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JOINT TENANCY AFFIDAVIT

DEPT-01 RECORDING $14.25
T#2222 TRAN 5032 08/28/90 09:08:00
#6749 # B *-90-417671
COOK COUNTY RECORDER

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

DATE: August 16th, 1990

ROBERT DOMKE, hereinafter referred to as the Affiant deposes and states that the Affiant resides at 5616 South California Avenue, in the City of Chicago, Illinois. That the decedent at the time of his death was one of the owners of the property in Cook County, Illinois legally described as follows:

Lot 8 in Block 2 in McLean's Garfield Blvd. Addition, being a Subdivision of the East 1/2 of the East 1/2 of the North East 1/4 of the North West 1/4 of Section 13, Township 38 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

Address Of Property: 5616 South California Avenue
Chicago, Illinois 60629

Permanent Tax Index No.: 19-13-115-029

Name of Decedent: JAMES DONOVAN, a/k/a
JAMES T. DONOVAN

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That said decedent died on June 7th, 1990, leaving no last will and testament. That the total value of the estate of said decedent including his taxable interest in the above real estate is $25,000.00. That the Illinois Inheritance Tax and the Federal Estate Tax, if any, due from the decedent's estate has been paid in full. That this Affidavit is made to clear the chain of title of the above described real property and establish title in the surviving owner(s).

Signature Robert Domke

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SUBSCRIBED AND SWORN TO before me this 16th day of August, 1990, a Notary Public in and for said State and County.

"OFFICIAL SEAL"
CAROL A. PINDRIC
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 9/17/94

Notary Public

MAIL TO

This Instrument Prepared By:
ALAN J. BERNICK
Attorney-at-Law
5500 South Sawyer Avenue
Chicago, Illinois 60632
Phone: 1-312-434-4500
FAX: 1-312-436-8886

14 Mail

REGISTRATION DISTRICT NO. 16-10

REGISTERED NUMBER

STATE OF ILLINOIS

STATE FILE NUMBER 610865

MEDICAL CERTIFICATE OF DEATH

1. DECEASED–NAME (FIRST, MIDDLE, LAST)	JAMES T. DONOVAN	2. SEX	MALE	3. DATE OF DEATH (MONTH, DAY, YEAR) JUNE 7,1990
4. COUNTY OF DEATH	COOK	5a. AGE–LAST BIRTHDAY (YRS)	73	5b. UNDER 1 YEAR (MOS / DAYS) / 5c. UNDER 1 DAY (HOURS / MIN.)
5d. DATE OF BIRTH (MONTH, DAY, YEAR)	JULY 20,1916			
6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER	CHICAGO	6b. HOSPITAL OR OTHER INSTITUTION–NAME (IF NOT, IN EITHER, GIVE STREET AND NUMBER)	HOLY CROSS	6c. IF HOSP. OR INST. INDICATE D.O.A. OP/EMER RM. INPATIENT (SPECIFY) DOA
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	CHICAGO	8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	WIDOWED	8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) NONE
9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	YES			
10. SOCIAL SECURITY NUMBER	718-01-3613	11a. USUAL OCCUPATION	REFUSE	11b. KIND OF BUSINESS OR INDUSTRY CITY OF CHICAGO
12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12)	8	College (1-4 or 5+)		
13a. RESIDENCE (STREET AND NUMBER)	5616 SO. CALIFORNIA	13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO.	CHICAGO	13c. INSIDE CITY (YES/NO) YES / 13d. COUNTY COOK
13e. STATE	ILLINOIS	13f. ZIP CODE	60629	14a. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)) WHITE
14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES–IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)	XX ☐ NO ☐ YES SPECIFY:			
15. FATHER–NAME (FIRST, MIDDLE, LAST)	THOMAS DONOVAN	16. MOTHER–NAME (FIRST, MIDDLE, (MAIDEN) LAST)	ANNA BUTLER	
17a. INFORMANT'S NAME (TYPE OR PRINT)	PHYLLIS BUGLIO	17b. RELATIONSHIP	STEP-DAUGH	17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 4127 WEST 90th ST. HOMETOWN,ILL. 6045

18. PART I. Enter the diseases, 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.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Immediate Cause (Final disease or condition resulting in death) → (a)	ACUTE MYOCARDIAL INFARCTION	IMMEDIATE
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO, OR AS A CONSEQUENCE OF (b)	CORONARY ARTERY DISEASE	YEARS
DUE TO, OR AS A CONSEQUENCE OF (c)		

PART II Other significant conditions contributing to death but not resulting in the underlying cause given in PART I

19a. AUTOPSY (YES/NO)	no	19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)	
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION	
20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?	YES ☐ NO ☐		
21a. I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)	APRIL 19, 1990	21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	YES
21c. HOUR OF DEATH	1;15 p M.		
22a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. SIGNATURE ▶		22b. DATE SIGNED (MONTH, DAY, YEAR)	JUNE 8, 1990
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)	JOSE ARUGUETE 6250 S ARCHER AVE. CHGO. IL 60638	22d. ILLINOIS LICENSE NUMBER	36-44277
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	

24a. BURIAL, CREMATION, REMOVAL (SPECIFY)	BURIAL	24b. CEMETERY OR CREMATORY–NAME	ST. CASIMIR
24c. LOCATION (CITY OR TOWN, STATE)	CHICAGO,ILLINOIS	24d. DATE (MONTH, DAY, YEAR)	JUNE 9,1990
25a. FUNERAL HOME (NAME, STREET AND NUMBER OR R.F.D., CITY OR TOWN, STATE, ZIP)	ROBERT J SHEEHY & SONS FH 4950 WEST 79th ST. BURBANK,ILLINOIS 60459		
25b. FUNERAL DIRECTOR'S SIGNATURE ▶	Robert J. Sheehy	25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	8639
26a. LOCAL REGISTRAR'S SIGNATURE ▶	James W. Masterson M.P.H.	26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	JUN 0 8 1990

AUG 8 1990

STATE OF ILLINOIS
COUNTY OF COOK SS
CITY OF CHICAGO

I, JAMES W. MASTERSON, M.P.H., ACTING LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS OF THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY AS A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

DEPARTMENT OF HEALTH - CITY OF CHICAGO

UNOFFICIAL COPY

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SEAL AND BLUE SIGNATURE ARE AFFIXED

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