

RECORDING REQUESTED BY:

Feldman & Feldman  
A Professional Corporation

AND WHEN RECORDED MAIL TO:

FELDMAN & FELDMAN  
A Professional Corporation  
5959 Topanga Canyon Boulevard  
Suite 275  
Woodland Hills, CA 91367

. DEPT-01 RECORDING \$27.50  
. T40008 TRAN 4793 10/10/95 12:24:00  
. 44408 RC #-95-684522  
. COOK COUNTY RECORDER

MAIL TRA STATEMENTS TO:

Rose Ballinger  
20812 Enadla Way  
Canoga Park, CA 91306

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF CALIFORNIA )  
 ) ss.  
COUNTY OF LOS ANGELES )

ROSE BALLINGER, of legal age, being first duly sworn, deposes and says:

That JOSEPHINE OSTRANDER MCNAMARA, the Decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JOSEPHINE A. OSTRANDER, named as one of the parties in that certain Warranty Deed dated December 13, 1978, executed by JOSEPHINE A. OSTRANDER to JOSEPHINE A. OSTRANDER and ROSE BALLINGER as joint tenants, recorded as Instrument No. 25000032, on June 29, 1979, in the Official Records of Cook County, Illinois, covering the following described property situated in the Town of Westchester, County of Cook, State of Illinois:

Lot 282, in George F. Nixon and Company's 22nd Street Addition to Westchester, being a Subdivision in the West 1/2 of Southeast 1/4 of Section 20, Township 39 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

Commonly known as: 1606 Downing Ave., Westchester, Illinois 60153.

\$27.50  
I.R.

95684522

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Property of Cook County Clerk's Office

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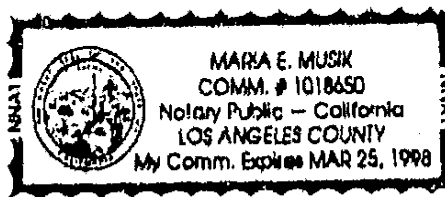
That the value of all real and personal property owned by said decedent at date of death, including the full value of the property above described, did not then exceed the sum of \$175,000.00

Dated: September 22, 1995

Rose Ballinger  
ROSE BALLINGER

SUBSCRIBED AND SWORN TO BEFORE  
ME THIS 22 DAY OF September  
1995

Maria E. Musik  
Notary Public



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DEPARTMENT OF HEALTH



00913 LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146 STATE FILE NUMBER

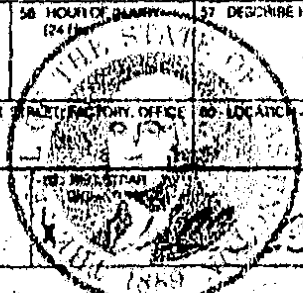
1 NAME First Middle Last <b>Josephine Ann McNamara</b>				2 SEX (M / F) <b>Female</b>		3 DEATH DATE (Mo Day, Yr) <b>September 1, 1995</b>	
4 AGE LAST BIRTHDAY (Yrs) <b>81</b>		5 UNDER 1 YEAR MO'S DAYS		6 BIRTHDATE (Mo Day, Yr) <b>May 27, 1914</b>		7 BIRTHPLACE (City, State or Foreign Country) <b>Medford, WI</b>	
8 UNDER 1 DAY HOURS MIN		9 WAS DECEDENT EVER IN U.S. ARMED FORCES? <b>No</b>		10 COUNTY OF DEATH <b>Kitsap</b>			
11 CITY, TOWN OR LOCATION OF DEATH <b>Bremerton</b>				12 PLACE OF DEATH—NO BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME <b>Harrison Memorial Hospital</b>			
13 SMOKING IN LAST 15 YEARS? (Yes / No) <b>No</b>		14 MARITAL STATUS—Married, Never Married, Widowed, Divorced / Separated <b>Widowed</b>		15 SURVIVING SPOUSE (if wife, give maiden name)		16 SOCIAL SECURITY NO <b>328-18-8717</b>	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) <b>12 years</b>		18 USUAL OCCUPATION (Give kind of occupation during most of working life. DO NOT USE RETIRED)		19 KIND OF BUSINESS OR INDUSTRY <b>Home</b>		20 Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) <b>No</b>	
21 RACE (Specify) <b>Caucasian</b>		22 RESIDENCE—NUMBER AND STREET <b>17949 Noll Road N.E.</b>		23 CITY/TOWN OR LOCATION <b>Poulsbo</b>		24 INSIDE CITY LIMITS? (Yes / No) <b>Yes</b>	
25A COUNTY <b>Kitsap</b>		25B LENGTH OF RES. IN CO. <b>2 1/2 Mths</b>		26 STATE <b>WA.</b>		27 ZIP CODE <b>98370</b>	
28 FATHER'S NAME—FIRST, MIDDLE, LAST <b>Mathias C. Makovec</b>				29 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME <b>Josephine A. Kaiser</b>			
30 INFORMANT NAME <b>Michael J. Kotzin</b>		31 MAILING ADDRESS <b>P.O. Box 680 Poulsbo, Washington 98370</b>					
32 BURIAL CREATION REMOVAL OTHER (Specify) <b>Burial</b>		33 DATE (Mo Day, Yr) <b>Sep. 6, 1995</b>		34 CEMETERY/CROWN OR NAME <b>Forest Lawn Cemetery</b>		35 LOCATION—CITY/TOWN, STATE <b>Bremerton, Kitsap Co., WA.</b>	
36 FUNERAL DIRECTOR SIGNATURE <i>Richard P. West</i>		37 HOME OF FACILITY <b>Poulsbo Mortuar</b>		38 ADDRESS OF FACILITY <b>20033 Viking Avenue N.W., Poulsbo, Washington 98370</b>			

39 TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED <b>Ann E. Murphy</b>				40 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED <b>X</b>			
41 DATE SIGNED (Mo, Day, Yr) <b>September 6, 1995</b>		42 HOUR OF DEATH (24 hrs) <b>1246</b>		43 DATE SIGNED (Mo, Day, Yr)		44 HOUR OF DEATH (24 hrs)	
45 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Ann E. Murphy, M.D. 2720 Clare Avenue Bremerton, Washington 98312</b>				46 PRONOUNCED DEAD (Mo, Day, Yr)			
47 HOUR PRONOUNCED DEAD (24 hrs)				48 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)			
49 MEDICORNER FILE NUMBER				50 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:			

IMMEDIATE CAUSE (Final disease or condition resulting in death)		INTERVAL BETWEEN ONSET AND DEATH	
A <b>Septic Shock</b> DUE TO, OR AS A CONSEQUENCE OF		<b>3 days</b>	
B <b>Urinary retention</b> DUE TO, OR AS A CONSEQUENCE OF		<b>2 months</b>	
C <b>Spinal cord compression from metastatic breast cancer</b> DUE TO, OR AS A CONSEQUENCE OF		<b>4 months</b>	
D		INTERVAL BETWEEN ONSET AND DEATH	

51 OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE			52 AUTOPSY? (Yes / No) <b>No</b>		53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) <b>Yes</b>		
54 ACC. SUICIDE, HOA, UNDET. OR PENDING INVEST. (Specify)		55 INJURY DATE (Mo, Day, Yr)		56 HOUR OF INJURY (24 hrs)		57 DESCRIBE HOW INJURY OCCURRED	

58 INJURY AT WORK? (Yes / No)		59 PLACE OF INJURY—AT HOME, FARM, RESTAURANT, OFFICE, etc. (Specify)		60 LOCATION—STREET OR RD NO., CITY/TOWN, STATE	
61 RECORD AMENDMENT (Repair/ use only) ITEM DOCUMENTARY REVIEWED BY DATE				62 DATE RECEIVED (Mo, Day, Yr) <b>SEP 07 1995</b>	



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USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:

THE RECORD NOW SHOWS:	THE TRUE FACT IS:

I REPRESENT THE PERSON AS (P.O. SELF, PARENT, GUARDIAN, ETC.) SPECIFY \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WISCONSIN THAT THE FOREGOING IS TRUE AND CORRECT.

SIGNATURE	DATE	ADDRESS

All vital records are returned as received. Changes must be made by affidavit. Affidavits may be changed by affidavit only once. Subsequent changes must be made by affidavit only.

Birth Certificates

- Only a parent, legal guardian, or the adult (18 or older) may change the birth certificate.
- All changes must be established by documentary proof submitted with the affidavit.
- The proof must match established true facts. For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe, Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- The proofs for names must be five (or more) years old, while proofs for dates, places, or areas must have been established within five years of birth.
- Examples of acceptable documents of proof:
 

Baptismal Certificate	Marriage Record	School Record
U.S. Census Record	Medical Record	Voter's Registration Card
Hospital Record	Military Record	(if it bears an effective date)
Insurance Record	Your Child's Birth Record	
- Surname changes require a certified copy of a court ordered name change, except that some spelling changes may be made with an affidavit and documentary proof.
- Parents may change their child's given name with only their signature and the child's 15th birthday.

Death Certificate

- Only the informant, the funeral director, or executor/administrators (if evidence concerning such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.
- Routine changes will normally be made only during the first year after death. Other changes will be made only for legally important reasons (property, inheritance, etc.) and must be approved by the State Registrar.

Marriage/Dissolution (Divorce) Certificates

- Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above.
- To change the date of marriage or dissolution, the official marriage or a certified copy of court dissolution must come from the affidavit.

Please send the proofs and this form certificate to:

Attn: Corrections  
 Center for Health Statistics  
 1112 Quince Street South  
 P.O. Box 9709  
 Olympia, WA 98507-0909

95684322

CERTIFIED

SEP 18 1995

*Willa A. Fisher M.D., M.P.H.*  
 WILLA A. FISHER, M.D., M.P.H.  
 HEALTH INSTRUCT OFFICER  
 BREWERTON KITSAP COUNTY HEALTH DISTRICT  
 109 AUSTIN DRIVE, BREWERTON, WA 98522  
 DO NOT REPLY

CC295979