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DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) SS.
COUNTY OF COOK)

90313304

DEPT-01 RECORDING $13.25
T#7777 TRAN 6623 06/29/90 13:53:00
#8119 # *-90-313304
COOK COUNTY RECORDER

ROBERT E. CLARK, being duly sworn on oath states that he/she resides at 6029 S. McVicker, Chicago, Illinois.

That ROBERT E. CLARK was acquainted with BARBARA JEAN CLARK, deceased who, at the time of his/her death, was one of the owners of the land in the City of Chicago, County of Cook, State of Illinois, described as:

6029 South McVicker, Chicago, Il. [redacted]
PIN: 19-17-316-010-0000

That the deceased died on August 8, 1989, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

____ Leaving no Last Will & Testament.

____ Leaving a Last Will & Testament a copy of which is attached hereto.

____ 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 about _____.

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 the death of the deceased, does not exceed the sum of_____dollars.

X Robert E. Clark
Robert E. Clark, affiant

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Subscribed and Sworn to Before
me this 15 day of MAY, 1990

Notary Public

OFFICIAL SEAL
ROBERT J. WILSON JR.
NOTARY PUBLIC STATE OF ILLINOIS
MY COMMISSION EXP. NOV. 21,1992

LOT 31 in Block 1 in Central addition to Clearing, being a Subdivision of the South 3/4 of the EAST 1/2 of the South WEST 1/4 of Section 17, Township 38 North, Range 13, EAST OF THE THIRD Principal MERIDIAN, In COOK County, Illinois

MAIL TO

ZAPOLIS & CYZE
ATTORNEYS AT LAW
12413 S. Harlem Ave.
Palos Heights, Ill. 60463

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item I and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of birth, stillborns and deaths.

DATE August 10,1989 SIGNED Jane Shuster

At Cook County Department of Public Health Offical Title Chief Deputy Registrar
1500 South Maybrook Drive, Maywood, Illinois 60153

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REGISTRATION DISTRICT NO. 16.0
REGISTERED NUMBER

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

1. DECEASED–NAME: FIRST BARBARA; MIDDLE JEAN; LAST CLARK
2. SEX: FEMALE
3. DATE OF DEATH (MONTH, DAY, YEAR): AUGUST 8,1989
4. COUNTY OF DEATH: COOK
5a. AGE–LAST BIRTHDAY (YRS): 55
5b. UNDER 1 YEAR MOS. / DAYS:
5c. UNDER 1 DAY HOURS / MIN:
5d. DATE OF BIRTH (MONTH, DAY, YEAR): MAY 14,1934
6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: PALOS HEIGHTS
6b. HOSPITAL OR OTHER INSTITUTION–NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): PALOS COMMUNITY HOSPITAL.
6c. IF HOSP. OR INST. INDICATE D.O.A., OR WHETHER INPATIENT (SPECIFY): INPATIENT
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): CHICAGO ILLINOIS
8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED
8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME OF WIFE): ROBERT E CLARK
9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES OR NO): NO
10. SOCIAL SECURITY NUMBER: 343-26-7016
11a. USUAL OCCUPATION: Self - Employed SECRETARY
11b. KIND OF BUSINESS OR INDUSTRY: RED MAN ENERGY CENTER Now in Tempe
12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary, Secondary (0-12): 12YRS; College (1-4 or 5+):
13a. RESIDENCE (STREET AND NUMBER): 6029 S MC VICKERS
13b. CITY, TOWN, OR ROAD DISTRICT NO.: CHICAGO
13c. INSIDE CITY (YES OR NO): YES
13d. COUNTY: COOK
14a. STATE: ILLINOIS
14b. ZIP CODE: 60638
14c. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): WHITE
14d. OF HISPANIC ORIGIN? (SPECIFY NO OR YES–IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.): X NO ☐ YES SPECIFY:
15. FATHER–NAME FIRST ALFRED; MIDDLE; LAST SUMMERS
16. MOTHER–NAME FIRST PEARLEMAE; MIDDLE; LAST COOPER
17a. INFORMANT'S NAME (TYPE OR PRINT): MARY HLADIK
17b. RELATIONSHIP: HOSPITAL RECORD
17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 80TH AVE & MC CARTHY ROAD PALOS HEIGHTS ILLINOIS 60463

18. 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.

Immediate Cause (Final disease or condition resulting in death) → (a) Acute Liver failure

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO, OR AS A CONSEQUENCE OF (b) Metastatic Liver Cancer
DUE TO, OR AS A CONSEQUENCE OF (c) Cancer of Colon

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:

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

19a. AUTOPSY (YES OR NO): NO
19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES OR NO):
20a. DATE OF OPERATION, IF ANY: 7-26-89
20b. MAJOR FINDINGS OF OPERATION: EXTENSIVE LIVER METASTASIS
20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES ☐ NO ☐
21a. I (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON 8/8/89
21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES OR NO): NO
21c. HOUR OF DEATH: 7:35 P.M.

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

22a. SIGNATURE ▶
22b. DATE SIGNED (MONTH, DAY, YEAR): 8/8/89
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)
22c.
22d. ILLINOIS LICENSE NUMBER: 56335-

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: Evergreen Cemetery
24c. LOCATION CITY OR TOWN: Evergreen Park STATE: Illinois
24d. DATE (MONTH, DAY, YEAR): Aug.12,1989

25a. FUNERAL HOME NAME: Blake-Lamb Funeral Home STREET AND NUMBER OR R.F.D.: 4727 W. 103rd St. CITY OR TOWN: Oak LAwn STATE: Illinois ZIP: 60453

25b. FUNERAL DIRECTOR'S SIGNATURE ▶
25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 8633

LOCAL REGISTRAR'S SIGNATURE: KAREN L. SCOTT, M.D.
26a. REGISTRAR
26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): August 10 1989

VR200 (Rev. 1/89) Illinois Department of Public Health – Office of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)

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