

UNOFFICIAL COPY



Doc#: 1407934019 Fee: \$42.25
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 03/20/2014 09:08 AM Pg: 1 of 2

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS }
COUNTY OF Cook }

Trina Blackshear being duly
sworn states that she resides at 7654 South
Emerald in the City of Chicago
Illinois 60620

That she was acquainted Mother
Virginia Blackshear deceased who, at the time of her
death, was one of the owners of the land in Cook
County, Illinois, described as: Lot 14 in Block 12 in Starke's

Subdivision of Auburn, Being a Resubdivision of Blocks 5 to 16 inclusive in the west
1/2 of the Southwest 1/4 except Railroad lands in Blocks 15 and 16 and except Lot
10 in Block 3, Lots 3 and 4 in Block 7 Lot 4 and the North 1/2 of lot 5 in Block 12 of
Section 28, Township 38 North, Range 14, East of the third principal
meridian in Cook County, Illinois

P.I.N. 20-98-307-026-0000 ✓

That the deceased died Feb 06 2010
as evidenced by a certified copy of death certificate of the
deceased attached hereto.

S Yes
P 2
S 1
M Yes
SC Yes
E No
INT 2

Subscribed and sworn to before me by the said
Affiant, Trina Blackshear,
this 3rd day of March, A.D. ~~18~~ 2014



Donna L. Grelson
Notary Public

Trina Blackshear
(affiant signature)

CERTIFICATION OF DEATH COPY

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

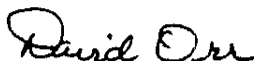
STATE FILE NUMBER 2010 0012166

DATE ISSUED 03/17/2010

DECEDENT'S LEGAL NAME VIRGINIA BLACKSHEAR			SEX FEMALE	DATE OF DEATH FEBRUARY 06, 2010	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 61 YEARS		DATE OF BIRTH JUNE 17, 1948	
CITY OR TOWN CHICAGO			HOSPITAL OR OTHER INSTITUTION NAME JOHN H. STROGER JR. HOSPITAL OF COOK CO		
PLACE OF DEATH INPATIENT					
BIRTHPLACE LUXORA, AR		SOCIAL SECURITY NUMBER [REDACTED]	MARITAL STATUS AT TIME OF DEATH NEVER MARRIED		EVER IN U.S. ARMED FORCES? NO
RESIDENCE 3400 S INDIANA			APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60616	FATHER'S NAME JAMES MILLER		MOTHER'S NAME PRIOR TO FIRST MARRIAGE ALICE MILLER
INFORMANT'S NAME SHAREN SLOAN		RELATIONSHIP DAUGHTER		MAILING ADDRESS 7654 S EMERALD, CHICAGO, IL, 60620	
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION MOUNT HOPE CEMETERY		LOCATION - CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION FEBRUARY 15, 2010
FUNERAL HOME PRECIOUS MEMORIES FUNERAL HOME LLC 7655 S. HALSTED ST, CHICAGO, IL, 60620					
FUNERAL DIRECTOR'S NAME BELICIA P HICKS				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016331	
LOCAL REGISTRAR'S NAME DAVID ORR				DATE FILED WITH LOCAL REGISTRAR FEBRUARY 17, 2010	
CAUSE OF DEATH PART I. SEPSIS VANCOMYCIN RESISTANT BACTEREMIA IMMEDIATE CAUSE (Final disease or condition resulting in death) a. _____ Due to (or as a consequence of): b. CHRONIC KIDNEY DISEASE HEPATITIS B CIRRHOSIS Due to (or as a consequence of): c. _____ 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? NO	
DID TOBACCO USE CONTRIBUTE TO DEATH?				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH?	
FEMALE PREGNANCY STATUS NOT APPLICABLE		MANNER OF DEATH 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 FEBRUARY 06, 2010	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO		DATE PRONOUNCED	TIME OF DEATH 01:20 PM
CERTIFIER PHYSICIAN				DATE CERTIFIED FEBRUARY 06, 2010	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH GAYATHRI SADASHINANAIAK, 1901 W HARRISON ST, CHICAGO, ILLINOIS, 60612				PHYSICIAN'S LICENSE NUMBER 125054844	



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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE