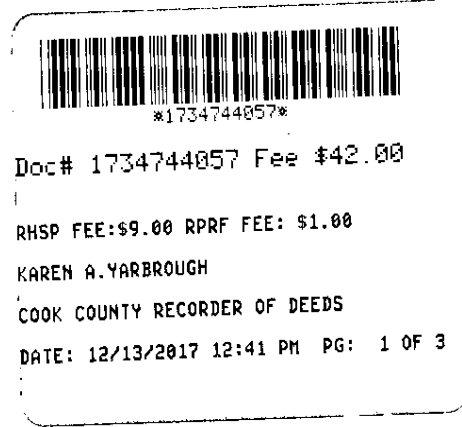


# UNOFFICIAL COPY

## DECEASED JOINT TENANCY AFFIDAVIT



State of Illinois )  
County of Cook )

Thomas B. Chrisan, being duly sworn states that he resides at 3248 N. Richmond Street, Chicago, Illinois 60618

That he was acquainted with Catherine Chrisan, deceased who, at the time of her death, was one of the owners of the land in Cook County, Illinois, described as:

LOT 1 IN BLOCK 1 IN BATEMAN'S SUBDIVISION OF LOT 7 IN WARNER'S SUBDIVISION OF THAT PART OF THE SOUTH EAST 1/4 OF SECTION 22, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING NORTH OF MILWAUKEE PLANK ROAD IN COOK COUNTY, ILLINOIS.

Permanent Real Estate Index Number: 13-22-403-006-0000

Address of real estate: 4157 W. Addison, Chicago, Illinois 60641

That the deceased died October 31, 2006 as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

  X   Leaving no Last Will and Testament.

       Leaving a Last Will and Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of \_\_\_\_\_ County, Illinois.

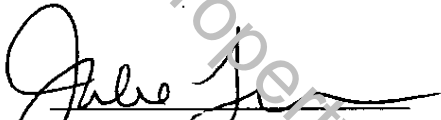
JA

# UNOFFICIAL COPY

That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of \$10.00 dollars.

Affiant makes this affidavit for that purpose of inducing the Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said Thomas B. Chrisan this 11<sup>th</sup> day of December, 2017.

  
NOTARY PUBLIC





Property of Cook County Clerk's Office

CERTIFICATION OF DEATH RECORD

UNOFFICIAL COPY

REGISTRATION DISTRICT NO. **16.10** STATE OF ILLINOIS STATE FILE NUMBER **615219**

REGISTERED NUMBER **615219**

**MEDICAL CERTIFICATE OF DEATH**

1. DECEASED-NAME FIRST MIDDLE LAST **CATHERINE F. CHRISAN** 2. SEX **FEMALE** 3. DATE OF DEATH (MONTH, DAY, YEAR) **OCTOBER 31, 2006**

4. COUNTY OF DEATH **COOK** 5a. AGE - LAST BIRTHDAY (YRS) **69** 5b. MONTH **06** 5c. DAYS **19** 5d. HOURS **12** 5e. MIN **12** 6. DATE OF BIRTH (MONTH, DAY, YEAR) **JUNE 19, 1937**

7. CITY, TWP. OR ROAD DISTRICT NUMBER **CHICAGO** 8a. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN OTHER, GIVE STREET AND NUMBER) **OUR LADY OF THE RESURRECTION MEDICAL CENTER** 8b. IF HOSP. OR INST. INDICATE G.O.A. OPENED? AM. INPATIENT (SPECIFY) **INPATIENT**

9. BIRTH-PLACE (CITY AND STATE OR FOREIGN COUNTRY) **CHICAGO, ILL.** 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **MARRIED** 11. NAME OF SURVIVING SPOUSE (MARRIED NAME, IF WIFE) **THOMAS CHRISAN** 12. WAS DECEASED BY INJURY, D. ARMED FORCES? (YES/NO) **NO**

13. SOCIAL SECURITY NUMBER **3442 NORTH LAVERGNE** 14. USUAL OCCUPATION **SALES CLERK** 15. KIND OF BUSINESS OR INDUSTRY **RETAIL** 16. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) **12**

17. RESIDENCE (CITY AND STATE) **CHICAGO ILLINOIS** 18. CITY, TWP. OR ROAD DISTRICT NO. **CHICAGO** 19. INSOC CITY **YES** 20. COUNTY **COOK**

21. FATHER-NAME FIRST MIDDLE LAST **ANTHONY CAMMARATO** 22. MOTHER-NAME FIRST MIDDLE LAST **MABEL DIEBOLD**

23. PREDECESSOR'S NAME (TYPE OR PRINT) **MIRIAM MOCTEZUMA** 24. RELATIONSHIP **MEDICAL RECORDS** 25. MAILING ADDRESS (STREET AND NO. OR P.O. CITY OR TOWN, STATE, ZIP) **5645 W. ADDISON, CHICAGO, ILL 60634**

26. PART I. Enter the disease, or complication, that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. APPROXIMATE DATE OF ONSET AND DURATION

(a) **CONGESTIVE HEART FAILURE**  
DUE TO, OR AS A CONSEQUENCE OF

(b) **IMMUNOSUPPRESSION POST LUNG TRANSPLANT**  
DUE TO, OR AS A CONSEQUENCE OF

(c) **CHRONIC OBSTRUCTIVE PULMONARY DISEASE**

27. PART II. Other contributory conditions contributing to death but not resulting in the underlying cause given in PART I.

28. DATE OF OPERATION, IF ANY **10/30/06** 29. MAJOR FINDINGS OF OPERATION **NO** 30. AUTOPSY (YES/NO) **NO** 31. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? **NO**

32. (1) DID (YOU/HE/SHE) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON **10/30/06** 33. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) **NO** 34. HOUR OF DEATH **5:35 AM**

35. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED

36. 22a. SIGNATURE **ZOFIA STEVANOVIC** 37. DATE SIGNED **10-31-06**

38. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **ZOFIA STEVANOVIC, MD 3208 N. MAJOR, CHICAGO, ILL 60634** 39. ILLINOIS LICENSE NUMBER **036-054838**

40. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

41. 24a. BURIAL, CREMATION, REMOVAL (SPECIFY) **CREMATION** 24b. CEMETERY OR CREMATORY-NAME **FOREST CREMATORY** 24c. LOCATION CITY OR TOWN STATE **ROMEVILLE ILLINOIS** 24d. DATE (MONTH, DAY, YEAR) **11-3-06**

42. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP **VERGOS & ASSOCIATES FUNERAL SERVICES 736 N. OTTAWA PARK RIDGE IL 60068**

43. FUNERAL DIRECTOR'S SIGNATURE **David Orr** 44. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **034-016111**

45. LOCAL REGISTRAR'S SIGNATURE **David Orr** 46. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **NOV 03 2006**

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



December 13, 2017

D00121096

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