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STATE OF ILLINOIS)
) SS.
 00 JUN -6 PM 1:31)
 COUNTY OF COOK)
 MAIL TO + Prepared By:
 Subject Property:
 Patricia Williams
 16342 S. Marshfield
 Markham, IL 60426

00458990

4144/0195 32 001 Page 1 of 5
 2000-06-21 13:42:40
 Cook County Recorder 29.50



00458990

P.I.N.: 29-19-406-034-0000
 29-19-406-035-0000

MAIL TO

Property of Cook County Clerk's Office

AFFIDAVIT OF HEIRSHIP

Patricia Williams, being first duly sworn on oath, says:

1. Affiant is more than twenty-one years of age and is duly authorized to make this affidavit, and if called as a witness, would testify as follows:
2. Title to the property of 16342 S. Marshfield, Markham, Illinois 60426 with the permanent index numbers of 29-19-406-034-0000 and 29-19-406-035-0000 was vested in Arthur R. Jones and Alberta O. Jones as joint tenants.
3. Arthur R. Jones predeceased his wife, Alberta O. Jones, leaving her as the sole owner of 16342 S. Marshfield, Markham, Illinois 60426.
4. Alberta O. Jones, decedent, died in 1996 without a will.
5. Decedent's estate is valued at approximately \$61,000.00.
6. Decedent was married only once and that was to Arthur R. Jones.
7. Decedent and Arthur R. Jones had only one child together and that was the affiant, Patricia Williams.
8. Affiant was the only child born of Arthur R. Jones.
9. Affiant was the only child born of decedent.
10. Decedent did not adopt any children during her lifetime.

WORLD TITLE # 000402774
 [Handwritten signature]

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11. Affiant is the sole heir of decedent's estate.

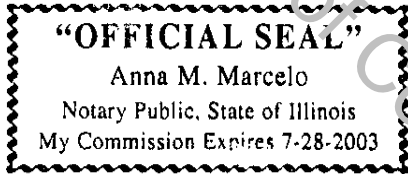
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FURTHER, Affiant sayeth not.

Patricia Williams
Patricia Williams

SUBSCRIBED and sworn to before me
This 27th day of May, 2000.

Anna M. Marcelo
Notary Public



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The original of this record is permanently filed with the Illinois Dept. of Public Health in Springfield, Illinois, County Clerks and Local Registrars are authorized to make certification from copies of the original record. The Illinois Statutes further provided that certification of a DEATH record by the Dept. of Public Health of the Local Registrar of the County Clerk shall be prima facie evidence in all courts and places of the facts herein stated.

I HEREBY CERTIFY THAT the foregoing is true and correct copy of the DEATH record for the person named therein and that this record was established and filed in my office in accordance with provisions of the ILLINOIS STATUTES relating to the registration of BIRTHS, STILLBORNS AND DEATHS.
DATED FEB 7 6 1992 SIGNED *Harvey L. Jones* LOCAL REGISTRAR AT HARVEY, ILLINOIS.

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO.	16-34			
REGISTERED NUMBER	198			
DECEASED - NAME	Arthur R Jones			
FIRST	MIDDLE	LAST	SEX	DATE OF DEATH
			Male	March 18, 1980

1. RACE - (WHITE, BLACK, AMERICAN INDIAN, NATIVE ALASKAN, HAWAIIAN, OTHER)	4b. American	5a. 54	5b. 54	5c. 6 Feb. 22, 1926	7a. Cook
2. SEX	3. DATE OF BIRTH (MO., DAY, YEAR)	COUNTY OF DEATH	4a. Black	4b. American	4c. Hospital or other institution - name (if not in item 7b, give street and number)
7b. State of birth (if not in U.S.A., name country)	7c. Ingalls Memorial Hospital	7d. Inpatient	7e. Impatient	7f. Impatient	7g. Impatient

8. Tennessee	9. U.S.A.	10. Married	11. Alpha	12. None
12408-22-5531	13a. Worker	13b. Industry	13c. No	13d. None
14a. 16342 Marshfield	14b. Merckham	14c. Cook	14d. IL	14e. IL
15. Lee Jones	16. Hattie Mack	17. One Ingalls Dr. Harvey, IL, 60426	18. None	19. None

18. DEATH WAS CAUSED BY: (a) to bone, brain, liver, lymph nodes (b) (c) Metastatic small cell carcinoma of lung

19. OTHER SIGNIFICANT CONDITIONS: (a) (b) (c)

20a. DATE OF OPERATION, IF ANY	20b. MAJOR FINDINGS OF OPERATION
21a. June 6, 1979	21b. March 18, 1980
21c. March 17, 1980	21d. March 17, 1980
21e. 3:55 A.M.	21f. 5-18-80

22a. SIGNATURE: *Harvey L. Jones*

22b. NAME AND ADDRESS OF CERTIFIER: *Harvey L. Jones, 60426 22d. 36-47581*

22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: *Mark W. Kozloff, M.D., 71 West 156th St. Harvey, IL*

23. BUIAL (CREMATION, RECEPTION, BURIAL)

24a. Mt. Glenwood

24b. Mt. Glenwood

24c. Glenwood, Illinois

24d. 3-21-1980

25a. W.W. Holt Funeral Home 175 West 159th St Harvey, IL, 60426

25b. *W.W. Holt*

25c. 31-7768

26a. *Harvey L. Jones*

26b. *March 21 1980*

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I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death and record for the decedent named 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 JULY 8, 1996

SIGNED _____

Josefina Danek
Official Title Chief Deputy Registrar

At Cook County Dept. of Public Health
1010 Lake Street
Oak Park, IL 60301

MEDICAL CERTIFICATE OF DEATH

REGISTERED NUMBER		DECEASED-NAME		FIRST MIDDLE LAST		SEX		DATE OF DEATH	
		ARBERTA		O. JONES		2 FEMALE		JULY 6, 1996	
COUNTY OF DEATH		CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		AGE-LAST BIRTHDAY (YRS)		UNDER 1 YEAR		DATE OF BIRTH	
COOK		11a. HOUSE WIFE		5a. 66		5c. 5d.		9/22/39	
6a. MARK HAM		6b. 16342 S. MARSHFIELD		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		NONE		IF HOSP. OR INST. INDICATE D.O.A. OF EMER. RM. INPATIENT (SPECIFY)	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		8b.		NONE		9. NO	
CHICAGO, IL.		8a. WIDOWED		NAME OF BUSINESS OR INDUSTRY		EDUCATIONAL (SPECIFY GRADE COMPLETED)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		11b. OWN HOME		12. 12		9. NO	
10. 359-22 0301		11a. HOUSE WIFE		11b. OWN HOME		12. 12			
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, OR ROAD DISTRICT NO.		OF HISPANIC OR GUIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.)		INSIDE CITY (YES/NO)		COUNTY	
13a. 16342 S. MARSHFIELD		13b. MARK HAM		13c. YES		13c. YES		13d. COOK	
STATE		ZIP CODE		FACE (WHITE, BLACK, AMERICAN INDIAN, OR SPECIFY)		14b. M/M		SPECIFY:	
13b. ILLINOIS		131.		14a. BLACK		14b. M/M		14c. YES	
FATHER-NAME		FIRST MIDDLE LAST		MOTHER-NAME		FIRST MIDDLE LAST			
15. GEORGE		REILY		16. BEATRICE		EAUES			
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR P.O. BOX) (CITY OR TOWN, STATE, ZIP)					
17a. PATRICIA WILLIAMS		17b. DAUGHTER		17c. 16342 S. MARSHFIELD		MARK HAM, ILLINOIS			
18. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of death (e.g., "fall," "car, plane, or respiratory arrest," "stroke," or "heart failure"). List only one cause on each line.									
Immediate Cause (final disease or condition resulting in death)		(a) METASTATIC COLON CANCER						Years	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) DUE TO, OR AS A CONSEQUENCE OF							
Hypertension		Diabetes Mellitus							
DATE OF OPERATION, IF ANY		MAY/FIN. (MS OF OPERATION)							
20a. (DD) (DD NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		20c. (MONTH, DAY, YEAR)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		19a. NO		19b. NO	
21a. TO THE BEST OF MY KNOWLEDGE, SEASONS OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		5. 31. 96		21b. NO					
22a. SIGNATURE		(TYPE OR PRINT)		HOUR OF DEATH		DATE SIGNED			
NAME AND ADDRESS OF PHYSICIAN (TYPE OR PRINT)		R. W. Warkowski, DO, 6701 W. 159th St., Tinley Park, IL		11:36 A.M.		7.8.96			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)				ILLINOIS LICENSE NUMBER		076076749			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY-NAME		LOCATION		CITY OR TOWN		STATE	
24a. CREMATION		24b. PARK CEMETERY		24c. PARK FOREST, ILLINOIS		CHICAGO		IL.	
FUNERAL HOME		NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN		STATE	
25a. ROBIDSON FUNERAL HOME		FURNERAL HOME		2035 E. 79TH ST.		CHICAGO		IL. 60649	
FUNERAL DIRECTOR'S SIGNATURE		25c. (MONTH, DAY, YEAR)		DATE					
25b. KAREN L. SCOTT, M.D. REGISTRAR		011011		7/8/96					
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		26b. July 8, 1996					
26a. REGISTRAR		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		26b. July 8, 1996					

Illinois Department of Public Health - Office of Vital Records
VR200 (Rev. 1/89)

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SCHEDULE A

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LOTS 31 AND 32 IN BLOCK 5 IN CROISSANT PARK MARKHAM, FIRST ADDITION, A SUBDIVISION OF THE NORTH EAST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 19, TOWNSHIP 36 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, ALSO ON A RESUBDIVISION OF BLOCKS 2, 3 AND 4 IN LOWER HARVEY, BEING A SUBDIVISION OF THE NORTH HALF OF THE NORTH WEST QUARTER OF THE SOUTH WEST QUARTER OF SECTION 20, TOWNSHIP 36 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

TAX ID# 29-19-406-034 AND 29-19-406-035

Property of Cook County Clerk's Office