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① 1980316 JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF Cook

mail to:
First MAIL BK of Chicago
ss. 1805 S. Naperville Rd
Wheaton, Ill. 60187

ORDER NO. _____
DATE: _____

CHARLES A. HAYES (27), hereinafter referred to as the "affiant", deposes and states that the affiant resides at 9527 S. UNION AVE. in the City of CHICAGO;

That the decedent at the time of his/her death was an owner of the property located in Cook County, Illinois, legally described as follows:

LOT 38 (EXCEPT NORTH 9 1/2 THEREOF) AND THE NORTH 18 1/2 FEET OF LOT 37 IN BLOCK 2 IN EAST WASHINGTON HEIGHTS, BEING A SUBDIVISION OF THE WEST 1/2 OF THE NORTHWEST 1/4 AND THE SOUTHWEST 1/4 OF SECTION 9, TOWNSHIP 37 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

98839132

1048/0177 03 001 Page 1 of 2
1998-09-21 11:31:30
Cook County Recorder 43.00

25-09-102-056

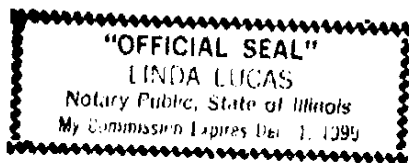
That Charlene L. Smith was acquainted with Charles A. Hayes deceased who, at the time of death, was one of the owners of the land in Cook County, Illinois, described above.

That said decedent died on April 8, 1997 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 \$ 90,000.00;

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

That the affiant makes this affidavit to induce TITLECOMPANY to issue its Policy of Title Insurance on the above described property.



Signature

Charlene L. Smith

SUBSCRIBED AND SWORN TO before me this 2nd day of Sept 1998 a Notary Public in and for said State and County.

Linda Lucas Ill Cook

NOTE: If the decedent left a will it will be necessary that the original or a certified copy thereof be presented to us for inspection.

A death certificate together with evidence of payment of death taxes, if any, should accompany this affidavit.

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STATE OF ILLINOIS
County of Cook

DAVID D. ORR, County Clerk

98839132
AUG 18 1998

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

DECEDENT'S BIRTH NO.

REGISTRATION DISTRICT NO. 16.0

STATE OF ILLINOIS

STATE FILE NUMBER

REGISTERED NUMBER

MEDICAL CERTIFICATE OF DEATH

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED-NAME FIRST MIDDLE LAST 1 CHARLES HAYES		SEX 2 MALE	DATE OF DEATH (MONTH DAY YEAR) 3 APRIL 8, 1997
COUNTY OF DEATH 4 COOK	AGE - LAST BIRTHDAY (YRS) 5a 79	UNDER 1 YEAR 5b	UNDER 1 DAY 5c
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a HAZEL CREST		DATE OF BIRTH (MONTH DAY YEAR) 5d FEBRUARY 17, 1918	
HOSPITAL OR OTHER INSTITUTION NAME (IF NOT WHETHER GIVE STREET AND NUMBER) 6b SOUTH SUBURBAN HOSPITAL		IF HOSP OR INST. INDICATE D.O.A. OP-EMER RM INPATIENT (SPECIFY) 6c INPATIENT	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7 CAIRO, IL	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a DIVORCED	NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) 8b NONE	
SOCIAL SECURITY NUMBER 10 356-10-7851	USUAL OCCUPATION 11a CONGRESSMAN	KIND OF BUSINESS OR INDUSTRY 11b GOVERNMENT	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12 12
RESIDENCE (STREET AND NUMBER) 13a 8241 S PERRY	CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b CHICAGO	INSIDE CITY (YES/NO) 13c YES	COUNTY 13d COOK
STATE 14a ILLINOIS	ZIP CODE 13i 60620	RACE (WHITE, BLACK, AMERICAN INDIAN, OTHER SPECIFY) 14b BLACK	OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) 14c (X) NO () YES SPECIFY

DECEASED

B
C
D
E

PARENTS

FATHER-NAME FIRST MIDDLE LAST 15 CHARLES MARTIN HAYES	MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 16 NEVADA ERVIN
INFORMANT'S NAME (TYPE OR PRINT) 17a BERNICE DEAN	HOSPITAL RECORDS 17b
MAILING ADDRESS (STREET AND NO OR R.F.D. CITY OR TOWN, STATE, ZIP) 17c 1727800 S KEDZIE AVE HAZELCREST IL 60429	

1
2
3
CAUSE

18 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.

Immediate Cause (Final disease or condition resulting in death) → (a) *Thrombopneuria*

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST

(b) *Congestive Heart Failure*

(c) *concomitant of the above*

19a APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
2 days

19b PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

4
5
N
P

20a DATE OF OPERATION, IF ANY

20b MAJOR FINDINGS OF OPERATION

20c IF FEMALE WAS THERE A PREGNANCY IN PAST THREE MONTHS?
20c YES () NO (X)

CERTIFIER

21a (DID/DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON
4-8-97

21b WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)
Yes

21c HOUR OF DEATH
10:30P.

22a SIGNATURE
Antonio T. Nozga, M.D.

22b DATE SIGNED (MONTH DAY YEAR)
4/11/97

22c NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)
13348 South Cicero Avenue, Hazel Crest, IL

22d ILLINOIS LICENSE NUMBER
#36-49076

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

DISPOSITION

24a BURIAL

24b CEMETERY OR CREMATORY-NAME
LINCOLN CEMETERY

24c LOCATION CITY OR TOWN STATE
CHICAGO, ILLINOIS

24d DATE (MONTH DAY YEAR)
24d-14-97

25a FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
LEAK & SONS FUNERAL HOME 7838 S. COTTAGE GROVE CHGO, ILLINOIS 60619

25b FUNERAL DIRECTOR'S SIGNATURE
Antoine Leak

25c FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
31-007489

26a LOCAL REGISTRAR'S SIGNATURE
KAREN L. SCOTT, M.D.

26b DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR)
April 14, 1997

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