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1522619054

Doc#: 1522619054 Fee: $40.00
RHSP Fee:$9.00 RPRF Fee: $1.00
Karen A.Yarbrough
Cook County Recorder of Deeds
Date: 08/14/2015 10:17 AM Pg: 1 of 2

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
COUNTY OF COOK, IL)

VALLANCE E. STEVENSON, JR., being duly sworn states that he resides at 4908 N. Kimball Avenue, in the City of Chicago, IL 60625.

That Vallance E. Stevenson, Jr. was acquainted with **MILDRED E. STEVENSON**, deceased who, at the time of her death, was one of the owners of the land in Cook County, Illinois, described as:

THE SOUTH 1/2 OF LOT 15 AND THE NORTH 21 FEET OF LOT 16 IN BLOCK 74 IN NORTHWEST LAND ASSOCIATIONS SUBDIVISION OF THE WEST 1/2 OF BLOCKS 22 & 27 & ALL OF BLOCKS 23, 24, & 26 IN JACKSONS SUBDIVISION OF THE SOUTHEAST 1/4 OF SECTION 11, TOWNSHIP NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, ALSO BLOCKS 1 & 8 IN BLOCK 2 (EXCEPT THE EAST 1 ACRE THEREOF) IN CLARK'S SUBDIVISION OF THE NORTHWEST 1/4 OF THE NORTHEAST 1/4 OF SECTION 14, TONWSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

Permanent Index Number (PIN): **13-11-419-024-0000**
Address(es) of Real Estate: **4908 N. Kimball Avenue, Chicago, IL 60625**

That the deceased died **JANUARY 24, 2009** as evidenced by a certified copy of death certificate of the deceased attached hereto.

Subscribed and sworn to before me by the said Vallance Stevensen this 11th day of July, A.D. 2015.

Notary Public

Affiant Signature

OFFICIAL SEAL
ANITA CZARNIK
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 02/08/2019

MAIL TO:
The Estate Planning Law Group
600 West Roosevelt Road, Suite A-1
Wheaton, IL 60187

PREPARD BY:
Kirsten L. Izatt
600 West Roosevelt Road, Suite A-1
Wheaton, IL 60187

S yes
P 2
S
M No
SC yes
E yes
INT

Property of Cook County Clerk's Office

CERTIFICATION OF VITAL RECORD

UNOFFICIAL COPY

REGISTRATION DISTRICT NO. 16.10

LOCAL FILE NUMBER

STATE OF ILLINOIS
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last): MILDRED E. STEVENSON
2. SEX: Female
3. DATE OF DEATH (Month/Day/Year) (Spell Month): January 24, 2009
4. COUNTY OF DEATH: Cook
5a. AGE AT LAST BIRTHDAY (Years): 85
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month/Day/Year): DECEMBER 25,1923
7a. CITY OR TOWN: Chicago
7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number): Swedish Covenant Hospital
7c. PLACE OF DEATH (Check only one; see instructions)
IF DEATH OCCURRED IN A HOSPITAL: [X] Inpatient [ ] Emergency Room/Outpatient [ ] Dead on Arrival
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: [ ] Hospice facility [ ] Nursing Home/Long-term care facility [ ] Decedent's home [ ] Other (Specify):
8. BIRTHPLACE (City and State or Foreign Country): CHICAGO IL.
9. SOCIAL SECURITY NUMBER: [redacted]
10. MARITAL STATUS AT TIME OF DEATH: [X] Married [ ] Married but separated [ ] Widowed [ ] Divorced [ ] Never Married [ ] Unknown
11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage): VALLANCE E. STEVENSON
12. EVER IN U.S. ARMED FORCES? [ ] Yes [X] No
13a. RESIDENCE (Street and Number): 4908 N. KIMBALL AVE.
13b. APT. NO.
13c. CITY OR TOWN: CHICAGO
13d. INSIDE CITY LIMITS? [X] Yes [ ] No
13e. COUNTY: COOK
13f. STATE: IL.
13g. ZIP CODE: 60625
14. FATHER'S NAME (First, Middle, Last): JOSEPH KOBA
15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): ROSALIA DUKAT
16a. INFORMANT'S NAME: VALLANCE E. STEVENSON
16b. RELATIONSHIP: HUSBAND
16c. MAILING ADDRESS (Street and No., City or Town, State, Zip Code): 4908 N. KIMBALL AVE. CHICAGO ILLINOIS
17. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Other (Specify):
18. PLACE OF DISPOSITION (Name of cemetery, crematory, other): MARYHILL
19. LOCATION - CITY, TOWN AND STATE: NILES ILLINOIS
20. DATE OF DISPOSITION (Month/Day/Year): JANUARY 29,2009
21a. FUNERAL HOME NAME, STREET AND NUMBER, CITY OR TOWN, STATE, ZIP: MALEC & SONS FUNERAL HOME 6000 N. MILWAUKEE AVE. CHICAGO ILLINOIS 60646
21b. FUNERAL DIRECTOR'S SIGNATURE: [signature] WESLEY A. STINICH
21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 034-011619
22. LOCAL REGISTRAR'S SIGNATURE: [signature] MD
23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year): 012709

