

# UNOFFICIAL COPY



1414218039

## DECEASED JOINT TENANCY AFFIDAVIT

Doc#: 1414218039 Fee: \$40.00

RHSP Fee: \$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds

Date: 05/22/2014 11:04 AM Pg: 1 of 2

State of Illinois )  
                          ) SS.  
County of Cook )

I, JULIE NELSON, being duly sworn,  
states as follows:

I, JULIE NESLON, reside at 9700 S. 90<sup>TH</sup> AVENUE, PALOS HILLS, IL 60465.

That I was acquainted with EDWIN S. NELSON deceased, who at the time of death was one of the owners of the land in COOK County, Illinois, legally described as:

THE SOUTH 200 FEET (EXCEPT THE SOUTH 100 FEET THEREOF) OF THE EAST 200 FEET OF THE NORTH 1/3 OF THE NORTH 1/2 OF THE SOUTH 1/2 OF THE WEST 1/2 OF THE NORTHEAST 1/4 OF SECTION 10, TOWNSHIP 37 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

The premises are commonly known as 9700 S. 90<sup>th</sup> Avenue, Palos Hills, IL 60465

IN WITNESS HEREOF, the grantor aforesaid has hereunto set HER hand on May 19, 2014.

That this property was assigned the following Permanent Real Estate Number: 23-10-202-022-0000

That the deceased died on APRIL 28, 2014, as evidenced by a certified copy of the death certificate of the deceased, attached hereto.

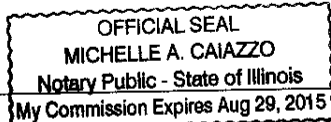
That the deceased died: Leaving No Last Will & Testament

Julie Nelson  
Affiant, JULIE NELSON

Signed and sworn to before me, a Notary Public, on May 19<sup>th</sup>, 2014

Michelle A. Caiazzo

This document prepared by: Amy DeLaney, Attorney at Law; 14524 John Humphrey Drive, Orland Park, IL 60462



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

STATE FILE NUMBER 2014 0033807

DATE ISSUED 5/2/2014

DECEDENT'S LEGAL NAME EDWIN SAMUEL NELSON		SEX MALE	DATE OF DEATH APRIL 28, 2014	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 66 YEARS	DATE OF BIRTH JUNE 15, 1947		
CITY OR TOWN PALOS HILLS		HOSPITAL OR OTHER INSTITUTION NAME 9700 S. 90TH AVENUE		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE PA	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME JULIE A URBAN	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 9700 S 90TH AVENUE	APT. NO.	CITY OR TOWN PALOS HILLS	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60465	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ED NELSON	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JUDITH ANDERSON
INFORMANT'S NAME JULIE NELSON		RELATIONSHIP WIFE	MAILING ADDRESS 9700 S 90TH AVENUE, PALOS HILLS, IL, 60465	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION HEGHTS CREMATORY	LOCATION - CITY OR TOWN AND STATE CHICAGO HEIGHTS, IL	DATE OF DISPOSITION MAY 02, 2014	
FUNERAL HOME LACK AND SONS FUNERAL HOME, 9236 S. ROBERTS ROAD, HICKORY HILLS, IL, 60457				
FUNERAL DIRECTOR'S NAME JAMES S LACK			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034010469	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR MAY 2, 2014	
<b>CAUSE OF DEATH</b> PART I. SUDDEN CARDIAC DEATH				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ Due to (or as a consequence of):		
		b. CORONARY ARTERY DISEASE  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. CHRONIC OBSTRUCTIVE PULMONARY DISEASE; CORONARY ARTERY DISEASE			WAS AN AUTOPSY PERFORMED? NO	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
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? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 06:10 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED APRIL 30, 2014	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH TURNER, JEANNINE, 233 E ERIE STREET, CHICAGO, ILLINOIS, 60611				PHYSICIAN'S LICENSE NUMBER 036092933

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**

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOT REPRODUCED STATE AND COUNTY SEALS AT BOTTOM