

UNOFFICIAL COPY

STATE OF ILLINOIS )  
COUNTY OF COOK )

8 9 5 2 3 8 0 7 89523807

DECEASED JOINT TENANCY AFFIDAVIT

CELESTINE DOUGHERTY, being duly sworn, states that she resides at 9006 S. Oglesby, in the City of Chicago.

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

Lot 3 in Block 2 in Kroeber and Fullem's First Addition to South Shore Gardens being a Subdivision of the South East 1/4 of the South East 1/4 of the North East 1/4 of Section 1, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

PIN: 25-01-230-023

Address: 9006 S. Oglesby, Chicago, Illinois 60617

That the deceased died 11-2-82, as evidenced by a certified copy of Death Certificate of the deceased attached hereto.

That the deceased died:

✓ leaving no Last Will

\_\_\_\_\_ leaving a Last Will which was filed in the Probate Division of the Circuit Court of \_\_\_\_\_ County, Illinois on \_\_\_\_\_.

That the surviving joint tenant is Celestine Dougherty and that she survived the deceased by more than thirty (30) days.

Affiant makes this Affidavit for the purpose of spreading of record the death of William Dougherty.

Celestine Dougherty  
Affiant

Subscribed and Sworn to  
before me this 18<sup>th</sup> day of  
October, 1989.

Joel Goldman  
Notary Public

(Seal)

DEPT-41 RECORDING \$12.00  
T#5555 TRAN 4980 11/03/89 10:08:00  
#8996 \*E \* -89-523807  
COOK COUNTY RECORDER

PREPARED BY:  
MAIL TO:

JOEL GOLDMAN  
Attorney At Law  
Two Crossroads Of Commerce  
Rolling Meadows, IL 60008

1200  
E

895238117

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70-885207

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PROPERTY OF COOK COUNTY CLERK'S OFFICE

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of said County, at Chicago, Illinois, this 1st day of January, 1907.

CLERK OF COOK COUNTY

Property of Cook County Clerk's Office

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RECORDED IN BOOK 118 PAGE 100

JOEL GOLDMAN  
Attorney At Law  
Two Crossroads Of Commerce  
Rolling Meadows, IL 60088

I, STANLEY T. KUSPER, JR., County Clerk of the County of Cook, in the State aforesaid, and keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.  
 IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

*Stanley T. Kusper, Jr.*  
 County Clerk

STATE OF ILLINOIS  
 MEDICAL CERTIFICATE OF DEATH 622369

1059  
 4804  
 588  
 1520 c  
 72  
 427 M  
 280

REGISTRATION DISTRICT NO <b>10.10</b>	STATE OF ILLINOIS		STATE FILE NUMBER <b>622369</b>
REGISTRY NUMBER <b>1059</b>	MEDICAL CERTIFICATE OF DEATH		
DECEASED - NAME <b>WILLIAM DOUGHERTY</b>	FIRST <b>WILLIAM</b>	MIDDLE <b>DOUGHERTY</b>	LAST <b>DOUGHERTY</b>
SEX <b>MALE</b>	DATE OF BIRTH <b>Nov. 2, 1982</b>	MONTH, DAY, YEAR	
RACE <b>BLACK</b>	AGE <b>52</b>	DATE OF BIRTH	COUNTY OF BIRTH <b>Cook</b>
CITY, TOWNSHIP, OR VILLAGE OF DECEASED <b>Chicago</b>	HOSPITAL OR OTHER INSTITUTION - NAME, ADDRESS, CITY, STATE, ZIP CODE <b>Billings Hospital</b>		STATUS OF DECEASED AT TIME OF DEATH <b>INPATIENT</b>
CITY, STATE, AND COUNTRY OF BIRTH <b>Illinois, USA</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>MARRIED</b>	NAME OF SURVIVING SPOUSE (MARRY TO NAME, IF APPROPRIATE) <b>CELESTINE NIXON</b>	
SOCIAL SECURITY NUMBER <b>352-26-7248</b>	USUAL OCCUPATION <b>CUSTOMER</b>	INDUSTRY OR BUSINESS <b>BOARD OF EDUCATION</b>	WAS DECEASED EVER IN U.S. WAR OR BATTLES OF SERVICE (SPECIFY YEAR OR YEARS) <b>YES</b>
RESIDENCE - STREET AND NUMBER <b>9006 S. Daley</b>	CITY, TOWNSHIP, OR VILLAGE OF RESIDENCE <b>Chicago</b>	INSIDE CITY (Y/N) <b>YES</b>	COUNTY <b>Cook</b>
FATHER - NAME <b>Willis Dougherty</b>	MOTHER - MARRIAGE NAME <b>FRANCES M'GARY</b>	STATE <b>Illinois</b>	
PLACE OF BIRTH (TYPE OR PRINT) <b>S. Richardson</b>	DEATH ADDRESS (CITY, STATE, ZIP CODE) <b>HOSPITAL 4506.5 9TH ST. CHGO. ILL. 60637</b>		
18 DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) <b>Cardiac arrest</b>			<b>5 min.</b>
(b) <b>Myocardial Syndrome</b>			<b>1 week</b>
(c) <b>duodenal carcinoma metastatic to liver</b>			<b>18 mos.</b>
PART II OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE OF DEATH			
<b>anemia iron deficient</b>			
DATE OF OPERATION, IF ANY <b>none</b>	MAJOR FINDINGS ON OPERATION	IF FUNERAL WAS THERE A FREE HANCTEST TO BE NOTIFIED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
LAST PERSON NOTICED ALIVE BY <b>Nov. 2, 1982</b>	WAS CORONER OR MEDICAL EXAMINER NOTIFIED (SPECIFY YES OR NO) <b>YES</b>	HOUR OF DEATH <b>10:31 A.</b>	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND FIVE TO THE CAUSE(S) STATED.			DATE SIGNED (MO., DAY, YEAR) <b>11/2/82</b>
SIGNATURE OF CERTIFIER <b>Scott R. Vito</b>			ALL ILLINOIS LICENSE NUMBERS <b>101348</b>
ADDRESS OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) <b>950 E. 59th ST. CHGO. ILL. 60637</b>			
NOTE: IF AN INQUIRY HAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED			
LEGAL CREMATOR <b>DIXIAL</b>	CERTIFYING CREMATOR - NAME <b>LINCOLN</b>	LOCATION <b>CHICAGO, ILLINOIS</b>	DATE <b>6 Nov. 1982</b>
ADDRESS OF CREMATOR <b>2005 318 E. 71<sup>st</sup> STREET CHICAGO ILLINOIS 60619</b>			
LOCAL HEALTH DEPARTMENT <b>Chicago</b>			DATE RECEIVED BY LOCAL HEALTH DEPARTMENT (MONTH, DAY, YEAR) <b>NOV 4 1982</b>

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