CAUSE OF DEATH (See instructions and examples)

24. PART I. Enter the *chain of events* - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

	Cause	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	Sepsis	DAYS
Sequentially list conditions, if any, leading to the cause listed on line a. b. (Due to (or as a consequence of))	Neutropenia	DAYS
Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST c. (Due to (or as a consequence of))	Rectal Cancer Invasive	Months

PART II. Enter other *significant conditions contributing to death* but not resulting in the underlying cause given in PART I.

25. WAS AN AUTOPSY PERFORMED? [ ] Yes [X] No
26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? [ ] Yes [X] No
27. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [X] No [ ] Unknown
28. IF FEMALE: [X] Not pregnant within past 12 months [ ] Not pregnant, but pregnant within 42 days of death [ ] Not pregnant, but pregnant 43 days to 1 year before death [ ] Pregnant at time of death [ ] Pregnant within one year of death but time unknown [ ] Unknown if pregnant within the past 12 months
29. MANNER OF DEATH: [X] Natural [ ] Accident [ ] Suicide [ ] Homicide [ ] Could not be determined [ ] Pending investigation
30. DATE OF INJURY (Month/Day/Year): N/A
31. TIME OF INJURY: N/A [ ] A.M. [ ] P.M.
32. PLACE OF INJURY (e.g. Decedent's home; construction site; restaurant; wooded area): N/A
33. INJURY AT WORK? [ ] Yes [X] No
34. LOCATION OF INJURY: Street and Number: N/A; Apartment Number; City or Town; State; ZIP Code
35. DESCRIBE HOW INJURY OCCURRED: N/A
36. IF TRANSPORTATION INJURY, SPECIFY: [ ] Driver/Operator [ ] Passenger [ ] Pedestrian [ ] Other (Specify): N/A
37. I (DID) ~~(DID NOT)~~ ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON: 1/24/2009
38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? [ ] Yes [X] No
39. DATE PRONOUNCED (Month/Day/Year): 1/24/09
40. TIME OF DEATH: 1 25 [ ] A.M. [X] P.M.
41. CERTIFIER (Check only one):
[X] Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated.
[ ] Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated.
[ ] Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.
42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24): Jerome F Dalinka 6374 N Lincoln Ave Chgo IL 60659
43. PHYSICIAN'S LICENSE NUMBER: 036 041845
44. TITLE OF CERTIFIER: D.O.
45. DATE CERTIFIED (Month/Day/Year): 1/26/09
46. SIGNATURE OF CERTIFIER: Jerome F Dalinka DO

VR200 (Rev. 1/06) Illinois Department of Public Health - Division of Vital Records (Based on the 2003 U.S. Standard Certificate)

This is to certify that this is a true and correct copy of the official death record filed with the Illinois Department of Public Health.

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

[signature] MD

012709

Property of Cook County Clerk's Office

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE