

UNOFFICIAL COPY

8 9 5 7 4 89574310

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) SS
COUNTY OF C O O K)

LILLIE MAE DOUGLASS, being duly sworn on oath, states that she resides at 1718 Lake Street in the City of Evanston, County of Cook, State of Illinois.

That she is the widow of JAMES ALVIN DOUGLASS, deceased, who at the time of his death, was one of the owners of the land in Evanston, Cook County, Illinois, described as follows:

Lots 9 and 10 in Block 4 in Brown and Culver's Addition to Evanston, in Section 13, Township 41 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

PIN #10-13-420-003-0000

89574310

That the deceased died on October 10, 1987, as evidenced by a copy of the death certificate of the deceased attached hereto.

That the deceased died 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 on or about October, 1989.

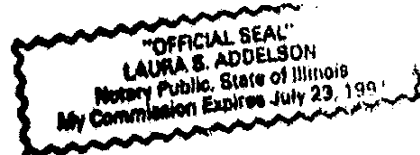
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of his death does not exceed the sum of fifty thousand Dollars (\$50,000).

Affiant makes this affidavit for the purpose of causing the death of James Alvin Douglass to be spread of record and vest title to the above described property solely in the name of Lillie Mae Douglass.

Lillie Mae Douglass
Affiant

Subscribed and sworn to before me this 25 day of October, 1989.

Laura S Adelson
Notary Public



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01/03/2003

STATE OF ILLINOIS

CLERK OF THE COURT

CHICAGO, ILLINOIS

Property of Cook County Clerk's Office

01/03/2003

COOK COUNTY CLERK'S OFFICE
CHICAGO, ILLINOIS

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8 2 5 7 4 3 1 0 STATE OF ILLINOIS DEPARTMENT OF PUBLIC HEALTH

MEDICAL CERTIFICATE OF DEATH

DECEDENT'S BIRTH NO	REGISTRATION DISTRICT NO 16, 23	REGISTERED NUMBER 1325				
			MEDICAL CERTIFICATE OF DEATH			
Type of Print in Permanent Ink See Funeral Director, Hospital or Physician Handbook for Instructions	DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
	1. JAMES ALVIN DOUGLASS		2. MALE	3. OCTOBER 10, 1987		
A	RACE—WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—(MONTHS, YEARS)	DATE OF BIRTH (MO., DAY, YEAR)		COUNTY OF DEATH
	4a. BLACK		71 Y	6. APRIL 9, 1916		7a. COOK
B	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION—NAME, ST., NO. (IF APPLICABLE)			EMERGENCY
	7b. EVANSTON		2. EVANSTON HOSPITAL			2b. EMERGENCY
C	STATE OF BIRTH (IF NOT U.S.A.)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		
	8. SO. CAROLINA	9. USA	10. MARRIED	11. LILLIE DOUGLASS		
D	SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	WAR DECEASED EVER IN U.S. ARMED FORCES (SPECIFY YES OR NO)		WAR OR DATES OF SERVICE
	12. 249-09-3928	13a. RETIRED	13b. Factory	13c. YES		13d. WW2
E	RESIDENCE STREET AND NUMBER		CITY, TOWN, TWP. OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	COUNTY	STATE
	14a. 1218 LAKE		14b. EVANSTON	14c.	14d. COOK	14e. ILLINOIS
F	FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST			
	15. WILLIAM ANDERSON		16. MELIATA DOUGLASS			
G	INFORMANT NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR P. O. BOX, CITY OR TOWN, STATE, ZIP)		
	17a. POMPEIA R. TRINIDAD		17b. MEDICAL RECORDS	17c. 2650 RIDGE, EVANSTON, ILLINOIS 60201		
H	18. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I					
	(a) ACUTE VENTRICULAR FIBRILLATION					30 MINUTES
	(b) ARTERIOSCLEROTIC HEART DISEASE					CHRONIC
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						
19. UNKNOWN						
DATE OF ORIFIGATION, IF ANY		MAJOR FINDINGS OF ORIFIGATION		AUTOPSY (YES/NO)		IF FEMALE, WAS THERE A PREG. HANCY IN PAST THREE MONTHS (YES/NO)
20a. NONE		20b. N/A		20c. NO		20d. N/A
19c. DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)		19d. (MONTH, DAY, YEAR)		HOUR OF DEATH		
21a. N/A		21b. N/A		21c. 11:00 A.M.		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.					DATE SIGNED (MO., DAY, YR.)	
22a. SIGNATURE					22b. OCT-11-1987	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)					ILLINOIS LICENSE NUMBER	
22a. IRA W. WEISS, MD. / 636 CHURCH / EVANSTON IL 60201					22b. 036-552292	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)					NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE COACHER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
23. DR. A. ZAMIN RIZAVI						
I	BURIAL, CREMATION, REMOVAL, AUTOPSY	CEMETERY OR CREMATORY—NAME		LOCATION	CITY OR TOWN	STATE
	24a. Burial	24b. Sunset Memorial		24c. Northbrook	24d. (11)	24e. Oct 15 1987
J	FUNERAL HOME NAME		STREET AND NUMBER OR P. O. BOX		CITY OR TOWN	STATE
	25a. Haliburton Funeral Chapel		1317 Emerson St.		25b. Evanston Ill.	25c. 60201
FUNERAL DIRECTOR'S SIGNATURE					FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	
25a. <i>[Signature]</i>					25b. 7745	
LOCAL REGISTRAR'S SIGNATURE					DATE REC'D BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
26a. <i>[Signature]</i>					26b. October 13 1987	

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.

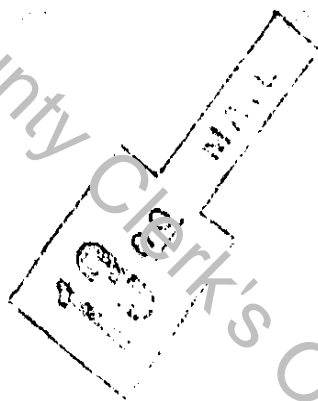
DATE October 13, 1987 SIGNED *[Signature]*
 AT Evanston, Illinois OFFICIAL TITLE Local Registrar

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.

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Property of Cook County Clerk's Office

. DEPT-01 RECORDING \$13.25
. T#3333 TRAN 2806 12/01/89 14:10:00
. #1361 # *-89-574310
. COOK COUNTY RECORDER



89-574310



MAIL TO:
Wernick & Addison, PC
500 Davis Center
#701
EVANSTON, ILL
60201