

# UNOFFICIAL COPY

Doc#: 2306841158 Fee: \$98.00  
Karen A. Yarbrough  
Cook County Clerk  
Date: 03/09/2023 11:33 AM Pg: 1 of 3

Prepared by and Mail to:

Charles W. Galey  
Attorney at Law  
6965 W. 111<sup>th</sup> St.  
Worth, IL 60482

## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS

File Number: 22155377

COUNTY OF COOK

)  
SS.  
)

Naima Hashmi being duly sworn states that she resides at 530 Clayton Road in the Village of Hillside, County of Cook, State of Illinois.

That she was acquainted with Javed H. Hashmi, deceased, who, at the time of his death, was one of the owners of the land in Cook County, Illinois, commonly known as 530 Clayton Road, Hill side, Illinois 60162 and legally described in the attached legal description attached hereto as Exhibit "A".

That the deceased died on February 9, 2002, as evidenced by a certified copy of a death certificate of the deceased attached hereto.

CHECK ONE:

That the deceased died:

- Leaving no Last Will & Testament; or
- 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; or
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of \_\_\_\_\_ County, Illinois on or about \_\_\_\_\_.

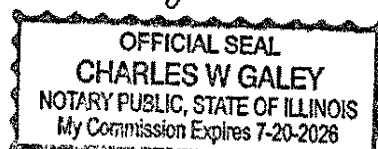
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually, in joint tenancy or tenancy by the entirety at the time of the death of the deceased, does not exceed the sum of \$250,000.00.

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

Subscribed and sworn to before me by the said Affiant this 5th day of February, 2023.

Charles W. Galey  
Notary Public

Naima Hashmi  
Naima Hashmi, Affiant



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## Certified Copy of a Death Record

<input checked="" type="checkbox"/>	PERMANENT CERTIFICATE	REGISTRATION DISTRICT NO: <u>16292</u>	<u>169 Feb 02</u>	STATE OF ILLINOIS	STATE FILE NUMBER		
<input type="checkbox"/>	TEMPORARY CERTIFICATE	REGISTERED NUMBER <u>177</u>	<b>MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH</b>				
EXHIBIT							
Type or Print in PERMANENT INK See Coroners or Funeral Directors Handbook for INSTRUCTIONS	1. DECEASED - NAME		FIRST <u>JAVED</u>	MIDDLE <u>UI</u>	LAST <u>HASHMI</u>	SEX <u>2. MALE</u>	DATE OF DEATH (MONTH, DAY, YEAR) <u>3. FEB 9, 2002</u>
	4. COUNTY OF DEATH <u>COOK</u>		AGE - LAST BIRTHDAY (YR) <u>55</u>	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR) <u>5d. July 16, 1946</u>	
	6a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <u>Proviso Twp.</u>		6b. HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN 6a, GIVE STREET AND NUMBER) <u>LOYOLA U. MED CNTR</u>			6c. HOSP. OR HST. INDICATED O.A. OR PATIENT Rm. INPATIENT (SPECIFY) <u>INPT</u>	
	7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <u>India</u>		8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Married</u>	8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <u>Naima Hussain</u>		9. WAS DECEASED BY MILITARY OR ARMED FORCES? (YES/NO) <u>NO</u>	
	10. SOCIAL SECURITY NUMBER <u>330 88 0029</u>		11a. USUAL OCCUPATION <u>Officer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Security</u>		12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) <u>4</u>	
	13a. RESIDENCE - STREET AND NUMBER <u>530 Clayton</u>		13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. <u>Hillside</u>		13c. INSIDE CITY (YES/NO) <u>Yes</u>	13d. COUNTY <u>Cook</u>	
	13e. STATE <u>Illinois</u>		13f. ZIP CODE <u>60162</u>	14a. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) <u>WHITE</u>		14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) <u>NO</u>	
	15. FATHER - NAME FIRST MIDDLE LAST <u>Hafeez UI Hashmi</u>			16. MOTHER - NAME FIRST MIDDLE LAST (MAIDEN) LAST <u>Quamar Hashmi</u>			
	17a. Naima Hashmi			17b. Wife			
	17c. 530 Clayton Hillside, IL 60162						
16. PART I. Enter the diseases, injuries, or complications 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. APPROPRIATE INTERVAL BETWEEN ONSET AND DEATH							
Immediate Cause (Final disease or condition resulting in death)		(a) <u>MULTI-ORGAN SYSTEM FAILURE</u>					
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) <u>MULTIPLE CONTUSIONS</u>					
		(c) <u>AVIATION ACCIDENT</u>					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.							
18a. NATURAL, ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, (SPECIFY)		18b. DATE OF INJURY (MONTH, DAY, YEAR) <u>NOV 28 2001</u>		18c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART 3, ITEM 18)			
19a. ACCIDENT		20a. INJURY AT WORK (YES/NO)		20b. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY)			
		20c. LOCATION (CITY, VIL OR TOWN, OR TWP.; CHRD. DIST. NO., COUNTY, STATE)		20d. IF FEMALE WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT			21b. THE DECEDENT WAS PRONOUNCED DEAD ON <u>FEB 9 2002</u>		21c. AT <u>9:32</u> M.		
CORONER'S - MEDICAL EXAMINER'S SIGNATURE			DATE SIGNED (MONTH, DAY, YEAR)				
22a. <u>[Signature]</u>			22b. <u>FEB 10 2002</u>				
CORONER'S PHYSICIAN'S NAME (Type or Print)			DATE SIGNED (MONTH, DAY, YEAR)				
22a. <u>ALDO J. FUSARO, D.O.</u>			22b. <u>FEB 10 2002</u>				
23a. BURIAL, CREMATION, REMOVAL (SPECIFY)		23b. CEMETERY OR CREMATORY - NAME		23c. LOCATION CITY OR TOWN STATE			
24a. Burial		24b. Arlington Cemetery		24c. Elmhurst Illinois			
24d. DATE (MONTH, DAY, YEAR) <u>Feb 11 2002</u>							
25a. FUNERAL HOME		25b. NAME STREET AND NUMBER OR R.F.D.		25c. CITY OR TOWN STATE ZIP			
25a. Chapel Hill Gardens West FH		17 W 201 Roosevelt Rd		Oakbrook Terrace IL 60181			
25d. FUNERAL DIRECTOR'S SIGNATURE		25e. FUNERAL DIRECTOR'S LICENSE NUMBER		25f. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			
25d. <u>[Signature]</u>		25e. <u>034-010876</u>		25f. <u>February 11, 2002</u>			
26a. LOCAL REGISTRAR'S SIGNATURE		26b. ADDRESS		26c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			
26a. <u>[Signature]</u>		26b. <u>BROADVIEW ILLINOIS 60155</u>		26c. <u>February 11, 2002</u>			

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 FEB 26 2002 SIGNED Michael A. McNamee

AT BROADVIEW, ILLINOIS Illinois OFFICIAL TITLE LOCAL REGISTRAR OF VITAL STATISTICS

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 of the facts therein stated.

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## LEGAL DESCRIPTION

THE NORTH 3.0 FEET OF LOT 162 AND ALL OF LOT 163 IN HILLSIDE GARDENS, BEING A SUBDIVISION OF THAT PART LYING SOUTH OF SOUTHERLY LINE OF THE RIGHT OF WAY OF CHICAGO, AURORA AND ELGIN RAILROAD COMPANY OF THE WEST 1/2 OF THE FRACTIONAL SOUTHWEST 1/4 SOUTH OF THE INDIAN BOUNDARY LINE OF SECTION 8, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Address commonly known as:

530 Clayton Rd

Hillside, IL 60162

PIN#: 15-08-317-025-0000

Property of Cook County Clerk's Office