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Doc# 2216715014 Fee \$88.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 06/16/2022 10:34 AM PG: 1 OF 2

JOINT TENANCY AFFIDAVIT

WANDA D. WILSON, hereinafter referred to as the Affiant, states under oath that the Affiant resides at 14533 Myrtle Avenue, Harvey, Illinois. The Affiant was acquainted with DAVID MOORE, the Decedent, who died on September 14, 2021. The Decedent and Affiant were the owners of the property in joint tenancy, by virtue of properly recorded Quit Claim Deed dated July 12, 2018, document number 1820447023. Said property is located in Cook County, Illinois, and legally described as follows:

LOT 20 IN BLOCK 2 IN ROBINHOOD UNIT NO. 2, A SUBDIVISION OF LOT 8 OF LAU'S SUBDIVISION, BEING A SUBDIVISION OF THE WEST 1/2 OF THE NORTHWEST 1/4 (EXCEPT 3 ACRES IN THE NORTHEAST CORNER THEREOF) ALSO THE SOUTH 1/2 OF THE NORTHEAST 1/4 OF THE NORTHWEST 1/4 OF SECTION 8, TOWNSHIP 36 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index Number: 29-08-115-008-0000, Vol.199

Property Address: 14533 Myrtle Avenue, Harvey, Illinois 60426

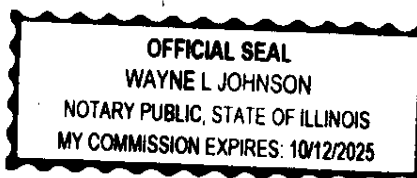
Attached hereto is a certified copy of Decedent's death certificate.

The Affiant makes this affidavit to induce the Cook County Recorder of Deeds to show the title of said property in the name of WANDA D. WILSON as of September 14, 2021 in the above described property.


WANDA D. WILSON

Subscribed and Sworn to before me
this November 3, 2021.


NOTARY PUBLIC



Prepared By:
Wayne L. Johnson
920 W 175th St Ste 5
Homewood, IL 60435
708-799-3100

CERTIFICATION OF DEATH RECORD

UNOFFICIAL COPY

CITY OF HARVEY CITY CLERKS OFFICE

HARVEY, ILLINOIS

MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH

STATE FILE NUMBER 2021 0083948

MEDICAL EXAMINER'S CASE NUMBER ME2021-08633

DATE ISSUED 9/28/2021

DECEDENT'S LEGAL NAME DAVID MOORE		SEX MALE	DATE OF DEATH SEPTEMBER 14, 2021	
CITY OF DEATH COOK	AGE AT LAST BIRTHDAY 67 YEARS	DATE OF BIRTH DECEMBER 10, 1953		
CITY OR TOWN HARVEY		HOSPITAL OR OTHER INSTITUTION NAME INGALLS MEMORIAL HOSPITAL		
PLACE OF DEATH INPATIENT				
BIRTHPLACE LEXINGTON, GA	SOCIAL SECURITY NUMBER 319-48-9210	STATUS AT TIME OF DEATH DIVORCED FROM MARRIAGE	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 14533 MYRTLE AVENUE	APT. NO.	CITY OR TOWN HARVEY	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60426	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION CALVIN CARTER	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ANNIE MOORE
INFORMANT'S NAME MARLO FRANCE		RELATIONSHIP DAUGHTER	MAILING ADDRESS 178 SUGAR MILL DRIVE, DALLAS, GA 30132	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION CHICAGO BURR OAK CEMETERY	LOCATION - CITY OR TOWN AND STATE ALSIP, IL	DATE OF DISPOSITION SEPTEMBER 25, 2021	
FUNERAL HOME W W HOLT FUNERAL HOME, 175 W. 159TH STREET, HARVEY, IL, 60426				
FUNERAL DIRECTOR'S NAME CORNELIUS E CARPENTER			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034017031	
LOCAL REGISTRAR'S NAME ROSA M ARAMBULA			DATE FILED WITH LOCAL REGISTRAR SEPTEMBER 24, 2021	
CAUSE OF DEATH PART I: PNEUMONIA				
IMMEDIATE CAUSE (Final disease or condition resulting in death)				
a. Due to (or as a consequence of):				
b. NOVEL CORONA (NOVEL CORONA COVID-19 VIRUS INFECTION) VIRAL INFECTION				
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 CHRONIC OBSTRUCTIVE PULMONARY DISEASE; DIABETES MELLITUS; CONGESTIVE HEART FAILURE; LUPUS ERYTHEMATOSUS.			WAS AN AUTOPSY PERFORMED? NO	
FEMALE PREGNANCY STATUS NOT APPLICABLE			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
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?	DATE LAST SEEN ALIVE	WAS MEDICAL EXAMINER OR CORONER CONTACTED?	DATE PRONOUNCED SEPTEMBER 14, 2021	TIME OF DEATH 11:16 PM
CERTIFIER MEDICAL EXAMINER/CORONER			DATE CERTIFIED SEPTEMBER 24, 2021	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PONNI ARUNKUMAR MD, 2121 W HARRISON ST, CHICAGO, IL, 60612			PHYSICIAN'S LICENSE NUMBER	

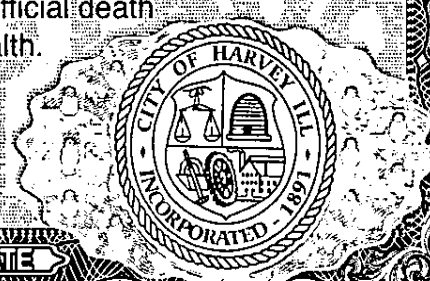
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

THE WORD VOID APPEARS WHEN PHOTOCOPIED

HOLD UP TO LIGHT TO VIEW IF TRUE WATERMARK

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.

Rosa M Arambula
Rosa M. Arambula
City Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE