

# UNOFFICIAL COPY



Doc# 1835406175 Fee \$42.00

RHSP FEE:\$9.00 RPRF FEE: \$1.00

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 12/20/2018 12:31 PM PG: 1 OF 3

## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS )  
 ) SS Order No.  
 COUNTY OF COOK )

CATHY ROBERTS, being duly sworn, states that she resided at Cook County, in the City of Evanston and State of Illinois.

That she was acquainted with CLEAR D ROBERTS, deceased, who at the time of his death was one of the owners of the land in Cook County, Illinois, described as:

SUB LOT 4 IN PITNER AVENUE RESUBDIVISION OF LOT 4 (EXCEPT THE NORTH 28.8 FEET) AND ALL OF LOTS 5, 6 AND 7 IN BLOCK 5 IN FOWLER AND CARNEY'S ADDITION TO EVANSTON, A SUBDIVISION OF THE NORTHWEST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 13, TOWNSHIP 41 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

PIN NO. 10-13-305-035

That the deceased died December 24, 1999, as evidenced by a certified copy of a death certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will & Testament
- Leaving a Last Will & 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 Cook County, Illinois.

1 of 2

SV  
 P/3  
 S  
 SC  
 INT

# UNOFFICIAL COPY

Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, Illinois about January 13, 2000.

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 \$ 90,000.

*Cathy Roberts*

\_\_\_\_\_  
CATHY ROBERTS

Subscribed and Sworn to before me by the said  
this 6 day of NOVEMBER, 2018.

*Michael Herde*

\_\_\_\_\_  
Notary Public



Property of Cook County Clerk's Office

DECEDENT'S BIRTH NO.

REGISTRATION DISTRICT NO. 16, 23

STATE OF ILLINOIS

STATE FILE NUMBER

REGISTERED NUMBER 1474

# UNOFFICIAL MEDICAL CERTIFICATE OF DEATH

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

1. DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)  
Cleard G. Roberts 2. Male 3. December 24, 1999

4. COUNTY OF DEATH AGE—LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)  
Cook County 5a. 58 5b. 5c. 5d. November 1, 1941

6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6c. IF HOSP. OR INST. INDICATE D.O.A. OP:EMER. RM. INPATIENT (SPECIFY)  
Evanston Evanston Hospital Inpatient

7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)  
Louisville 8a. Married 8b. Cathy T. Miller-Roberts 9. No

10. SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)  
11a. Building Service 11b. University 12. 12 4

13a. RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP, OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY  
1520 Pitner Street Evanston Yes 13d.

13e. STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)  
Illinois 13f. 60201 14a. Black 14b.  NO  YES SPECIFY:

FATHER—NAME FIRST MIDDLE LAST MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST  
15. Willard Roberts 16. Marion Rucker

17a. INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)  
Cathy T. Roberts 17b. Wife 17c. 1520 Pitner St., Evanston, Illinois 60201

18. PART I. Immediate Cause (Final disease or condition resulting in death) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  
Small cell lung cancer 12 mo.  
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) DUE TO, OR AS A CONSEQUENCE OF (c)

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. AUTOPSY (YES/NO) WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)  
19a. 19b.

20a. DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?  
20b. 20c. YES  NO

21a. I (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) HOUR OF DEATH  
12-17-99 21b. No 21c. 5:07 A M.

22a. SIGNATURE NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) DATE SIGNED (MONTH, DAY, YEAR)  
Dr. Gregory Masters 2650 Ridge Evanston, Illinois 60201 22b. Dec 27, 1999

22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER  
22d. 036-086557

23. BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)  
24a. Cremation 24b. The Lakes Crematory 24c. Lake Villa, Illinois 24d. Dec. 28, 1999

25a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP  
Symonds Funeral Services, 858 Sheridan Road, Highwood, Illinois 60040

25b. FUNERAL DIRECTOR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)  
Matthew J. Symonds P. Spivey 25c. 3414594 26b. December 28, 1999

26a. LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at Item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.  
DATE DEC 28 1999 SIGNED [Signature] LOCAL REGISTRAR AT EVANSTON, Illinois OFFICIAL TITLE

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.