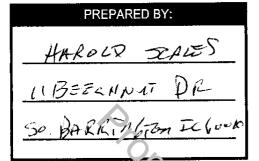
UNOFFICIAL COPY

SPECIAL NOTICE:

This form is <u>NOT</u> required by law, nor the Cook County Recorder of Deeds (CCRD). CCRD employees <u>CANNOT</u> assist with the preparation of this, or <u>ANY LEGAL FORM</u>.





Doc#: 1609849208 Fee: \$40.00 RHSP Fee: \$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds
Date: 04/07/2016 01:20 PM Pg: 1 of 2

DECEASED.	IOINT TENANCY A	AFFIDAVIT
I, HAR SO I. SO HES the su viving	g tenant of the joint tenancy created by t	he deed with the document
number: 2000 (2017) do ho	ersoy declare under oath that the joint te	nant Dikot Hy mas Mile Sin 188
died on SEATA Coras evidenced by	the attached certified copy of her/his de	eath certificate (see attached).
I also declare that the aforementioned joint	int tenant was an owner of property with LEGAL DESCRIPTION	the following details:
Lui # 342 In Leptor Pract	MUTHORIUM TEN 35 ME 15 503	Division explication Lat 200
		TTOUR TOUR HOUR NOSA RAPEZ
4 EAST OF THE TAKE PRINTIPALINE	RIDANGO HEGING OF SCA CONES	Long TUDICTE
PROPE	RTY IDENTIFICATION NUMBER (PIN)	
0 6 - 01 - 1		-00000
O	OMMONLY KNOWN ADDRESS:	
1084 Dassey	a. a.	'S _
	_	 O _x
ELON ZE		
Finally, I declare that the status of t	he deceased joint tenant at the time of h	
Leaving NO LAST	Leaving an UNFILED WILL	Leaving a FiLED WILL
WILL & TESTAMENT	& TESTAMENT (ATTACH)	& TESTAMENT (ATTACH)
NOTARY &	AFFIANT SIGNATURE SECTION E	BELOW
Subscribed & Sworn to me by:		
Harreld Scalar		
Affiant Signature:	OFFICIAL SEAL	English State of Stat
e as	NOTARY PUBLIC, STATE OF My Commission Expires 02/	IN (2) - \$1/6 (2) 4/17 (2) 1/4 ILLINOIS 24/2018
On the Following Date:		



DUPAGE COUNTY HEALTH DEPARTMENT WHEATON, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2015	0077684								DAT	E ISSUED	10/5/2015
DECEDENT'S LEGAL NAME DOROTHY MAE MEEKS SCALES						SEX FEMALE		DATE OF DEATH SEPTEMBER 15, 2015			
COUNTY OF DEATH DU PAGE		AGE AT LAST BIRTHDAY DATE OF BIRTH 82 YEARS JANUARY 19, 1933						33			** -
CITY OR TOWN HOSPITAL OR OTHER INSTITUTION NAME WINFIELD CENTRAL DU PAGE HOSPITAL											
PLACE OF DEATH INPATIENT											
BIRTHPLACE TCHULA, MS	SOCIAL SECUP	RITY NUMBER	STATUS AT TIME	ME OF DEATH ROM CIVIL UNIC		JRVIVING SPOUS	SE/CIVIL UNION F	PARTNER'S M	AIDEN NAME	EVER IN U.S. / FORCES? NO	
RESIDENCE 1084 POLLY COURT			APT.	NO.	CITY C	R TOWN				INSIDE CITY LIMI	TS?
COUNTY STA	ZIP CODE 60120	1	PARENT'S NAME P DEBRO	PRIOR TO FIRST M	ARRIAGE/C	CIVIL UNION	MOTHER/CO-PA			IRST MARRIAGE/CIV	'tL UNION
INFORMANT'S NAME DEMETRIA GREEN		RELATIONSHIP DAUGHTER				MAILING ADDRESS 1084 POLLY COURT, ELGIN, IL, 60120					
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION GLEN OAK CEMETER				LOCATION - CITY OR TOWN AND S' HILLSIDE, IL			ND STATE	TATE DATE OF DISPOSITION SEPTEMBER 15, 2015		
FUNERAL HOME DRAEGER-LAGENDORF FUNERAL HOME AND CREMATORY, 4600 COUNTY LINE RD, RACINE, WI, 53403											
FUNERAL DIRECTOR'S NAME LESLIE D SCALES	INERAL DIRECTOR'S NAME FUNER					FUNERAL D	IERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 34016646				
LOCAL REGISTRAR'S NAME KAREN J AYALA	S NAME DATE FILED WITH						LOCAL REGISTRAR 5, 2015				
CAUSE OF DEATH PART	TI. STROKE	'''. L'!''L'							fi I		
IMMEDIATE CAUSE (Final disease or condition	a	a. Due to (or as a consequence of):							BITWEEN ID UFATH	······································	
resulting in death)	b. ATRIAL FIBE	RILLATION		Q				(QESG)	국 본,		
	c.		Due to (or as a consequenc	e c i j:	×,			NILK		
					ن						
PART II. Enter other significant c	onditions contribut	ing to death b		or as a consequence the underlying o		n in PART I.		WAS AN A	ITOPSY PER	REORMED? NO	
		. 	·			(9,,	WERE AUT	OPSY FINDI	NGS USED TO DEATH? N/A	
FEMALE PREGNANCY STATUS NOT APPLICABLE						.,		MANNER C	F DEATH		
DATE OF INJURY		TIME OF INJ	URY	PLACE OF IN	JURY				-	INJURY AT W	ORK?
LOCATION OF INJURY				1							
DESCRIBE HOW INJURY OCCUP	RRED:			<u></u>				.IF	TRANSFUR	ATION INJURY, S	PECIFY:
ATTEND THE DECEASED? YES	DATE LAST SEEN SEPTEMBE			EXAMINER OR NTACTED?	YES	DATE P	RONOUNCED			TIME OF DEAT 04:50 PM	н
CERTIFIER PHYSICIAN								D	ATE CERTIF OCTOBE	IED R 01, 2015	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH JEFFERY HUML, 25 NORTH WINFIELD RD, WINFIELD, ILLINOIS, 60190						PHYSICIAN'S LICENSE NUMBER 336032472					



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.

Not valid without the embossed seal of the DuPage County Health Department.

Karen J. Ayala Local Registrar