



UNOFFICIAL COPY

Prepared by e-mail to:
B. Metzner
Beverly B and Mattson
Mattson, J
60443

94218886

MAIL TO:

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF Cook

SS. 118-24-9019

Order No. 395G

Jeanette E. Fisher

being duly sworn

states that _____ resides at 371 Blackhawk Dr. - in the City of Park Forest, IL.

That she was acquainted with Paul J. Fisher deceased who, at the time of his death, was one of the owners of the land in Cook

County, Illinois, described as: Lot 5 in Block 97 in Village of Park Forest Area No. 4 being a subdivision of part of the East Half of Section 35 and the West half of Section 36, Township 35 North, Range 13 East of the Third Principal Meridian, according to the Plat thereof recorded June 25, 1951 as Document 15107640 in Cook County, Illinois.

PIN 31-35-204-019 371 Blackhawk Dr. Park Forest, IL. 60466

That the deceased died November 22, 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. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois about _____

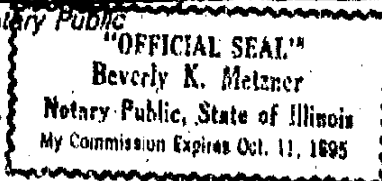
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of Sixty Five Thousand and No Cents dollars.

Subscribed and sworn to before me by the said

this 1st day of March, A.D. 19 94

Beverly K. Metzner
Notary Public

Jeanette E. Fisher
(Affiant's Signature)



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02/21/10

Property of Cook County Clerk's Office

94216526

DISTRICT NO. 1632

STATE FILE NUMBER

REGISTERED NUMBER 695

UNOFFICIAL COPY
MEDICAL CERTIFICATE OF DEATH

DECEASED-NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH MONTH DAY YEAR	
1 PAUL JOSEPH FISHER		2 MALE		3 NOV. 22 1989	
COUNTRY OF DEATH		AGE - LAST BIRTHDAY (YRS)		DATE OF BIRTH (MONTH DAY YEAR)	
4 COOK		5a 59 5b 50 5c 50		5d FEBRUARY 16 1930	
CITY, TOWN, TWP. OR ROAD/DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		6c INPATIENT	
6a CHICAGO HEIGHTS		6b ST. JAMES HOSPITAL		6c INPATIENT	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MARRIAGE & WIFE)	
7 BUFFALO N.Y.		8a MARRIED		8b JEANNETTE FARRELL	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY	
10 122-22-8682		11a FOREMAN		11b STEEL INDUSTRY	
EDUCATION (SPECIFY ONLY HIGHEST LEVEL COMPLETED)		RESIDENCE (STREET AND NUMBER)		CITY, TOWN, OR ROAD/DISTRICT NO	
12 12		13a 376 BLACKHAWK		13b PARK FOREST	
INSIDE CITY (YES/NO)		STATE		ZIP CODE	
13c YES		13d COOK		13e ILLINOIS 13f 60466	
RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)		14b () NO () YES SPECIFY:	
14a WHITE					
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE LAST			
15 JOHN JOSEPH FISHER		16 SARAH LONG			
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)	
17a JEANNETTE FISHER		17b WIFE		17c 376 BLACKHAWK PARK FOREST IL, 60466	
18. PART I. Enter the disease, injuries, or other causes that caused the death. Do not enter the results 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) CIRRHOSIS OF LIVER			
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST		(b) DUE TO, OR AS A CONSEQUENCE OF			
		(c) DUE TO, OR AS A CONSEQUENCE OF			
PART II. Other significant conditions contributing to death but not resulting in the immediate cause (as given in PART I)					
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?	
20a 11-21-89		20b ABSCESS		20c YES () NO ()	
(100) (DID NOT ATTEMPT) THE DECEASED AND LAST SAW HIM/HER ALIVE ON		WAS CORNER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH	
21a 11-21-89		21b NO		21c 9:35 AM	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED					
22a SIGNATURE		DATE SIGNED		ILLINOIS LICENSE NUMBER	
22b J. PATEL M.D.		22c 11-23-89		22d 36-50323	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN ALIEN WAS INVOLVED IN THIS DEATH THE CORNER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
23 J. PATEL 1400 OTTO BLVD. CHICAGO HEIGHTS IL, 60411					
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY-NAME		LOCATION CITY OR TOWN STATE	
24a BURIAL		24b CALVARY CEMETERY		24c STEGER ILLINOIS	
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP		DATE (MONTH, DAY, YEAR)			
25a LAIN-SULLIVAN FUNERAL HOME 50 WESTWOOD DR. PARK FOREST ILLINOIS 60466		24d NOV. 25 1989			
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
25b Gerald Sullivan		25c 7950		26d Nov. 27, 1989	
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			
26a John M. Costabile (cf)					

I HEREBY CERTIFY that the foregoing is a true and correct copy of the DEATH RECORD for the deceased in Item No. 1 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 births, stillbirths, and deaths.

DATE: NOV 27 1989

SIGNED: John M. Costabile

AT: CHICAGO HEIGHTS, IL 60411 TITLE: LOCAL REGISTRAR

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