

# UNOFFICIAL COPY



\*1824744064\*

Doc# 1824744064 Fee \$44.00-

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KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 09/04/2018 04:05 PM PG: 1 OF 4

COOK COUNTY RECORDER

COVER PAGE FOR

DECEASED JOINT TENANCY AFFIDAVIT

ON PROPERTY LOCATED AT

5738-5748 SOUTH ASHLAND AVENUE

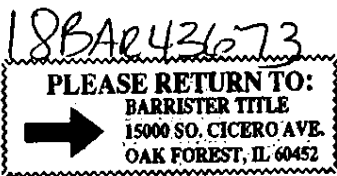
CHGO, IL 60636

PIN:

20-18-223-035-0000

DATE:

AUGUST 14, 2018



Bm



# UNOFFICIAL COPY

## EXHIBIT A

### LEGAL DESCRIPTION

LOTS 16 THROUGH 24 BOTH INCLUSIVE (EXCEPT FROM LOTS 16 THROUGH 24 THAT PART THEREOF LYING EAST OF A LINE 50 FEET WEST OF AND PARALLEL WITH THE EAST LINE OF HEREINAFTER DESCRIBED SECTION 18) IN BLOCK 9 IN ASHLAND, A SUBDIVISION OF NORTH 3/4 AND THE NORTH 33 FEET OF THE SOUTH 1/4 OF THE EAST 1/2 OF THE NORTHEAST 1/4 (EXCEPT THE NORTH 167 FEET THEREOF SECTION 18, TOWNSHIP 38 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN. IN COOK COUNTY, ILLINOIS.

FOR INFORMATIONAL PURPOSES ONLY:

Common Address: 5738-5748 South Ashland Avenue, Chicago, IL 60636  
PIN# 20-18-223-035-0000 through 20-18-223-041-0000

Property of Cook County Clerk's Office

CERTIFICATION OF DEATH RECORD

UNOFFICIAL COPY

VILLAGE OF EVERGREEN PARK  
EVERGREEN PARK, ILLINOIS  
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2012 0019974

DATE ISSUED 3/8/2014

DECEDENT'S LEGAL NAME DEBORAH ANN ELLIOT		SEX FEMALE	DATE OF DEATH MARCH 11, 2012	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 60 YEARS	DATE OF BIRTH AUGUST 01, 1951		
CITY OR TOWN EVERGREEN PARK		HOSPITAL OR OTHER INSTITUTION NAME LITTLE COMPANY OF MARY HOSPITAL		
PLACE OF DEATH EMERGENCY ROOM / OUTPATIENT				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME JIMMIE ELLIOT	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 11138 S LONGWOOD DR	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60643	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION EUGENE EBERHART	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION GERALDINE COLBERT
INFORMANT'S NAME JIMMIE ELLIOT		RELATIONSHIP HUSBAND	MAILING ADDRESS 11138 S LONGWOOD DR CHICAGO, IL 60643	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION HEIGHTS CREMATORY	LOCATION: CITY OR TOWN AND STATE CHICAGO HEIGHTS, IL	DATE OF DISPOSITION MARCH 17, 2012	
FUNERAL HOME GATLING'S CHAPEL INC, 10133 S HALSTED ST, CHICAGO, IL 60628				
FUNERAL DIRECTOR'S NAME WILHELMINA M CUNNINGHAM			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015252	
LOCAL REGISTRAR'S NAME KELLY A KUZLIK			DATE FILED WITH LOCAL REGISTRAR MARCH 15, 2012	
CAUSE OF DEATH PART I		UTERINE CANCER		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 YEARS
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Due to (or as a consequence of)		
		Due to (or as a consequence of)		
		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.			WAS AN AUTOPSY PERFORMED? UNKNOWN	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? UNKNOWN	
FEMALE PREGNANCY STATUS NOT APPLICABLE			MANNER OF DEATH NATURAL	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED			IF TRANSPORTATION INJURY, SPECIFY	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE MARCH 07, 2012	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 12:05 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED MARCH 14, 2012	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH ALTON WONG MD, 5525 S PULASKI, CHICAGO, ILLINOIS, 60629			PHYSICIAN'S LICENSE NUMBER 036059957	

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.

*Kelly A. Kuzlik*

Kelly A. Kuzlik  
Local Registrar



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

HOLD UP TO LIGHT TO VERIFY TRUE WATERMARK