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Karen A. Yarbrough

Cook County Recorder of Deeds

Date: 09/24/2015 09:32 AM Pg: 1 of 3

Property of Cook County Clerk's Office

Deceased Joint Tenant Affidavit

Prepare by Anthony N Panzica

2510 W. Irving Park Road

Chicago IL 60618

Mail to Anthony N Panzica

2510 W. Irving Park Road

Chicago IL 60618

CCRD REVIEWER

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1708-345-5004

08/13/2013 09:26

#677 P.001/001

CERTIFICATION OF DEATH RECORD

**HILLSIDE, ILLINOIS
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2013 0087942

DATE ISSUED 11/21/2013

DECEDENT'S LEGAL NAME JAMES A THOMAS		SEX MALE	DATE OF DEATH NOVEMBER 18, 2013	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 74 YEARS	DATE OF BIRTH SEPTEMBER 20, 1939		
CITY OR TOWN PROVISO TWP		HOSPITAL OR OTHER INSTITUTION NAME FOSTER G MC GAW HOSPITAL		
PLACE OF DEATH INPATIENT				
BIRTHPLACE CARYDON, KY	SOCIAL SECURITY NUMBER 340-32-5787	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME LANA M TRAVIS	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 2116 SOUTH 10TH AVE	APT. NO.	CITY OR TOWN MAYWOOD	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60153	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MALCOMB THOMAS	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MARY ELIZABETH THOMAS
INFORMANT'S NAME LANA M THOMAS	RELATIONSHIP SPOUSE	MAILING ADDRESS 2116 SOUTH 10TH AVE, MAYWOOD, IL, 60153		
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION ARBOR POINTE CREMATORY	LOCATION - CITY OR TOWN AND STATE WEST CHICAGO, IL	DATE OF DISPOSITION NOVEMBER 22, 2013	
FUNERAL HOME OVERMAN JONES FUNERAL HOME, 15219 SOUTH JOLIET ROAD, PLAINFIELD, IL, 60544				
FUNERAL DIRECTOR'S NAME KELLY ANN BOYD		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015415		
LOCAL REGISTRAR'S NAME ANTHONY WILLIAMS		DATE FILED WITH LOCAL REGISTRAR NOVEMBER 21, 2013		
CAUSE OF DEATH				
PART I. ASPIRATION				
IMMEDIATE CAUSE (Final disease or condition resulting in death)				
a. _____ Due to (or as a consequence of):				
b. RESPIRATORY FAILURE				
c. CONGESTIVE HEART FAILURE				
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 APPLICABLE			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 TRANSPORTATION INJURY, SPECIFY:	
DESCRIBE HOW INJURY OCCURRED:				
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE NOVEMBER 18, 2013	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 12:28 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED NOVEMBER 19, 2013	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH RUBY UPADHYAY, 2160 S 1ST AVE, MAYWOOD, ILLINOIS, 60153			PHYSICIAN'S LICENSE NUMBER 125-063168	

APPROPRIATE INTERVAL BETWEEN ONSET AND DEATH

61130

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.

NOV 21 2013

TOWNSHIP CLERK/REGISTRAR