

UNOFFICIAL COPY

00483172

GEORGE E. COLE®
LEGAL FORMS

No. 840 REC
March 1991

325/0115 02 001 Page 1 of 14
2000-06-28 16:29:10
Cook County Recorder 47.50

DEED EXECUTOR'S
(Illinois)

Caution: Consult a lawyer before using or acting under this form. Neither the publisher nor the seller makes any warranty with respect thereto, including any warranty of merchantability or fitness for a particular purpose.



00483172

The grantor DANIEL D. WOLFORD

MILDRED E. WOLFORD

Above Space for Recorder's use only

MILDRED E. WOLFORD as executor THAT NO of the will of DANIEL D. WOLFORD, deceased, by virtue of letters of testamentary issued to MILFORD E. WOLFORD by the PROBATE court of COOK County, State of ILLINOIS, and in exercise of the power of sale granted to M. WOLFORD in and by said will and in pursuance of every other power and authority enabling, and in consideration of the sum of *****TEN***** Dollars, receipt whereof is hereby acknowledged,

do HE hereby quit claim and convey unto ZEPHARIAH & PHOENIX THOMAS (13716 MONTICELLO) (Name and Address of Grantee)

the following described real estate situated in the County of COOK, in the State of ILLINOIS, to wit:

Permanent Real Estate Index Number(s): 28-02-115-021-0000*23-02-115--22-0000

Address(es) of real estate: 13716 S.W. Monticello, Robbins, IL

Dated this 15th day of October, 1990.

Milford E. Wolford (SEAL)
As executor as aforesaid

(SEAL)
As executor as aforesaid

State of Illinois, County of COOK ss. I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that MILDRED E. WOLFORD personally known to me

to be the same person ** whose name * subscribed to the foregoing instrument, Mary A. Green appeared before me this day in person, and acknowledged that hE signed, sealed and delivered the said instrument as h IS free and voluntary act as such executor *, for the uses and purposes therein set forth.

Given under my hand and official seal, this 15th day of October 1990

Commission expires Oct 5 1994 Mary A. Green NOTARY PUBLIC

This instrument was prepared by W.L. WOODS**29 E. JACKSON ST (Name and Address)

Executor's Deed

GEORGE E. COLE
LEGAL FORMS

TO

(NAME AND ADDRESS OF GRANTEE)

all interest in the following described Real Estate situated in the County of COOK in the State of Illinois, to wit.

LOTS THIRTY-TWO AND LOTS THIRTY-THREE (33), BLOCK FOUR (4), IN FIRST ADDITION TO CLOVER DALE, BEING E.S. ROBBINS SUB-DIVISION OF THAT PART OF THE WEST HALF (1/2) OF LOT 9 AND THE EAST (1/2) OF LOT TEN (10) LYING SOUTH OF CENTER LINE OF THE MIDLOTHIAN TURNPIKE. ALSO THE EAST HALF (1/2) OF LOT FIFTEEN (15) AND THE WEST HALF (1/2) OF LOT SIXTEEN (16) ALLIN W.B. EGAN'S SUBDIVISION OF THE NORTH WEST QUARTER (1/4) OF SECTION 2, TOWNSHIP 36 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN ILLINOIS

MAIL TO:

(Name)
MILFORD E WOLFORD
(Address)
13716 S. MONTECELLO
(City, State and Zip)

OR

HARVEY, IL
RECORDER'S OFFICE BOX NO. _____

SEND SUBSEQUENT TAX BILLS TO:

(Name)
(Address)
(City, State and Zip)

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.91
 REGISTERED NUMBER 463

DECEASED'S BIRTH NO. ...

DECEASED'S NAME: FIRST MILFORD, MIDDLE E, LAST WOLFORD
 DATE OF DEATH: MONTH 3, DAY 05, YEAR 1992
 SEX: 2. MALE

COUNTY OF DEATH: 1. COOK
 DATE OF BIRTH: MONTH 05, DAY 15, YEAR 1921
 AGE-LAST BIRTHDAY (YRS) 56, 71
 UNDER 1 DAY: HOURS 56, MIN 15

HOSPITAL OR OTHER INSTITUTION: NAME OAK FOREST HOSPITAL, 6c INPATIENT
 IF HOSP. OR INST. INDICATE D.O.A. OP. EMER. RM. INPATIENT (SPECIFY)

6a. BREMEN TOWNSHIP
 6b. OAK FOREST HOSPITAL
 NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)
 8a. NEVER MARRIED
 8b. NONE
 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)

7 ILLINOIS
 SOCIAL SECURITY NUMBER 321-12-7497
 KIND OF BUSINESS OR INDUSTRY: Elementary 12, Secondary 8/4

10. 321-12-7497
 RESIDENCE (STREET AND NUMBER) 13716 MONTICELLO
 CITY, TOWN, TWP. OR ROAD DISTRICT NO. Robbins
 INSIDE CITY YES
 COUNTY COOK

13a. ILLINOIS
 ZIP CODE 13160472
 RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) BLACK
 14a. BLACK
 14b. NO YES SPECIFY:

FATHER-NAME FIRST DANIEL, MIDDLE T, LAST WOLFORD
 MOTHER-NAME FIRST IRMA, MIDDLE (MAIDEN) LAST SAMUELS

15. DANIEL T WOLFORD
 16. IRMA SAMUELS
 INFORMANT'S NAME (TYPE OR PRINT)
 17a. THERESA ERVIN
 RELATIONSHIP MEDICAL RECORDS
 MAILING ADDRESS (STREET AND NO., C.R.F.D., CITY OR TOWN, STATE, ZIP) 60452 SOUTH CICERO OAK FOREST ILLINOIS

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, shock, or heart failure. List only cause on each line.
 (a) RENAL INSUFFICIENCY
 (b) DUE TO OR AS A CONSEQUENCE OF
 (c) DUE TO OR AS A CONSEQUENCE OF
 Immediate Cause (Final disease or condition resulting in death)
 CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
 4. DIABETES MELLITUS
 5. BLADDER DIVERTICULAR WITH URETHRA STRICTURE
 MAJOR FINDINGS OF OPERATION

20a. DATE OF OPERATION, IF ANY
 20b. MAJOR FINDINGS OF OPERATION
 20c. YES NO

21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
 21b. NO
 21c. DATE SIGNED: MONTH 12, DAY 30, YEAR 1992

22a. SIGNATURE: J. N. Barber
 NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)
 22b. DATE SIGNED: MONTH 10, DAY 05, YEAR 1992
 22c. ILLINOIS LICENSE NUMBER
 22d. ILLINOIS LICENSE NUMBER 36-061012

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)
 23a. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)
 23b. CITY OR TOWN: Chicago, STATE: Illinois
 23c. STREET AND NUMBER OR R.F.D.: 1018 W. 79th st.
 23d. CITY OR TOWN: Chicago, STATE: Illinois
 23e. ZIP: 60620

24a. Burial
 CEMETERY OR CREMATORY-NAME: Rhodes funeral Service
 STREET AND NUMBER OR R.F.D.: 1018 W. 79th st.
 CITY OR TOWN: Chicago, STATE: Illinois
 24b. Lincoln
 24c. Chicago, Illinois
 24d. 10-10-92

25a. Rhodes funeral Service
 FUNERAL DIRECTOR'S SIGNATURE
 25b. Dennis Barber
 FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 7332
 25c. 7332
 25d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) OCT 9 1992

26a. John E. Horn
 LOCAL REGISTRAR'S SIGNATURE
 DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) OCT 9 1992

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH 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 STILLBIRTHS, BIRTHS AND DEATHS.

DATED: OCT 9 1992
 SIGNED: John E. Horn LOCAL REGISTRAR
 SIGNED: Carl J. Vandenberg DEPUTY REGISTRAR, AT TINLEY PARK, ILLINOIS

UNOFFICIAL COPY

Property of Cook County Clerk's Office



UNOFFICIAL COPY

State of Illinois)
County of Cook)

00483172

AFFIDAVIT OF HEIRSHIP OF IRMA WOLFORD

I, MILFORD E. WOLFORD, being first duly sworn on oath states as follows:

1. I knew the decedent, IRMA WOLFORD, well during his lifetime, he was my ~~father~~ MOTHER died on 9-9-43, in Cook County, Illinois, leaving no will.

2. IRMA WOLFORD was married (1) during his lifetime. DANIEL WOLFORD first wife was my mother, IRMA WOLFORD were born to or adopted of the marriage, to wit: IRMA WOLFORD, and the affiant, . The marriage ended in DEATH.

n/a 3. n/a second wife N/a . No children were born to or adopted of the marriage. The marriage ended in DEATH.

4. IRMA WOLFORD never remarried after the divorce from . N/a did not have or adopt any children except MILFORD WOLFORD, and the affiant, n/a .

Milford E. Wolford

Subscribed and sworn by
October 5, 1990

Mary A. Green
Notary Public

"OFFICIAL SEAL"
Mary A. Green
Notary Public, State of Illinois
My Commission Expires Oct. 5, 1994



I, STANLEY T. KUPFER, 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.

UNOFFICIAL COPY

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.

00483172

APR 10 1981

Stanley T. Kupfer, Jr.
COUNTY CLERK

STATE OF ILLINOIS
DWIGHT H. GREEN, Governor
DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 6527
(Consecutive No.)
Hospital.

1. PLACE OF DEATH.
County of Cook
Registration Dist. No. 1700
City Robbins {Township Robbins Dist. No. 5858
{ "City "R. R." "R. F. D." or other P. O. address.)
Street and Number, No. 13716 Monticello Ave. St. Ill.
(If death occurred in a hospital, or institution, give its NAME instead of street and number.)
LENGTH OF TIME AT PLACE WHERE DEATH OCCURRED? 1 yrs. 0 mos. 0 ds.

2. PLACE OF RESIDENCE: STATE Illinois County Cook Township Robbins Street and Number 13716 Monticello Ave.
City or Village.

3 (a) FULL NAME Irma Francis Wolford
3 (b) If veteran, name war No
3 (c) Social Security No. None
5. Color or race Black
6 (a) Single, widowed, married, divorced Married
6 (b) Name of husband or wife Daniel
8 (a) Age of husband or wife if alive March 5, 1919 years.
7. Birth date of deceased. (Month) 03 (Day) 05 (Year) 1919
8. AGE: Years 46 Months 5 Days 29
9. Birthplace Ewardsville (City, town, or county) (State or foreign country) Ill.
10. Usual occupation Housewife

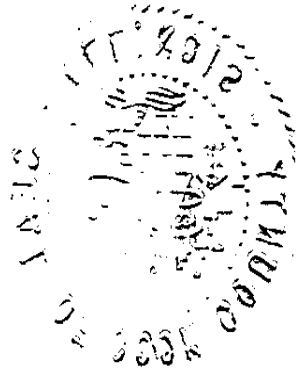
11. Industry or business
12. Name Albert Samuels
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Hester Fair
15. Birthplace Unknown (City, town, or county) (State or foreign country)
18. INFORMANT Danill Wolford
(Personal signature with pen and ink)
17. PLACE OF BURIAL 13716 Monticello (City, town, or county) (State or foreign country)
(a) Cemetery Lincoln (b) Date Sept. 13, 1943
Location Worth (Township, Road Dist., Village or City)

19. Funeral director Chas. Cronk (Name, address, and telephone number of funeral home)
20. Medical Certificate of Death
Date of death: Month Sept. day 19 year 1943 hour 5 minute 30AM
21. I hereby certify that I attended the deceased from Aug. 31 1943 to Sept. 9 1943 and that death occurred on the date and hour stated above.
that I last saw her alive on Sept. 9 1943 19 19
Immediate cause of death Coronary Occlusion Duration 4 days
Arteriosclerosis 1 Year
Due to
Due to
Other condition (Location, pregnancy within 3 months of death)
Date of
(Was an operation performed? No)
(For what disease or injury? No)
Was there an autopsy? No
Findings?
23. If a communicable disease; where contracted?
Was disease in any way related to occupation of deceased?
If so, specify how:
24. (Signed) Chauncy Giles M. D.
Address 3541 So. State St.
Date Sept. 11 1943 PH 18090

25. Filed Sept. 13 1943 Registrar Edw. Reamer
P. O. Address Oak Forest Ill.

All cases of death from "violence, casualty, or any undue means" must be referred to the coroner. See Section 10 Coroner's Act.

UNOFFICIAL COPY



Property of Cook County Clerk's Office

UNOFFICIAL COPY

00483172

State of Illinois)
County of Cook)

AFFIDAVIT OF HEIRSHIP OF DANIEL D. WOLFORD

I, MILFORD E. WOLFORD, being first duly sworn on oath states as follows:

1. I knew the decedent, DANIEL D WOLFORD well during his lifetime, he was my father. (FATHER) died on 9-6-68, in Cook County, Illinois, leaving no will.

2. DANIEL D. WOLFORD was married ONCE during his lifetime. DANIEL WOLFORD's first wife was my mother, IRMA WOLFORD were born to or adopted of the marriage, to wit: D. WOLFORD, and the affiant, IRMA WOLFORD. The marriage ended in DEATH.

3. N/A second wife N/A: No children were born to or adopted of the marriage. The marriage ended in N/A.

4. DANIEL D. WOLFORD never remarried after the ^{DEATH}/~~divorce~~ from DEATH. DANIEL D. WOLFORD did not have or adopt any children except N/A, and the affiant, MILFORD E. WOLFORD

Subscribed and sworn by
15th October, 1990

Milford E. Wolford

Mary A. Green
Notary Public



UNOFFICIAL COPY

00488172

PERMANENT CERTIFICATE
TEMPORARY CERTIFICATE

Type of Print Ink
See a Manual for Coroners and Funeral Directors Handbook for INSTRUCTIONS

REGISTRATION DISTRICT NO. 16.31
REGISTERED NUMBER 448

STATE OF ILLINOIS
CORONER'S CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEASED NAME DANIEL

FIRST DOUGLAS

MIDDLE WOLFO

LAST FORD

SEX MALE

DATE OF DEATH SEPT 6, 1968

(MONTH, DAY, YEAR)

1. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) AME. NEGRO

2. AGE (LAST BIRTHDAY) 49

3. UNDER 1 YEAR UNDER 1 DAY

DATE OF BIRTH (MONTH, DAY, YEAR) FEB 20 1919

PLACE OF DEATH COOK

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER

INSIDE CITY (YES/NO)

HOSPITAL OR OTHER INSTITUTION NAME

7b. BLUE ISLAND

BIRTHPLACE (STATE OR FOREIGN COUNTRY)

7c. YES

7d. DON ST. FRANCIS HOSPITAL

7e. NAME OF SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

8. BLINDS

9. UNITED STATES

10. NEVER MARRIED

12. 332-05-3578

SOCIAL SECURITY NUMBER

13a. LABOREE

KIND OF BUSINESS OR INDUSTRY

13b. CONSTRUCTION

13c. YES

13d. WWII

14. ALBINOIS

14a. COOK

14b. ROBBINS

14c. YES

14d. 13716 MONTICELLO

14b. ALBINOIS

FATHER NAME

FIRST DANIEL

MIDDLE T. WOLFO

LAST FORD

16. ERMA

MOTHER MAIDEN NAME

FIRST FRANCES

MIDDLE SAMUELS

17a. DANIEL S. S. OF

17b. FATHER

17c. 13716 MONTICELLO - ROBBINS ILL.

15. DANIEL T. WOLFO

INFORMANT SIGNATURE

16. ERMA FRANCES SAMUELS

MAILING ADDRESS

17a. DANIEL S. S. OF

17b. FATHER

17c. 13716 MONTICELLO - ROBBINS ILL.

18. DANIEL T. WOLFO

DEATH WAS CAUSED BY

IMMEDIATE CAUSE

(a) CAR & TRUCK COLLISION

(b) DUE TO, OR AS A CONSEQUENCE OF

(c) PART II. OTHER SIGNIFICANT CONDITIONS.

19a. NO

19b. YES

19c. YES

19d. YES

19e. YES

19f. YES

20a. DATE OF INJURY

20b. PLACE OF INJURY

20c. HOW INJURY OCCURRED

20d. M. 204

20e. (STREET AND NO. OR R. F. D. CITY OR TOWN, STATE, ZIP)

