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Doc#: 1322749040 Fee: \$40.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 08/15/2013 04:11 PM Pg: 1 of 2

**DECEASED JOINT
TENANCY AFFIDAVIT**

State of Illinois)
County of)ss.
Cook)

PREPARED BY AND MAIL TO:

Dennis W. Jadin
37W615 Grey Barn Road
Saint Charles, IL 60175

DENNIS W. JADIN, being first duly sworn, states that he resides at 37W615 Grey Barn Road, in the City of Saint Charles, County of Kane and State of Illinois.

That DENNIS W. JADIN was acquainted with JOHN F. JADIN, deceased, who at the time of his death was one of the owners of the land in Cook County, Illinois described as:


Lot 15 in the Subdivision of the South 1/2 of Block 4 in Watson's 5 acres addition to Chicago, a Subdivision of the South 1/2 of the Northwest 1/4 of Section 29, Township 40 North, Range 13, East of the Third Principal Meridian, according to the plat thereof recorded November 8, 1926 as Document No. 9459950, in Cook County, Illinois.

Permanent Index Number(s): 13-29-116-040
Property Address: 2911 North Merrimac Avenue, Chicago, Illinois 60634-5010

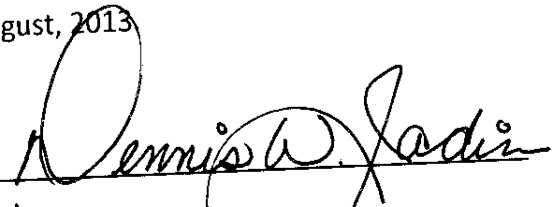
That the deceased died March 4, 2005, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died leaving no Last Will & Testament.

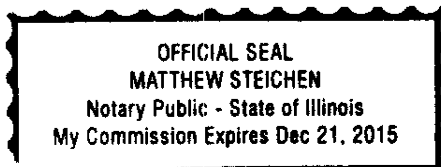
Subscribed and sworn to before me this 15th day of August, 2013



Notary Public



Affiant



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DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. 45.0	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 NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH DAY YEAR)		
	1. John Frank Jadin		2. Male	3. March 4, 2005		
	CITY/TOWN/TWP OR ROAD/DISTRICT NUMBER		AGE - LAST BIRTHDAY (YRS. M3S. DAYS HOURS MIN)	DATE OF BIRTH (MONTH DAY YEAR)		
	4. Kane		5a. 95	5d. March 20, 1909		
A	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		HOSPITAL OR OTHER INSTITUTION (NAME IF NOT IN OTHER BLUE STREET AND NUMBER)		IF HOSP. OR INST. INDICATE I.C.A. OR I.P.M.R. OR INPATIENT (SPECIFY)	
	6a. St. Charles		6b. Pineview Care Center		6c. Inpatient	
DECEASED	7. Chicago, IL		8a. Widowed		8b. None	
B	SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY	
	[REDACTED]		11a. Pipe Fitter		11b. Foundry	
C	RESIDENCE (STREET AND NUMBER)		CITY/TOWN/TWP OR ROAD/DISTRICT NO.		EDUCATION (SPECIFY ONLY HIGH-SI GRADE COMPLETE)	
	13a. 975 N. 5th Ave. #129		13b. St. Charles		12. 8	
D	STATE		RACE (WHITE, BLACK, AMERICAN INDIAN OR SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES. IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.)	
	13e. Illinois		14a. White		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY	
E	FATHER - NAME FIRST MIDDLE LAST		MOTHER - NAME FIRST MIDDLE (MAIDEN) LAST		19. Yes <input type="checkbox"/> No <input type="checkbox"/>	
	15. John Jadin		16. Veronica Gapinski			
F	INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D. CITY OR TOWN, STATE, ZIP) IL	
	17a. Dennis Jadin		17b. Son		17c. 37 W. 615 Grey Barn Rd., St. Charles	
G	18 PART I. Enter the disease(s) or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. List only one cause on each line. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
	Immediate Cause (Final disease or condition resulting in death)		(a) Acute ischemic CVA			
CAUSE	CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) Dysphagia			
			(c) Pneumonia			
H	PART II. Other significant conditions contributing to death but not resulting in the immediate cause given in PART I.					
	DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO) 19a. No 19b.	
I	20a.		20b.		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>	
J	21a. (I) (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON 2-18-05		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) No		21c. HOUR OF DEATH 7:10 A.M.	
K	22a. SIGNATURE E. Anani					
	22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 970 N. Fifth Ave. St. Charles IL 6174. E. Graham Anani		22c. ILLINOIS LICENSE NUMBER C95344		22d. DATE SIGNED (MONTH, DAY, YEAR) 3-4-05	
L	23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT):					
M	24a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		24b. CEMETERY OR CREMATORY - NAME St. Adalbert Cemetery		24c. LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR) Niles, Illinois 3-7-05	
	24d. FUNERAL HOME NAME Sheldon-Goglin Funeral Home		24e. STREET AND NUMBER OR R.F.D. 5935 W. Belmont Ave.		24f. CITY OR TOWN STATE ZIP Chicago, IL 60453	
DISPOSITION	25a. FUNERAL DIRECTOR'S SIGNATURE		25b. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-014772		25c. LOCAL REGISTRAR'S SIGNATURE	
	25d. John A. Cunningham		25e. Marlena Jurek (agent)		25f. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) March 9, 2005	

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VR200 (Rev. 5/89) Illinois Department of Public Health—Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)

MAR - 9 2005

CERTIFIED COPY OF VITAL RECORDS



STATE OF ILLINOIS)
COUNTY OF KANE) SS

DATE ISSUED
John A. Cunningham

JOHN A. CUNNINGHAM
KANE COUNTY CLERK



This is a true and exact reproduction of the document officially registered and placed on file in the office of the County Clerk, Kane County, Geneva, Illinois.