



Doc#: 1411229093 Fee: \$42.25
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 04/22/2014 05:03 PM Pg: 1 of 2

DECEASED JOINT
TENANCY AFFIDAVIT

STATE OF ILLINOIS]
COUNTY OF]

Cook Callie White, Janice White being duly
sworn states that She resides at 833 north
Menard in the City of Chicago
Illinois 60651

That She was acquainted sister / daughter
Barbara White deceased who, at the time of her
death, was one of the owners of the land in Cook

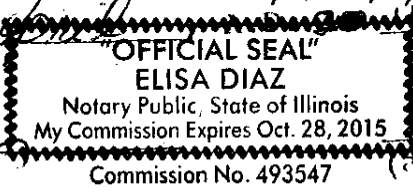
County, Illinois, described as: the north 17.50 feet of lot
37 and lot 38 (except the north 10 feet thereof) in Lewis and Barnes
subdivision of Block 13 in Alvin Salisburg's Subdivision of the East 1/2
of the Southeast 1/4 of Section 5, Township 39 North, Range 13, East of the
the third principal meridian, in Cook County, Illinois

P.I.N. 16-05-428-044-0000

That the deceased died Aug 24 20
as evidenced by a certified copy of death certificate of the
deceased attached hereto.

Subscribed and sworn to before me by the said
Callie White
this 11th day of April 4/11/14

Elisa Diaz
Notary Public



Callie White
(Affiant signature)

S ✓
P 2
S 10
M ✓
SC ✓
E 10
INT ✓

CERTIFICATION OF DEATH RECORD

UNOFFICIAL COPY

COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2011 0063869

DATE ISSUED 09/09/2011

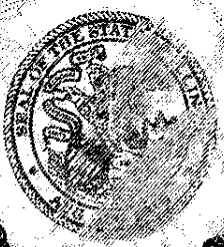
DECEDENT'S LEGAL NAME BARBARA ANN WHITE		SEX FEMALE	DATE OF DEATH AUGUST 24, 2011	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 57 YEARS	DATE OF BIRTH DECEMBER 29, 1953		
CITY OR TOWN OAK PARK		HOSPITAL OR OTHER INSTITUTION NAME VHS WEST SUBURBAN HOSPITAL MEDICAL CENTER		
PLACE OF DEATH INPATIENT				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED] 2596	STATUS AT TIME OF DEATH NEVER MARRIED/NEVER IN CIVIL UNION	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 833 N MENARD	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? NO	
COUNTY COOK	STATE IL	ZIP CODE 60651	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION OSCAR LEE WHITE	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION CALLIE WOOTEN
INFORMANT'S NAME ERICA WHITE		RELATIONSHIP DAUGHTER	MAILING ADDRESS 833 N MENARD, CHICAGO, IL, 60651	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION OAK RIDGE CEMETERY	LOCATION - CITY OR TOWN AND STATE HILLSIDE, IL	DATE OF DISPOSITION AUGUST 31, 2011	
FUNERAL HOME WALLACE BROADVIEW FUNERAL HOME, 2020 ROOSEVELT ROAD, BROADVIEW, IL, 60155				
FUNERAL DIRECTOR'S NAME VERNON E WALLACE			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034009351	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR AUGUST 29, 2011	
CAUSE OF DEATH				
PART I: MALIGNANT INFLAMMATORY BREAST CANCER		2 YEARS		
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Due to (or as a consequence of):		
a.		Due to (or as a consequence of):		
b.		Due to (or as a consequence of):		
c.		Due to (or as a consequence of):		
PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I				
FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR			WAS AN AUTOPSY PERFORMED? NO	
DATE OF INJURY			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
TIME OF INJURY			MANNER OF DEATH NATURAL	
PLACE OF INJURY			INJURY AT WORK?	
LOCATION OF INJURY			IF TRAUMATISM INJURY, SPECIFY	
DESCRIBE HOW INJURY OCCURRED:				
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE AUGUST 23, 2011	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 04:35 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED AUGUST 29, 2011	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH MICHAEL P LOIACONO, 1ERIE CT, OAK PARK, ILLINOIS, 60302			PHYSICIAN'S LICENSE NUMBER 036073847	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOT FOR PUBLIC RELEASE - SECURITY INFORMATION - FOR OFFICIAL USE ONLY

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.

David Orr
David Orr
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE