

# UNOFFICIAL COPY



COOK COUNTY RECORDER  
OF DEEDS

Doc#: 1416229035 Fee: \$42.00  
RHSP Fee: \$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 06/11/2014 02:51 PM Pg: 1 of 3

Cover Sheet

(The above space for Recorder's use only)

Document: Deceased Joint Tenant Affidavit

Legal Description: LOT FIFTY THREE (53) IN ST. JOSEPH MANOR, BEING A RESUBDIVISION OF PARTS OF LOTS 2, 3, AND 4, IN GERHARD H. FRANZEN ESTATE DIVISION OF THE NORTHEAST QUARTER (1/4) OF SECTION 11, TOWNSHIP 40 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT OF ST. JOSEPH MANOR, REGISTERED IN THE OFFICE OF THE REGISTRAR OF TITLES OF COOK COUNTY, ILLINOIS ON OCTOBER 14, 1958 AS DOCUMENT 1823113.

Property Index No.: 12-11-315-007-0000

Property Address: 8533 W. Winona St., Chicago, IL 60656

Prepared By: Helen Mesoloras, Dutton & Casey, P.C., 79 West Monroe Street, Suite 1320, Chicago, IL 60603

Return To: Helen Mesoloras, Dutton & Casey, P.C., 79 West Monroe Street, Suite 1320, Chicago, IL 60603



**CERTIFICATION OF DEATH RECORD**  
**UNOFFICIAL COPY**  
 COOK COUNTY CLERK VITAL RECORDS

**CHICAGO, ILLINOIS**  
**MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2012 0009669

DATE ISSUED 6/10/2014

DECEDENT'S LEGAL NAME JAMES GRADY			SEX MALE	DATE OF DEATH FEBRUARY 06, 2012	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 88 YEARS	DATE OF BIRTH JULY 26, 1923		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME RESURRECTION MEDICAL CENTER			
PLACE OF DEATH INPATIENT					
BIRTHPLACE IRELAND	SOCIAL SECURITY NUMBER [REDACTED] 0194	STATUS AT TIME OF DEATH MARRIED		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME CATHERINE B BURKE	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 8533 W WINOMA		APT. NO.	CITY OR TOWN CHICAGO		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60656	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JAMES GRADY		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION NORA MAGNON
INFORMANT'S NAME JAMES GRADY		RELATIONSHIP SON	MAILING ADDRESS 138 KINCAID DR, LAKE ZURICH, IL, 60047		
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION QUEEN OF HEAVEN CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE HILLSIDE, IL	DATE OF DISPOSITION FEBRUARY 10, 2012	
FUNERAL HOME COONEY FUNERAL HOME PARK RIDGE, 625 BUSSE HWY., PARK RIDGE, IL, 60068					
FUNERAL DIRECTOR'S NAME EUGENE MICHAEL COONEY			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015974		
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR FEBRUARY 8, 2012		
<b>CAUSE OF DEATH</b> PART I: END STAGE LUNG DISEASE					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	Due to (or as a consequence of):		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 YEARS
		b. SEPSIS	Due to (or as a consequence of):		1 WEEKS
		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	
				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? YES	DATE LAST SEEN ALIVE FEBRUARY 06, 2012	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 08:46 PM	
CERTIFIER PHYSICIAN				DATE CERTIFIED FEBRUARY 07, 2012	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH ASHOK SAWLANI, 7447 TALCOTT, STE 318, CHICAGO, ILLINOIS, 60631				PHYSICIAN'S LICENSE NUMBER 036-088986	

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

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM