

# UNOFFICIAL COPY

## DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois)  
County of C o o k ) SS

97565546

SAM GRIFFIN, hereinafter referred to as the affiant deposes and states that the affiant resides at:  
20616 Arcadian Drive, in the City of Olympia Fields, IL 60461;

That the decedent, FANNIE M. GRIFFIN, at the time of his/her death was one of the owners of the property in Cook County, Illinois,

(see reversed side for legal description)

PIN: 32-23-114-026  
32-23-114-027  
32-23-114-028  
32-23-114-029

Commonly known as: 1314 Werline, Ford Heights, IL 60411

That said decedent died on April 20, 1991 leaving no/a last will and testament;

That the total value of the estate of said decedent including his/her taxable interest in the above real estate is  
\$ 140,000.

That the Illinois Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full.

Dated: August 4, 1997.

Sam Griffin  
SAM GRIFFIN

Subscribed and Sworn to  
before me by SAM GRIFFIN  
this 4<sup>th</sup> day of August, 1997.

Medard M. Narko  
Notary Public

OFFICIAL SEAL  
Medard M. Narko  
Notary Public, State of Illinois  
My Commission Expires 02-26-01

This document prepared by:  
Atty Medard M. Narko, 15000 S. Cicero, Oak Forest, IL 60452

97565546

25.50  
JP

# UNOFFICIAL COPY

## Legal Description

PIN: 32-23-114-026  
32-23-114-027  
32-23-114-028  
32-23-114-029

Commonly known as: 1314 Werline, Ford Heights, IL 60431

Lots 5, 6, 7 and 8 in Block 6 in Park Addition to Chicago Heights, being a Subdivision of part of the Southwest 1/4 of the Northwest 1/4 of Section 23, Township 35 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois

97565546

Nanko + Assoc  
15000 S. Cicero  
Oak Forest, IL 60452



Property of Cook County Clerk's Office

# UNOFFICIAL COPY

REGISTRATION DISTRICT NO. <u>16.32</u>		STATE OF ILLINOIS			STATE FILE NUMBER	
REGISTERED NUMBER <u>267</u>		<b>MEDICAL CERTIFICATE OF DEATH</b>				
DECEASED NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)		
FANNIE GRIFFIN		2. FEMALE		3. APRIL 20, 1991		
COUNTY OF DEATH	AGE - LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		
4. COOK	5a. 57	5b.	5c.	6d. OCTOBER 27, 1933		
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION - NAME IF NOT IN EITHER A OR B (STREET AND NUMBER)			IF HOSP. OR INST. INDICATE D.D. OR OTHER P.M. DEPARTMENT (SPECIFY)	
6a. CHICAGO HEIGHTS		6b. ST. JAMES HOSPITAL AND HEALTH CENTERS			6c. INPATIENT	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED NEVER MARRIED, WIDOWED DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MARRIED NAME, IF WIFE)		WAS DECEASED (YES) (ARRANGED FORCES) (NO)
7. Illinois, Ill. No. SOCIAL SECURITY NUMBER		8a. MARRIED		8b. SAM GRIFFIN		9. NO
RESIDENCE (STREET AND NUMBER)		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		LOCATION (SPECIFY ONLY) (HIGHEST GRADE COMPLETED) (Temporary Residence) (1-12)
11a. 20616 ARCADIA DRIVE		11b. Homemaker		11c. At Home		12. B
CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTRY		
13a. OLYMPIA FIELDS		13b. YES		13c. COOK		
STATE	ZIP CODE	RACE (WHITE, BLACK AMERICAN INDIAN OR ALASKA NATIVE)	OP HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, GUATEMALAN)			
13e. ILLINOIS	13f. 60461	14a. BLACK	14b. X NO <input type="checkbox"/> YES <input type="checkbox"/> SPECIFY:			
FATHER - NAME FIRST MIDDLE LAST		MOTHER - NAME FIRST MIDDLE LAST				
15. William		15. Emma				
MARRIAGE (TYPE OR NONE)		MARRIAGE (TYPE OR NONE)		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)		
17a. GAIL MALVESTUTO		17b. MEDICAL RECORDS		17c. 1427 CHICAGO ROAD CHICAGO HEIGHTS ILLINOIS 60641		
<p>18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of death, such as cardiac or respiratory arrest, shock, or renal failure. Use only one cause on each line.</p> <p>Immediate Cause (Final cause - if coroner's report in death) → (a) Disease Metastatic Disease</p> <p>CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) Inoperable Breast Cancer</p> <p>PART II. Other significant conditions contributing to death but not resulting in the ultimate cause given in PART I. Pericardial, pleural, peritoneal metastases</p>						
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		
30a.		30b.		30c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
WHO DID NOT ATTEND THE DECEASED AND AS SEEN WHEN ALIVE ON		DATE (MONTH, DAY, YEAR)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED (YES/NO)		LOCATION OF DEATH
21a.		4-20-91		21b. No		21c. 4:45 P.
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED				DATE OBTAINED (MONTH, DAY, YEAR)		
22a. SIGNATURE				22b. 4-20-91		
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)				ILLINOIS LICENSE NUMBER		
22a. N. HAHUK KITAPCI M.D., 2601 W. LINCOLN HWY OLYMPIA FIELDS, IL 60461				22b. 36-60053		
NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)				NOTE: IF AN INQUIRY IS MADE BY THE DEATH FILE CORONER OR MEDICAL EXAMINER (YES/NO)		
23. Dr. Robert Watkins						
BURIAL INFORMATION (IF KNOWN) (SPECIFY)		CEMETERY OR CREMATORIUM - NAME		LOCATION CITY OR TOWN STATE		DATE (MONTH, DAY, YEAR)
24a. 2486 E. 24th		24b. Glenwood		24c. Glenwood IL 60425		24d. Apr. 24, 1991
FUNERAL HOME		NAME		STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE		
25. Robert McCullough Funeral Home, 1621 E. Lincoln Hwy., Ford Heights, Ill 60541		25b. Robert McCullough		25c. 6825		
CORONER OR MEDICAL EXAMINER		NAME		DATE (MONTH, DAY, YEAR)		
26a. Dr. John Costabile (M.D.)		26b. April 23, 1991				

97565546

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: APR 23 1991 SIGNED: John M. Costabile

AT: CHICAGO HEIGHTS, IL 60411 TITLE: LOCAL REGISTRAR

UNOFFICIAL COPY

Property of Cook County Clerk's Office