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1999-09-02 10:12:38
Cook County Recorder 25.50

DECEASED JOINT TENANCY
AFFIDAVIT



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COOK COUNTY
RECORDER
EUGENE "GENE" MOORE
MARKHAM OFFICE

State of Illinois)
)ss
County of C o o k)
CATHERINE R. DELANO,
hereinafter referred
to as the affiant
deposes and states

Property of Cook County Clerk's Office

that the affiant resides at:
11645 S. Albany Drive, Merrionette Park, Illinois

That the decedent, CHARLES F. DELANO, at the time of his death
was one of the owners of the property in Cook County, Illi-
nois,

(see reversed side for legal description)

PIN: 24-24-308-015

Commonly known as: 11645 S. Albany Drive, Merrionette Park,
Illinois

That said decedent died on June 20, 1998, leaving no last will
and testament;

That the total value of the estate of said decedent including
his taxable interest in the above real estate is
\$95,000.00.

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

Dated: 8/30/99

Catherine R. Delano
CATHERINE R. DELANO

Subscribed and Sworn to
before me by CATHERINE R. DELANO
this 30th day of August, 1999.

Medard M. Narko

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



MARKED

3pgs
w.c.

Legal Description

PIN: 24-24-308-015

Commonly known as: 11645 S. Albany Drive, Merrionette Park, Illinois

Lot 202 in Mahoney Estates, a Subdivision of the North 3/4 of the West 1/2 of the Southwest 1/4 of Section 24, Township 37 North, Range 13 East of the Third Principal Meridian, (except therefrom the right of way of the Chicago and Southern Railroad Company), in Cook County, Illinois.

Property of Cook County Clerk's Office

MEDICAL CERTIFICATE OF DEATH

DISTRICT NO. 16:33	REGISTERED NUMBER 462	DECEASED-NAME FIRST MIDDLE LAST Charles E. Delano	SEX 2. Male	DATE OF BIRTH (MONTH, DAY, YEAR) June 20, 1998
COUNTY OF DEATH Cook	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 4. Evergreen Park	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6a. Little Company of Mary Hospital	DATE OF DEATH (MONTH, DAY, YEAR) 3. June 20, 1998	IF HOSP. OR INST. INDICATE D.O.A. OF TEMER, PM, INPATIENT (SPECIFY) 6c. Inpatient.
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Chicago, IL	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. Catherine Carroll	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. March 30, 1917	IF HOSP. OR INST. INDICATE D.O.A. OF TEMER, PM, INPATIENT (SPECIFY) 6c. Inpatient.
SOCIAL SECURITY NUMBER 10. 708-10-6308	USUAL OCCUPATION 11a. Manager	KIND OF BUSINESS OR INDUSTRY 11b. Warehouse	EDUCATION (SPECIFY GRADE, COLLEGE, OR HIGHER GRADE COMPLETED) 12. 12	IF HOSP. OR INST. INDICATE D.O.A. OF TEMER, PM, INPATIENT (SPECIFY) 6c. Inpatient.
RESIDENCE (STREET AND NUMBER) 13a. 11645 S. Ragowski	CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. Evergreen Park	INSIDE CITY (YES/NO) 13c. Yes	COUNTY 13d. Cook	IF HOSP. OR INST. INDICATE D.O.A. OF TEMER, PM, INPATIENT (SPECIFY) 6c. Inpatient.
STATE 13e. Illinois	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. White	OF HISPANIC ORIGIN? (SPECIFY YES OR NO) 14b. No	14c. Yes	IF HOSP. OR INST. INDICATE D.O.A. OF TEMER, PM, INPATIENT (SPECIFY) 6c. Inpatient.
FATHER-NAME FIRST MIDDLE LAST Edward James Delano	MOTHER-NAME FIRST MIDDLE Catherine Agnes Pidreón	RELATIONSHIP 17b. Wife	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 11645 S. Ragowski, Merrionette Park, IL 60453	IF HOSP. OR INST. INDICATE D.O.A. OF TEMER, PM, INPATIENT (SPECIFY) 6c. Inpatient.
INFORMANT'S NAME (TYPE OR PRINT) Catherine Delano	18. PART I. Immediate Cause (Final disease or condition resulting in death) (a) <u>Severe Cardiac Pts proty Failure</u>	18. PART II. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) <u>Acute Intercerebral bleeding</u>	18. PART III. STATING THE UNDERLYING CAUSE LAST. (c) <u>days desc.</u>	IF HOSP. OR INST. INDICATE D.O.A. OF TEMER, PM, INPATIENT (SPECIFY) 6c. Inpatient.
DATE OF OPERATION IF ANY 20b. 6/20/98	MAJOR FINDINGS OF OPERATION 20c. <u>As above</u>	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. No	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>	IF HOSP. OR INST. INDICATE D.O.A. OF TEMER, PM, INPATIENT (SPECIFY) 6c. Inpatient.
(DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/LIVE ON 21a. 6/20/98	TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 22a. SIGNATURE <u>Amnette Thauer</u>	NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. <u>FRANCISCO LUPEZ, M.D. CHICAGO RIDGE, ILL.</u>	DATE SIGNED (MONTH, DAY, YEAR) 22b. <u>6/23/98</u>	IF HOSP. OR INST. INDICATE D.O.A. OF TEMER, PM, INPATIENT (SPECIFY) 6c. Inpatient.
NAME OF ATTENDING PHYSICIAN, IF OTHER THAN CERTIFIER (TYPE OR PRINT) 22c. <u>FRANCISCO LUPEZ, M.D. CHICAGO RIDGE, ILL.</u>	CEMETERY OR CREMATORY-NAME 24a. <u>Burial</u>	CITY OR TOWN 24c. <u>Evergreen Park, Illinois</u>	ILLINOIS LICENSE NUMBER 22d. <u>36-045007</u>	IF HOSP. OR INST. INDICATE D.O.A. OF TEMER, PM, INPATIENT (SPECIFY) 6c. Inpatient.
DATE OF ATTENDING PHYSICIAN, IF OTHER THAN CERTIFIER (TYPE OR PRINT) 22c. <u>6/23/98</u>	STREET AND NUMBER OR R.F.D. 24b. <u>4727 W. 103rd Street</u>	STATE 24d. <u>June 23, 1998</u>	NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	IF HOSP. OR INST. INDICATE D.O.A. OF TEMER, PM, INPATIENT (SPECIFY) 6c. Inpatient.
FUNERAL HOME 25a. <u>Blake-Lamb Funeral Home</u>	FUNERAL DIRECTOR'S SIGNATURE 25b. <u>Amnette Thauer</u>	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. <u>034-011832</u>	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. <u>6-23-98</u>	IF HOSP. OR INST. INDICATE D.O.A. OF TEMER, PM, INPATIENT (SPECIFY) 6c. Inpatient.

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD OF THE PERSON IN ITEM #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 JUNE 23, 1998
 AT EVERGREEN PARK, ILLINOIS

REGISTRAR Amnette Thauer
 DEPUTY REGISTRAR _____