34, Also of the South Half (1/2) of the North Half (1/2) of Northwest Quarter (1/4) Section 34, and the East one-third (1/3) of North Half (1/2) of the North Half (1/2) of the Northwest Quarter (1/4) of the Southwest Quarter (1/4) Section 34, all in Township Thirty-eight (36) North, Range Fourteen (14) East of the Third Principal Meridian, IN COOK COUNTY, ILLINOIS

Commonly Known as 8434 South Michigan, Chicago, IL 60619

P.I.N. 20-34-307-034-0000

That the deceased died December 10, 2012 as evidenced by a certified copy of death certificate of the deceased attached hereto.

Further sayeth not.		Affiant - Sharon Green
STATE OF ILLINOIS)	0/5c.
COUNTY OF COOK)	(C)

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, CERTIFY THAT Sharon Green, personally known to me to be the same person those name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that they signed, sealed and delivered the said instrument as their free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and official seal, this 20 day of December, 2012.

(Notary Public)

W.T. COURTOL T BRY Public State of filmote minimistric spines 052413

PHSPANDES; W.T. Codlest 1 5475 Sante Parts Mrs. Sant Human & CO473 708 596-1964 2012 - 1236616049 Page: 2 of 2

CERTIFICATION OF DEATH RECORD

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

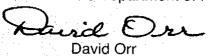
STATE FILE NUMBER 2012 0093346

DATE ISSUED

12/20/2012

	1.				and the second				78 Jan	
DECEDENT'S LEGAL NAME WHITNEY HALES					SEX DATE OF DEATH MALE DECEMBER 10, 2012					
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 78 YEARS			DATE OF BIRTH JUNE 18, 1934						
CITY OR TOWN CHICAGO			HOSPITAL OR OT	HER INSTITUTION	NAME					
PLAGE OF DEATH DECEDENT'S HOME										
BIRTHPLACE HEIDELBERG, MS	335-28-70		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME EVER IN U.S. ARMED BEULAH MONCURE FORCES? YES							
RESIDENCE 7918 S AVALON		AP	1 1	CITY OR TOWN INSIDE CITY LIMITS? CHICAGO YES						
COUNTY ST	TE ZIP CODE 60619					ILUNION MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVILUNION CEALLIE UNAVAILABLE				
INFORMANT'S NAME DENISE M THOMAS	70	RELATIONSHIP MAILING ADDRESS DAUGHTER 7918 S AVALON, CHICAG						GO, IL, 60619		
METHOD OF DISPOSITION BURIAL		E OF DISPOSITION STVALE CEMETER	Y	LOCATION - CITY OR TOWN AND STATE DATE OF DISPOSITION ALSIP, IL DECEMBER 15, 2012					2	
FUNERAL HOME TAYLOR FUNERAL HO	ME LTD, 63 E 79	OTH STREET, CHICA	AGO, IL, 60619							
FUNERAL DIRECTOR'S NAME NICHOLAS B TAYLOR						FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011886				
LOCAL REGISTRAR'S NAME DAVID ORR							MTH LOCAL REGISTRAR BER 14, 2012			
CAUSE OF DEATH PART	I. PANCREATIC	CANCER				1.14	4.4	14/3/34	100	
IMMEDIATE CAUSE (Final-disease or condition	a.		τ_{\odot}			- IATE	NATER			
resulting in death)	b .	Due i	to (or at a consequence of);			ROXIN	VAL BE T AND (
	Due to (or as a consequenc, or 2 8									
PART II Enter other significant co	nditions contributin		to (or as a consequence of): in the underlying cause	given in P. RT I.	Tw	AS AN AI II	OPSY PER	FORMED? NO		
[기왕일왕 - 일기간 - 보인다. 왕왕 - 일하 - 왕강 왕아							AN AUTOPSY PERFORMED? NO			
	WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A									
FEMALE PREGNANCY STATUS NOT APPLICABLE	: 1					ANNER OF IATURA				
DATE OF INJURY		TIME OF INJURY	PLACE OF INJURY	()		0.		INJURY AT WO	RK7	
LOCATION OF INJURY						7				
DESCRIBE HOW INJURY OCCUR	RED:					IF T	RANSP JAT	ATION INJURY, SP	ECIFY	
ATTEND THE DECEASED?	DATE LAST SEEN A UNKNOWN		ALEXAMINER OR ONTACTED? YES	1	RONOUNCED			TIME OF DEATH 04:55 AM		
CERTIFIER PHYSICIAN					· · · · · · · · · · · ·		TE CERTIFIE DECEMBI	D ER 13, 2012		
	OF PERSON COMPLETING CAUSE OF DEATH W CHICAGO AVENUE, CHICAGO, ILLINOIS, 60642						PHYSICIAN'S LICENSE NUMBER 036090849			
	 		· · · · · · · · · · · · · · · · · · ·		 			 		

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.



Cook County Clerk

