

UNOFFICIAL COPY

95368588

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

Order No. _____

OLGA DAWSON being duly sworn states that she resides at 217 North Pine Street in the City of Mount Prospect, IL

That she was acquainted with MARVIN W. DAWSON deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

LOT 20 IN BLOCK 7 IN HILL CREST, BEING A SUBDIVISION IN THE SOUTH WEST QUARTER OF SECTION 34, TOWNSHIP 42 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN ACCORDING TO THE PLAT RECORDED AS DOCUMENT 93307721 IN COOK COUNTY, ILLINOIS.

95368588

RECORDING \$23.00
T#6666 TRAN 4261 06/07/95 12:24:00
#7311 VF *-95-368588
COOK COUNTY RECORDER
BEST-10 PENALTY \$20.00

P.I.N: 03-34-314-003-0000

Address 217 N. Pine St. Mt. Prospect, IL

That the deceased died 12-29-85, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

Leaving no Last Will & Testament.

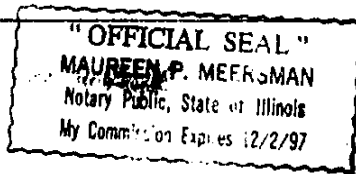
Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.

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 _____ dollars.

Subscribed and sworn to before me by the said

OLGA DAWSON



this 16 day of May 1995
Maureen Meersman
Notary Public

OLGA DAWSON
Affiant's signature

FORM 3703

Return → Box # 19

23.00
20.00
43.00
Chd

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Registered

Property of Cook County Clerk's Office

STATE OF ILLINOIS
County of Cook

DAVID D. ORR. County Clerk

I, DAVID D. ORR, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David D. Orr
County Clerk

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH 85 073041

REGISTRATION DISTRICT NO. 16.92	REGISTERED NUMBER 1752	DECEASED—NAME 1. MARVIN W DAWSON		SEX 2. MALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. DECEMBER 29, 1985
RACE (TYPE OF OR AMERICAN ORIGIN OR DESCENT) (SPECIFY) 4a. WHITE		AGE (MONTHS, YEARS) 4b. 71	DATE OF BIRTH (MONTH, DAY, YEAR) 5. AUGUST 24, 1914	COUNTY OF DEATH 7a. COOK	
CITY, TOWN, OR ROAD DISTRICT NUMBER 7b. PROVISO TOWNSHIP		HOSPITAL OR OTHER INSTITUTION—(NAME, STREET AND NUMBER) 7c. FOSTER MCGAW		PLACE OF DEATH (HOSPITAL, HOME, NURSING HOME, ETC.) 7d. INPATIENT	
STATE OF BIRTH (NOT NECESSARILY STATE OF CITIZENSHIP) 8. Nebraska		CITIZEN OF WHAT COUNTRY 9. USA		NAME OF SURVIVING SPOUSE (MARRIAGE NAME, IF WIFE) 11. OTAA Vanko	
SOCIAL SECURITY NUMBER 12. 335-01-2846		USUAL OCCUPATION 13a. Foreman		KIND OF BUSINESS OR INDUSTRY 13b. Printing Equip.	
RESIDENCE STREET AND NUMBER 14a. 217 N PINE ST		CITY, TOWN OR ROAD DISTRICT NO. 14b. MT PROSPECT		COUNTY 14c. COOK, STATE 14d. ILLINOIS	
FATHER—NAME 15. Marvin Dawson		MOTHER—MADEN NAME 16. Myrtle Sovereign			
INFORMANT NAME (TYPE OR PRINT) 17a. JOANNE COLELLA		RELATIONSHIP TO DECEASED 17b. SPOUSE		MAILING ADDRESS (STREET AND NO OR R. F. D., CITY OR TOWN, STATE, ZIP) 17c. 2160 S 1st AVENUE MAYWOOD, IL 60153	
DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE AND LINE FOR (a), (b), AND (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
PART I. IMMEDIATE CAUSE					
(a) Cardiovascular shock					
DUE TO OR AS A CONSEQUENCE OF					
(b) Dilated cardiomyopathy		35368585			
DUE TO OR AS A CONSEQUENCE OF					
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE (EVER RELATED TO CAUSE)		AUTOPSY (YES/NO) 19a. No		YES, WERE FINDINGS DISCLOSED IN DETERMINING CAUSE OF DEATH? 19b. No	
Acute Myocardial Infarction Pulmonary fibrosis		DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20b.	
(1) (10) (10) ATTEND THE DECEASED AND LAST SEEN LIVING ON (MONTH, DAY, YEAR) 21a. December 29, 1985		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (SPECIFY YES OR NO) 21b. No		HOUR OF DEATH 21c. 10:20 AM	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED (MONTH, DAY, YEAR) 22b. 12/29/85		SIGNATURE (TYPE OR PRINT) 22a. P. KERWIN M.D.	
NAME AND ADDRESS OF CERTIFIER 23a. 2160 S 1ST AVENUE MAYWOOD ILLINOIS 60153		ILLINOIS LICENSE NUMBER 23b. T-017139			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23c. Dr John Godwin M.D.		NOTE: IF AN INQUIRY WAS INVOLVED IN THE DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.			
BURIAL CREMATION, REMOVAL (specify) 24a. Entombment	CEMETERY OR CREMATORY—NAME 24b. Memory Garden	LOCATION 24c. Arlington Heights, Illinois	CITY OR TOWN	STATE	DATE (MONTH, DAY, YEAR) 24d. Dec. 31, 1985
FUNERAL HOME 25. FRIEDRICH'S Funeral Home, Inc., 320 W. Central Rd., Mt. Prospect, Illinois 60056	FUNERAL DIRECTOR'S SIGNATURE 26. [Signature]				
LOCAL REGISTRATION NUMBER 26a. FOREST PARK ILLINOIS 60139	DATE REC'D BY LOCAL REGISTRY (MONTH, DAY, YEAR) 26b. December 30, 1985				

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