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Doc#: 1626329101 Fee: \$40.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 09/19/2016 02:45 PM Pg: 1 of 2

PREPARED BY:

Patricia L. Deemer, Atty.
Deemer Law Firm, Ltd.
795 Elm Rd., Suite 100
Lake Zurich, IL 60047

DECEASED JOINT TENANCY AFFIDAVIT

I, George W. Hails the surviving tenant of the joint tenancy created by the deed with the document number: 00809893 do hereby declare under oath that the joint tenant Charlotte M. Hails died on 4/15/1970 as evidenced by the attached certified copy of her/his death certificate (see attached). I also declare that the aforementioned joint tenant was an owner of property with the following details:

LEGAL DESCRIPTION

Lot 26 in Windsor Heights, being a subdivision of the East Half (1/2) of the Northeast Quarter (1/4) of Section 29, Township 7 1/2 North, Range 11, East of the Third Principal Meridian, in Cook County, Illinois, according to the plat thereof registered as Document 1396804

PROPERTY IDENTIFICATION NUMBER (PIN):

0 3 - 2 9 - 4 2 4 - 0 2 0 - 0 0 0 0

COMMONLY KNOWN ADDRESS:

401 N. Carlyle
Arlington Heights, IL 60004-6326

Finally, I declare that the status of the deceased joint tenant at the time of her/his death was the following:

Leaving NO LAST WILL & TESTAMENT Leaving an UNFILED WILL & TESTAMENT (ATTACH) Leaving a FILED WILL & TESTAMENT (ATTACH)

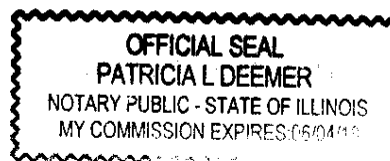
NOTARY & AFFIANT SIGNATURE SECTION BELOW

Subscribed & Sworn to me by:

George W. Hails
Affiant Signature:
George W. Hails

On the Following Date:

July 7, 2016
Patricia L. Deemer



S yes
P 2
S 1
M the
SC yes
E yes
INT the

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STATE OF ILLINOIS
County of Cook

DAVID ORR, County Clerk

MAY 4, 2016

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 the 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.

REGISTRATION DISTRICT NO. 16-0 STATE OF ILLINOIS 01915 STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

CHARLOTTE MARIE HAILS FEMALE APRIL 15, 1970

RACE WHITE NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) AGE—LAST BIRTHDAY (YRS.) UNDER 1 YEAR: UNDER 1 DAY: DATE OF BIRTH (MONTH, DAY, YEAR) PLACE OF DEATH COUNTY

WHITE 37 6. OCTOBER 11, 1932 COOK

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER INSIDE CITY (YES/NO) HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

DES PLAINES YES HOLY FAMILY HOSPITAL

BIRTHPLACE (STATE OR FOREIGN COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

ALABAMA U.S.A. MARRIED GEORGE WILLIAM HAILS

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY U.S. WAR VETERAN, WAR OR DATES OF SERVICE (YES/NO)

417-40-5918 HOMEMAKER IN THE HOME NO NONE

RESIDENCE STATE COUNTY CITY, TOWN, TWP. OR ROAD DISTRICT INSIDE CITY (YES/NO) STREET AND NUMBER

ILLINOIS COOK ARLINGTON HEIGHTS YES 401 N. CARLYLE PLACE

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST

SAMUEL LEO SMITH BESSIE MAE INGRAM

INFORMANT'S SIGNATURE RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)

J. Hutch HOSPT. 100 N. RIVER ROAD, DES PLAINES, ILLINOIS 60016

17a. HOLY FAMILY HOSPITAL 17b. REC'D. 17c. 100 N. RIVER ROAD, DES PLAINES, ILLINOIS

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. IMMEDIATE CAUSE

(a) Ruptured Cerebral Aneurism 15 days

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

(b) DUE TO OR AS A CONSEQUENCE OF:

(c) DUE TO OR AS A CONSEQUENCE OF:

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I.

DATE OF OPERATION, IF ANY; MAJOR FINDINGS OF OPERATION

4-9-70 Cerebral Aneurism

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED AT 10:30 P.M. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED.

21. I ATTENDED THE DECEASED FROM: MONTH DAY YEAR TO MONTH DAY YEAR AND LAST SAW HIM/HER ALIVE ON: MONTH DAY YEAR

Feb 10 1970 TO April 15 1970 Apr 15 1970

21a. SIGNATURE DATE SIGNED (MONTH, DAY, YEAR) ILLINOIS LICENSE NUMBER

John J. Lynch M.D. April 16-1970 36-32363

MAILING ADDRESS—CERTIFIER STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE ZIP

601 W. Central Rd - Mt. Prospect - Illinois - 60058

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)

Burial Elmwood Birmingham, Alabama 4/18/70

FUNERAL HOME NAME STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE ZIP

HAIRE FUNERAL HOME 207 N. VAIL AVE. ARLINGTON HEIGHTS, ILLINOIS 60004

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

John H. Huebner 6510

LOCAL REGISTRAR'S SIGNATURE COOK COUNTY DEPT. OF PUBLIC HEALTH - CHICAGO, ILL. DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

John B. Hall, M.D. April 16, 1970

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.

David Orr
David Orr
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE