

UNOFFICIAL COPY

JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)



1527334082

Doc#: 1527334082 Fee: \$42.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 09/30/2015 03:10 PM Pg: 1 of 3

Michael Loye,
hereby referred to as the affiant, states under
oath that the affiant resides at _____
5723 S. Meade

In the City of Chicago,
State of Illinois;
that the affiant was acquainted with _____
John Loye,

the decedent; at the time of death, the
decedent was one of the owners of property,
by virtue of a properly recorded joint
tenancy deed, said property located in
Cook County, State of
Illinois, and legally
described as follows:

Lot 49 in "Lilliana," being a Resubdivision of Lots 1 to 6 inclusive (except Railroad), Lots 8 and 9 (except Railroad) in Block 1 and Lots 1 to 10 inclusive (except Railroad) in Block 2 in Hall's Addition to Chicago, being a Subdivision of the East 1/2 of the Southeast 1/4 of Section 18, Township 38 North, Range 13 East of the Third Principal Meridian in Cook County, Illinois.

The decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

The decedent died on January 6, 2006, leaving ~~no~~ a last will and testament.

The total value of decedent's estate, including the taxable interest in the above property was \$ 1,250,000, and that the value of the above property individually was \$ 250,000.

The State and Estate/Inheritance Tax and the Federal Estate Tax, if any, that was due from the decedent's estate, has been paid in full;

The affiant makes this affidavit to induce Attorneys' Title Guaranty Fund, Inc. (ATG) to issue its policy of title insurance on the above described property.

Property Address: 6558 W. 60th Street
Chicago, Illinois 60638

Permanent Tax No: 19-18-404-011-0000

CCRD REVIEW
BM

UNOFFICIAL COPY

JOINT TENANCY AFFIDAVIT (continued)

The affiant hereby covenants and agrees, individually, and for the affiants, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold ATG harmless and to reimburse ATG for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature that ATG may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

1. Claims against the estate of John Loye, the decedent;
2. State Estate/Inheritance Tax and Federal Estate Tax that may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.

X Michael Loye (Seal)

Michael Loye (Seal)

Subscribed and sworn to before me this

18th day of September, 2015
(Month) (Year)

[Signature]
(Notary Public)



Note: If the decedent left a will, it will be necessary that the original or certified copy thereof be presented to ATG for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

This instrument prepared by:

John O'Rourke
(Name)

4239 W. 63rd Street
(Address)

Chicago, IL 60629
(City, State, Zip)

Return to:

John O'Rourke
(Name)

4239 W. 63rd Street
(Address)

Chicago, IL 60629
(City, State, Zip)

UNOFFICIAL COPY

STATE OF ILLINOIS
County of Cook

DAVID ORR, County Clerk

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

David Orr
COUNTY CLERK

PRINTED BY AUTHORITY OF THE STATE OF ILLINOIS

DECEASED'S BIRTH NO. REGISTRATION DISTRICT NO. REGISTERED NUMBER
16.0
STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH
STATE FILE NUMBER

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS
DECEASED
A. DECEASED
1. DECEASED-NAME
2. COUNTY OF DEATH
3. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER
4. BIRTH-PLACE (CITY AND STATE OR FOREIGN COUNTRY)
5. SOCIAL SECURITY NUMBER
6. RESIDENCE (STREET AND NUMBER)
7. STATE
8. FATHER-NAME
9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED, RE-MARRIED
10. USUAL OCCUPATION
11. (KIND OF BUSINESS OR INDUSTRY)
12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
13. INSIDE CITY
14. DATE OF BIRTH (MONTH, DAY, YEAR)
15. SEX
16. DATE OF DEATH (MONTH, DAY, YEAR)
17. IF HOSPITAL OR INST. INDICATE D.O.A. (DECEASED IN PATIENT) (SPECIFY)
18. HAD DECEASED VERMINUS ANIMALS?
19. HAD DECEASED VERMINUS ANIMALS?

DECEASED-NAME: **John**
COUNTY OF DEATH: **Cook**
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **Oak Lawn**
BIRTH-PLACE (CITY AND STATE OR FOREIGN COUNTRY): **CHICAGO, IL**
SOCIAL SECURITY NUMBER: **6339**
RESIDENCE (STREET AND NUMBER): **6558 WEST 60th STREET CHICAGO**
STATE: **ILLINOIS**
FATHER-NAME: **PETER**
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED, RE-MARRIED: **MARRIED**
USUAL OCCUPATION: **PLUMBER**
(KIND OF BUSINESS OR INDUSTRY): **PLUMBING**
EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): **12**
INSIDE CITY: **YES**
DATE OF BIRTH (MONTH, DAY, YEAR): **JUNE 12, 1932**
SEX: **Male**
DATE OF DEATH (MONTH, DAY, YEAR): **January 6, 2006**
IF HOSPITAL OR INST. INDICATE D.O.A. (DECEASED IN PATIENT) (SPECIFY): **Inpatient**
HAD DECEASED VERMINUS ANIMALS? (YES/NO): **YES**

17a. IMMEDIATE CAUSE (Final disease or condition resulting in death)
18. PART I. Enter the disease, signs, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or the vit. failure. List only one cause on each line.
19. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE IN STATING THE UNDERLYING CAUSE LAST.
20. PART II. Other (legal) and conditions contributing to death but not resulting in the underlying cause given in PART I.
21. DATE OF OPERATION, IF ANY
22. MAJOR FINDINGS OF OPERATION
23. (ID. BY J.D. NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON
24. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
25. NAME AND ADDRESS OF CERTIFIER
26. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER)
27. BIRTH-PLACE (CITY AND STATE OR FOREIGN COUNTRY)
28. SOCIAL SECURITY NUMBER
29. RESIDENCE (STREET AND NUMBER)
30. STATE
31. FATHER-NAME
32. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED, RE-MARRIED
33. USUAL OCCUPATION
34. (KIND OF BUSINESS OR INDUSTRY)
35. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
36. INSIDE CITY
37. DATE OF BIRTH (MONTH, DAY, YEAR)
38. SEX
39. DATE OF DEATH (MONTH, DAY, YEAR)
40. IF HOSPITAL OR INST. INDICATE D.O.A. (DECEASED IN PATIENT) (SPECIFY)
41. HAD DECEASED VERMINUS ANIMALS? (YES/NO)

17a. IMMEDIATE CAUSE (Final disease or condition resulting in death): **Anoxic Brain Injury**
18. PART I. Enter the disease, signs, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or the vit. failure. List only one cause on each line.
19. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE IN STATING THE UNDERLYING CAUSE LAST: **Cardiogenic Shock**
20. PART II. Other (legal) and conditions contributing to death but not resulting in the underlying cause given in PART I: **Acute Myocardial Infarction**
21. DATE OF OPERATION, IF ANY: **1/6/06**
22. MAJOR FINDINGS OF OPERATION: **4550 SW, Highway**
23. (ID. BY J.D. NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: **Oak Lawn, Ill., 60453**
24. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
25. NAME AND ADDRESS OF CERTIFIER: **Steven Hattori, M.D.**
26. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): **Oak Lawn, Ill., 60453**
27. BIRTH-PLACE (CITY AND STATE OR FOREIGN COUNTRY): **CHICAGO, IL**
28. SOCIAL SECURITY NUMBER: **6339**
29. RESIDENCE (STREET AND NUMBER): **6558 WEST 60th STREET CHICAGO**
30. STATE: **ILLINOIS**
31. FATHER-NAME: **PETER**
32. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED, RE-MARRIED: **MARRIED**
33. USUAL OCCUPATION: **PLUMBER**
34. (KIND OF BUSINESS OR INDUSTRY): **PLUMBING**
35. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): **12**
36. INSIDE CITY: **YES**
37. DATE OF BIRTH (MONTH, DAY, YEAR): **JUNE 12, 1932**
38. SEX: **Male**
39. DATE OF DEATH (MONTH, DAY, YEAR): **January 6, 2006**
40. IF HOSPITAL OR INST. INDICATE D.O.A. (DECEASED IN PATIENT) (SPECIFY): **Inpatient**
41. HAD DECEASED VERMINUS ANIMALS? (YES/NO): **YES**

17a. IMMEDIATE CAUSE (Final disease or condition resulting in death): **Anoxic Brain Injury**
18. PART I. Enter the disease, signs, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or the vit. failure. List only one cause on each line.
19. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE IN STATING THE UNDERLYING CAUSE LAST: **Cardiogenic Shock**
20. PART II. Other (legal) and conditions contributing to death but not resulting in the underlying cause given in PART I: **Acute Myocardial Infarction**
21. DATE OF OPERATION, IF ANY: **1/6/06**
22. MAJOR FINDINGS OF OPERATION: **4550 SW, Highway**
23. (ID. BY J.D. NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: **Oak Lawn, Ill., 60453**
24. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
25. NAME AND ADDRESS OF CERTIFIER: **Steven Hattori, M.D.**
26. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): **Oak Lawn, Ill., 60453**
27. BIRTH-PLACE (CITY AND STATE OR FOREIGN COUNTRY): **CHICAGO, IL**
28. SOCIAL SECURITY NUMBER: **6339**
29. RESIDENCE (STREET AND NUMBER): **6558 WEST 60th STREET CHICAGO**
30. STATE: **ILLINOIS**
31. FATHER-NAME: **PETER**
32. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED, RE-MARRIED: **MARRIED**
33. USUAL OCCUPATION: **PLUMBER**
34. (KIND OF BUSINESS OR INDUSTRY): **PLUMBING**
35. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): **12**
36. INSIDE CITY: **YES**
37. DATE OF BIRTH (MONTH, DAY, YEAR): **JUNE 12, 1932**
38. SEX: **Male**
39. DATE OF DEATH (MONTH, DAY, YEAR): **January 6, 2006**
40. IF HOSPITAL OR INST. INDICATE D.O.A. (DECEASED IN PATIENT) (SPECIFY): **Inpatient**
41. HAD DECEASED VERMINUS ANIMALS? (YES/NO): **YES**

17a. IMMEDIATE CAUSE (Final disease or condition resulting in death): **Anoxic Brain Injury**
18. PART I. Enter the disease, signs, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or the vit. failure. List only one cause on each line.
19. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE IN STATING THE UNDERLYING CAUSE LAST: **Cardiogenic Shock**
20. PART II. Other (legal) and conditions contributing to death but not resulting in the underlying cause given in PART I: **Acute Myocardial Infarction**
21. DATE OF OPERATION, IF ANY: **1/6/06**
22. MAJOR FINDINGS OF OPERATION: **4550 SW, Highway**
23. (ID. BY J.D. NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: **Oak Lawn, Ill., 60453**
24. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
25. NAME AND ADDRESS OF CERTIFIER: **Steven Hattori, M.D.**
26. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): **Oak Lawn, Ill., 60453**
27. BIRTH-PLACE (CITY AND STATE OR FOREIGN COUNTRY): **CHICAGO, IL**
28. SOCIAL SECURITY NUMBER: **6339**
29. RESIDENCE (STREET AND NUMBER): **6558 WEST 60th STREET CHICAGO**
30. STATE: **ILLINOIS**
31. FATHER-NAME: **PETER**
32. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED, RE-MARRIED: **MARRIED**
33. USUAL OCCUPATION: **PLUMBER**
34. (KIND OF BUSINESS OR INDUSTRY): **PLUMBING**
35. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): **12**
36. INSIDE CITY: **YES**
37. DATE OF BIRTH (MONTH, DAY, YEAR): **JUNE 12, 1932**
38. SEX: **Male**
39. DATE OF DEATH (MONTH, DAY, YEAR): **January 6, 2006**
40. IF HOSPITAL OR INST. INDICATE D.O.A. (DECEASED IN PATIENT) (SPECIFY): **Inpatient**
41. HAD DECEASED VERMINUS ANIMALS? (YES/NO): **YES**

17a. IMMEDIATE CAUSE (Final disease or condition resulting in death): **Anoxic Brain Injury**
18. PART I. Enter the disease, signs, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or the vit. failure. List only one cause on each line.
19. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE IN STATING THE UNDERLYING CAUSE LAST: **Cardiogenic Shock**
20. PART II. Other (legal) and conditions contributing to death but not resulting in the underlying cause given in PART I: **Acute Myocardial Infarction**
21. DATE OF OPERATION, IF ANY: **1/6/06**
22. MAJOR FINDINGS OF OPERATION: **4550 SW, Highway**
23. (ID. BY J.D. NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: **Oak Lawn, Ill., 60453**
24. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
25. NAME AND ADDRESS OF CERTIFIER: **Steven Hattori, M.D.**
26. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): **Oak Lawn, Ill., 60453**
27. BIRTH-PLACE (CITY AND STATE OR FOREIGN COUNTRY): **CHICAGO, IL**
28. SOCIAL SECURITY NUMBER: **6339**
29. RESIDENCE (STREET AND NUMBER): **6558 WEST 60th STREET CHICAGO**
30. STATE: **ILLINOIS**
31. FATHER-NAME: **PETER**
32. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED, RE-MARRIED: **MARRIED**
33. USUAL OCCUPATION: **PLUMBER**
34. (KIND OF BUSINESS OR INDUSTRY): **PLUMBING**
35. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): **12**
36. INSIDE CITY: **YES**
37. DATE OF BIRTH (MONTH, DAY, YEAR): **JUNE 12, 1932**
38. SEX: **Male**
39. DATE OF DEATH (MONTH, DAY, YEAR): **January 6, 2006**
40. IF HOSPITAL OR INST. INDICATE D.O.A. (DECEASED IN PATIENT) (SPECIFY): **Inpatient**
41. HAD DECEASED VERMINUS ANIMALS? (YES/NO): **YES**

17a. IMMEDIATE CAUSE (Final disease or condition resulting in death): **Anoxic Brain Injury**
18. PART I. Enter the disease, signs, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or the vit. failure. List only one cause on each line.
19. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE IN STATING THE UNDERLYING CAUSE LAST: **Cardiogenic Shock**
20. PART II. Other (legal) and conditions contributing to death but not resulting in the underlying cause given in PART I: **Acute Myocardial Infarction**
21. DATE OF OPERATION, IF ANY: **1/6/06**
22. MAJOR FINDINGS OF OPERATION: **4550 SW, Highway**
23. (ID. BY J.D. NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: **Oak Lawn, Ill., 60453**
24. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
25. NAME AND ADDRESS OF CERTIFIER: **Steven Hattori, M.D.**
26. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): **Oak Lawn, Ill., 60453**
27. BIRTH-PLACE (CITY AND STATE OR FOREIGN COUNTRY): **CHICAGO, IL**
28. SOCIAL SECURITY NUMBER: **6339**
29. RESIDENCE (STREET AND NUMBER): **6558 WEST 60th STREET CHICAGO**
30. STATE: **ILLINOIS**
31. FATHER-NAME: **PETER**
32. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED, RE-MARRIED: **MARRIED**
33. USUAL OCCUPATION: **PLUMBER**
34. (KIND OF BUSINESS OR INDUSTRY): **PLUMBING**
35. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): **12**
36. INSIDE CITY: **YES**
37. DATE OF BIRTH (MONTH, DAY, YEAR): **JUNE 12, 1932**
38. SEX: **Male**
39. DATE OF DEATH (MONTH, DAY, YEAR): **January 6, 2006**
40. IF HOSPITAL OR INST. INDICATE D.O.A. (DECEASED IN PATIENT) (SPECIFY): **Inpatient**
41. HAD DECEASED VERMINUS ANIMALS? (YES/NO): **YES**

17a. IMMEDIATE CAUSE (Final disease or condition resulting in death): **Anoxic Brain Injury**
18. PART I. Enter the disease, signs, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or the vit. failure. List only one cause on each line.
19. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE IN STATING THE UNDERLYING CAUSE LAST: **Cardiogenic Shock**
20. PART II. Other (legal) and conditions contributing to death but not resulting in the underlying cause given in PART I: **Acute Myocardial Infarction**
21. DATE OF OPERATION, IF ANY: **1/6/06**
22. MAJOR FINDINGS OF OPERATION: **4550 SW, Highway**
23. (ID. BY J.D. NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: **Oak Lawn, Ill., 60453**
24. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
25. NAME AND ADDRESS OF CERTIFIER: **Steven Hattori, M.D.**
26. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): **Oak Lawn, Ill., 60453**
27. BIRTH-PLACE (CITY AND STATE OR FOREIGN COUNTRY): **CHICAGO, IL**
28. SOCIAL SECURITY NUMBER: **6339**
29. RESIDENCE (STREET AND NUMBER): **6558 WEST 60th STREET CHICAGO**
30. STATE: **ILLINOIS**
31. FATHER-NAME: **PETER**
32. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED, RE-MARRIED: **MARRIED**
33. USUAL OCCUPATION: **PLUMBER**
34. (KIND OF BUSINESS OR INDUSTRY): **PLUMBING**
35. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): **12**
36. INSIDE CITY: **YES**
37. DATE OF BIRTH (MONTH, DAY, YEAR): **JUNE 12, 1932**
38. SEX: **Male**
39. DATE OF DEATH (MONTH, DAY, YEAR): **January 6, 2006**
40. IF HOSPITAL OR INST. INDICATE D.O.A. (DECEASED IN PATIENT) (SPECIFY): **Inpatient**
41. HAD DECEASED VERMINUS ANIMALS? (YES/NO): **YES**

17a. IMMEDIATE CAUSE (Final disease or condition resulting in death): **Anoxic Brain Injury**
18. PART I. Enter the disease, signs, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or the vit. failure. List only one cause on each line.
19. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE IN STATING THE UNDERLYING CAUSE LAST: **Cardiogenic Shock**
20. PART II. Other (legal) and conditions contributing to death but not resulting in the underlying cause given in PART I: **Acute Myocardial Infarction**
21. DATE OF OPERATION, IF ANY: **1/6/06**
22. MAJOR FINDINGS OF OPERATION: **4550 SW, Highway**
23. (ID. BY J.D. NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: **Oak Lawn, Ill., 60453**
24. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
25. NAME AND ADDRESS OF CERTIFIER: **Steven Hattori, M.D.**
26. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): **Oak Lawn, Ill., 60453**
27. BIRTH-PLACE (CITY AND STATE OR FOREIGN COUNTRY): **CHICAGO, IL**
28. SOCIAL SECURITY NUMBER: **6339**
29. RESIDENCE (STREET AND NUMBER): **6558 WEST 60th STREET CHICAGO**
30. STATE: **ILLINOIS**
31. FATHER-NAME: **PETER**
32. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED, RE-MARRIED: **MARRIED**
33. USUAL OCCUPATION: **PLUMBER**
34. (KIND OF BUSINESS OR INDUSTRY): **PLUMBING**
35. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): **12**
36. INSIDE CITY: **YES**
37. DATE OF BIRTH (MONTH, DAY, YEAR): **JUNE 12, 1932**
38. SEX: **Male**
39. DATE OF DEATH (MONTH, DAY, YEAR): **January 6, 2006**
40. IF HOSPITAL OR INST. INDICATE D.O.A. (DECEASED IN PATIENT) (SPECIFY): **Inpatient**
41. HAD DECEASED VERMINUS ANIMALS? (YES/NO): **YES**

17a. IMMEDIATE CAUSE (Final disease or condition resulting in death): **Anoxic Brain Injury**
18. PART I. Enter the disease, signs, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or the vit. failure. List only one cause on each line.
19. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE IN STATING THE UNDERLYING CAUSE LAST: **Cardiogenic Shock**
20. PART II. Other (legal) and conditions contributing to death but not resulting in the underlying cause given in PART I: **Acute Myocardial Infarction**
21. DATE OF OPERATION, IF ANY: **1/6/06**
22. MAJOR FINDINGS OF OPERATION: **4550 SW, Highway**
23. (ID. BY J.D. NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: **Oak Lawn, Ill., 60453**
24. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
25. NAME AND ADDRESS OF CERTIFIER: **Steven Hattori, M.D.**
26. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): **Oak Lawn, Ill., 60453**
27. BIRTH-PLACE (CITY AND STATE OR FOREIGN COUNTRY): **CHICAGO, IL**
28. SOCIAL SECURITY NUMBER: **6339**
29. RESIDENCE (STREET AND NUMBER): **6558 WEST 60th STREET CHICAGO**
30. STATE: **ILLINOIS**
31. FATHER-NAME: **PETER**
32. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED, RE-MARRIED: **MARRIED**
33. USUAL OCCUPATION: **PLUMBER**
34. (KIND OF BUSINESS OR INDUSTRY): **PLUMBING**
35. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): **12**
36. INSIDE CITY: **YES**
37. DATE OF BIRTH (MONTH, DAY, YEAR): **JUNE 12, 1932**
38. SEX: **Male**
39. DATE OF DEATH (MONTH, DAY, YEAR): **January 6, 2006**
40. IF HOSPITAL OR INST. INDICATE D.O.A. (DECEASED IN PATIENT) (SPECIFY): **Inpatient**
41. HAD DECEASED VERMINUS ANIMALS? (YES/NO): **YES**