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Doc#: 1501445058 Fee: \$40.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 01/14/2015 11:15 AM Pg: 1 of 2

**AFFIDAVIT -
DECEASED JOINT TENANT**

STATE OF ILLINOIS)
COUNTY OF COOK)

RALPH M. PRICE, being duly sworn, states that he resides at 6255 North Newark, Chicago, IL 60631.

He further states that he was acquainted with MATTHEW B. PRICE, deceased, who, at the time of his death, was one of the Joint Tenant owners of the land in Cook County, Illinois described as follows:

Lot 25 in David J. Canill's Seventh Addition to Chicago, a Subdivision in the North 1/2 of the Southeast 1/4 of the Northwest 1/4 of Section 14, Township 40 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

Commonly Known As: 8421 West Castleisland, Chicago, Illinois 60656

Permanent Index Number: 12 - 14 - 103 - 016 - 0000

That the deceased died on July 21, 1996, as evidenced by a certified copy of the death certificate of said deceased attached hereto.

That the deceased died:

Leaving no Last Will and Testament

Leaving a Last Will & Testament, a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of Cook County, Illinois.

Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, Illinois on or about _____ (date).

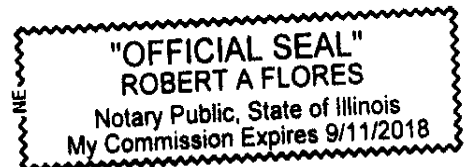
That the total value of the estate of the deceased, including both real and personal property of the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of \$40,000.

Ralph M. Price

Subscribed and sworn to before me this 7th day of JANUARY 2015.

Notary Public

(Notary Seal)



CERTIFICATION OF DEATH RECORD

UNOFFICIAL COPY

REGISTRATION DISTRICT NO 16.92	STATE OF ILLINOIS		STATE FILE NUMBER 96 046442
REGISTERED NUMBER 980	MEDICAL CERTIFICATE OF DEATH		
DECEASED-NAME 1. MATTHEW B. PRICE		SEX 2. MALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. JULY 21, 1996
COUNTY OF DEATH 4. COOK	AGE-LAST BIRTHDAY (YRS) 5a. 72	UNDER 1 YEAR 5b. 72	UNDER 1 DAY 5c. 72
DATE OF BIRTH (MONTH, DAY, YEAR) 5d. JANUARY 14, 1924		6a. PROVISO TOWNSHIP	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		6b. FOSTER G. MCGAW HOSPITAL	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. CHICAGO, IL		6c. INPATIENT	
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. MARRIED		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. VIRGINIA BAUER	
SOCIAL SECURITY NUMBER 10. 1717		9. YES	
USUAL OCCUPATION 11a. PHYSICIAN		KIND OF BUSINESS OR INDUSTRY 11b. MEDICINE	
EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 12		College (1-4 or 5+) 13d. 8	
RESIDENCE (STREET AND NUMBER) 13a. 8421 W CASTLE ISLAND		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. CHICAGO	
STATE 13e. ILLINOIS		INSIDE CITY (YES/NO) 13c. YES	
ZIP CODE 13f. 60656		COUNTY 13d. COOK	
RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. WHITE		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY: 0	
FATHER-NAME FIRST MIDDLE LAST 15. JOHN PRZYWARA		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 16. JULIA WILK	
INFORMANT'S NAME (TYPE OR PRINT) 17a. RICARDO ESMAO		RELATIONSHIP 17b. MEDICAL RECORDS	
MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY OR TOWN, STATE, ZIP) 17c. 2160 SOUTH FIRST AVENUE MAYWOOD, ILLINOIS 60153			
18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
Immediate Cause (Final disease or condition resulting in death) → (a) non-hodgkin's lymphoma DUE TO, OR AS A CONSEQUENCE OF			
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST (b) DUE TO, OR AS A CONSEQUENCE OF			
(c)			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (YES/NO) 19a. NO	
DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20b.	
IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b.	
1 (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON 21a. July 21, 1996		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 22a. SIGNATURE → Gayle McCloskey MD		HOUR OF DEATH 21c. 7:15 AM	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. GAYLE McCloskey 2160 SOUTH FIRST AVENUE MAYWOOD, ILLINOIS 60153		DATE SIGNED (MONTH, DAY, YEAR) 22b. 7/21/96	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23. Dr Joseph Clark		ILLINOIS LICENSE NUMBER 22d. 125-034409	
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. BURIAL		CITY OR TOWN STATE 24c. NILES ILLINOIS	
CEMETERY OR CREMATORY-NAME 24b. ST. ADALBERT		DATE (MONTH, DAY, YEAR) 24d. JULY 24, 1996	
FUNERAL HOME NAME 25a. CUMBERLAND CHAPELS		STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 8300 W. LAWRENCE AVE. NORRIDGE ILLINOIS 60656	
FUNERAL DIRECTOR'S SIGNATURE 25b. LaMar Hasbrouck		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 031-008880	
LOCAL REGISTRAR'S SIGNATURE 26a. Richard P. Bell		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. July 23, 1996	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

021182

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.

OCT 28 2014

La Mar Hasbrouck, M.D., MPH.
State Registrar



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE