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2007808115

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

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 03/18/2020 12:40 PM PG: 1 OF 2

DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois)
) SS.
County of Will)

KATIE ANDERSON, hereinafter called Affiant(s) being duly sworn states that she resides at: 7747 S. Throop St., Chicago, IL 60620. That Affiant was acquainted with ISAAC ANDERSON, SR., hereinafter referred to as Deceased, and at the time of Decedent's death, was one of the owners of the land in Cook County, Illinois, described as:

Lot 9 in Hart's Resubdivision of Lots 13 to 20 in the Subdivision of Block 26 in Jones' Subdivision of the West Half of Section 29, Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois, commonly described as 7747 South Throop Street, Chicago, Illinois

Permanent Index Number: 20-29-316-012-0000

That the Deceased died on 2/26/17, as evidenced by a copy of Deceased's death certificate attached hereto. That the Deceased, at the time of his death, held his share of the above-mentioned property as a joint tenant.

Subscribed and sworn before me ²⁰
this January 29, 2019.

Danielle J. Zycki
Notary Public

Katie Anderson
Affiant's Signature

This instrument prepared by:
Robert J. Zapolis, Zapolis & Associates, 9991 191st Street, Mokena, IL 60448

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**COOK COUNTY CLERK VITAL RECORDS
CHICAGO, ILLINOIS
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2017.0018517

DATE ISSUED 3/7/2017

DECEDENT'S LEGAL NAME ISAAC ANDERSON SR		SEX MALE	DATE OF DEATH FEBRUARY 26, 2017	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 100 YEARS	DATE OF BIRTH MAY 03, 1916		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME 7747 S THROOP STREET		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE MARTINEZ, GA	SOCIAL SECURITY NUMBER 258-03-8406	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME KATIE WILSON	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 7747 S THROOP STREET	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60620	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JOHN HENRY ANDERSON	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION SALINA UNKNOWN
INFORMANT'S NAME KATIE ANDERSON		RELATIONSHIP WIFE	MAILING ADDRESS 7747 S THROOP STREET, CHICAGO, IL, 60620	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION MOUNT HOPE CEMETERY	LOCATION - CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION	
FUNERAL HOME MINOR-MORRIS FUNERAL HOME, 112 RICHARDS STREET, JOLIET, IL, 60433				
FUNERAL DIRECTOR'S NAME TERRY MORRIS			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012113	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR MARCH 3, 2017	
CAUSE OF DEATH	PART I: HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE			
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	UNKNOWN		UNKNOWN
	b.	Due to (or as a consequence of)		
	c.	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? NO	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
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? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 11:42 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED MARCH 01, 2017	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PAOLA SMITH, 1441 BRANDING LN, DOWNERS GROVE, IL, 60515			PHYSICIAN'S LICENSE NUMBER 036076179	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



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