20f. DATE OF DEATH

20g. HOW INJURY OCCURRED

20h. DATE OF DEATH

20i. DATE OF DEATH

20j. DATE OF DEATH

20k. DATE OF DEATH

20l. DATE OF DEATH

21a. CORONER'S SIGNATURE

21b. THE DECEDENT WAS PRONOUNCED DEAD ON

21c. DATE SIGNED

21d. SEPT. 6 1968

21e. DATE SIGNED

21f. SEPT. 6 1968

21g. DATE SIGNED

21h. SEPT. 6 1968

21i. DATE SIGNED

21j. SEPT. 6 1968

21k. DATE SIGNED

21l. SEPT. 6 1968

22a. CORONER'S PHYSICIAN SIGNATURE

22b. DATE SIGNED

22c. DATE SIGNED

22d. SEPT. 6 1968

22e. DATE SIGNED

22f. SEPT. 6 1968

22g. DATE SIGNED

22h. SEPT. 6 1968

22i. DATE SIGNED

22j. SEPT. 6 1968

22k. DATE SIGNED

22l. SEPT. 6 1968

23a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)

23b. BLUE ISLAND

23c. YES

23d. DON ST. FRANCIS HOSPITAL

23e. NAME OF SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

23f. NEVER MARRIED

23g. U.S. WAR VETERAN (YES/NO)

23h. YES

23i. WWII

23j. ALBINOIS

23k. COOK

23l. ROBBINS

24a. BUREAU

24b. LINCOLN

24c. WORTH BUREAU

24d. ILL. 24d. 9-11-68

24e. DATE SIGNED

24f. SEPT. 6 1968

24g. DATE SIGNED

24h. SEPT. 6 1968

24i. DATE SIGNED

24j. SEPT. 6 1968

24k. DATE SIGNED

24l. SEPT. 6 1968

25a. GEORGE FURERALL HOME

25b. FURERALL HOME

25c. 4638 INDIANO AVE

25d. CHICAGO ILL

25e. DATE SIGNED

25f. SEPT. 10 1968

25g. DATE SIGNED

25h. SEPT. 10 1968

25i. DATE SIGNED

25j. SEPT. 10 1968

25k. DATE SIGNED

25l. SEPT. 10 1968

26a. EDISON Q. HEINTZ

26b. BLUE ISLAND ILL 60406

26c. DATE SIGNED

26d. SEPT. 10 1968

26e. DATE SIGNED

26f. SEPT. 10 1968

26g. DATE SIGNED

26h. SEPT. 10 1968

26i. DATE SIGNED

26j. SEPT. 10 1968

26k. DATE SIGNED

26l. SEPT. 10 1968

27a. EDISON Q. HEINTZ

27b. BLUE ISLAND ILL 60406

27c. DATE SIGNED

27d. SEPT. 10 1968

27e. DATE SIGNED

27f. SEPT. 10 1968

27g. DATE SIGNED

27h. SEPT. 10 1968

27i. DATE SIGNED

27j. SEPT. 10 1968

27k. DATE SIGNED

27l. SEPT. 10 1968

28a. EDISON Q. HEINTZ

28b. BLUE ISLAND ILL 60406

28c. DATE SIGNED

28d. SEPT. 10 1968

28e. DATE SIGNED

28f. SEPT. 10 1968

28g. DATE SIGNED

28h. SEPT. 10 1968

28i. DATE SIGNED

28j. SEPT. 10 1968

28k. DATE SIGNED

28l. SEPT. 10 1968

29a. EDISON Q. HEINTZ

29b. BLUE ISLAND ILL 60406

29c. DATE SIGNED

29d. SEPT. 10 1968

29e. DATE SIGNED

29f. SEPT. 10 1968

29g. DATE SIGNED

29h. SEPT. 10 1968

29i. DATE SIGNED

29j. SEPT. 10 1968

29k. DATE SIGNED

29l. SEPT. 10 1968

30a. EDISON Q. HEINTZ

30b. BLUE ISLAND ILL 60406

30c. DATE SIGNED

30d. SEPT. 10 1968

30e. DATE SIGNED

30f. SEPT. 10 1968

30g. DATE SIGNED

30h. SEPT. 10 1968

30i. DATE SIGNED

30j. SEPT. 10 1968

30k. DATE SIGNED

30l. SEPT. 10 1968

31a. EDISON Q. HEINTZ

31b. BLUE ISLAND ILL 60406

31c. DATE SIGNED

31d. SEPT. 10 1968

31e. DATE SIGNED

31f. SEPT. 10 1968

31g. DATE SIGNED

31h. SEPT. 10 1968

31i. DATE SIGNED

31j. SEPT. 10 1968

31k. DATE SIGNED

31l. SEPT. 10 1968

32a. EDISON Q. HEINTZ

32b. BLUE ISLAND ILL 60406

32c. DATE SIGNED

32d. SEPT. 10 1968

32e. DATE SIGNED

32f. SEPT. 10 1968

32g. DATE SIGNED

32h. SEPT. 10 1968

32i. DATE SIGNED

32j. SEPT. 10 1968

32k. DATE SIGNED

32l. SEPT. 10 1968

33a. EDISON Q. HEINTZ

33b. BLUE ISLAND ILL 60406

33c. DATE SIGNED

33d. SEPT. 10 1968

33e. DATE SIGNED

33f. SEPT. 10 1968

33g. DATE SIGNED

33h. SEPT. 10 1968

33i. DATE SIGNED

33j. SEPT. 10 1968

33k. DATE SIGNED

33l. SEPT. 10 1968

34a. EDISON Q. HEINTZ

34b. BLUE ISLAND ILL 60406

34c. DATE SIGNED

34d. SEPT. 10 1968

34e. DATE SIGNED

34f. SEPT. 10 1968

34g. DATE SIGNED

34h. SEPT. 10 1968

34i. DATE SIGNED

34j. SEPT. 10 1968

34k. DATE SIGNED

34l. SEPT. 10 1968

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at Item 3 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 SEP 10 1968 SIGNED Edision Q. Heintz
AT BLUE ISLAND ILLINOIS. OFFICIAL TITLE LOCAL REGISTRAR

UNOFFICIAL COPY

Property of Cook County Clerk's Office



UNOFFICIAL COPY

00483172

State of Illinois)
County of Cook)

AFFIDAVIT OF HEIRSHIP OF ZECHARIAH THOMAS JR

I, VERA BOLTON, being first duly sworn on oath states as follows:

574 9864

1. I knew the decedent, ZECHARIAH THOMAS well during his lifetime, he was my father. FATHER died on 9-25-97, in Cook County, Illinois, leaving no will.

2. ZECHARIAH THOMAS was married ONCE during his lifetime. ZECHARIAH THOMAS first wife was my mother, PHYLLIS THOMAS were born to or adopted of the marriage, to wit: 7 CHILDREN and the affiant, VERA THOMAS. The marriage ended in DEATH.

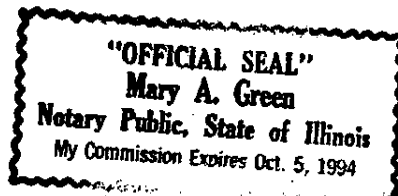
3. N/A second wife N/A. No children were born to or adopted of the marriage. The marriage ended in N/A.

4. N/A never remarried after the divorce from N/A. N/A did not have or adopt any children except N/A, and the affiant, N/A.

Zechariah Thomas

Subscribed and sworn by
5th October 1997

Mary A. Green
Notary Public



UNOFFICIAL COPY

00483172

State of Illinois)
County of Cook)

AFFIDAVIT OF HEIRSHIP OF PHYLLIS ANN THOMAS

I, VERA BOLTON, being first duly sworn on oath states as follows:

1. I knew the decedent, PHYLLIS A THOMAS well during his lifetime, she was my ^{MOTHER} father. PHYLLIS A THOMAS died on 12-8-1995 in Cook County, Illinois, leaving no will.

2. PHYLLIS A THOMAS was married ONCE during ^{HER} lifetime. PHYLLIS THOMAS first wife was my mother, MOTHER were born to or adopted of the marriage, to wit: Z. THOMAS, and the affiant, VERA BOLTON. The marriage ended in DEATH.

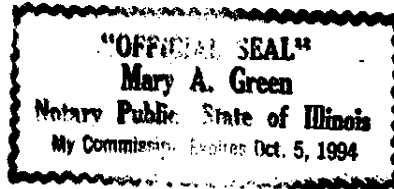
3. N/A second wife N/A. No children were born to or adopted of the marriage. The marriage ended in N/A.

4. N/A never remarried after the divorce from N/A. N/A did not have or adopt any children except N/A, and the affiant, N/A.

Phyllis A Thomas

Subscribed and sworn by
5th October, 1993

Mary A. Green
Notary Public



STATE FILE NUMBER

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 76.0
 REGISTERED NUMBER

1. DECEASED - NAME: **Phyllis Ann Thomas** (FIRST, MIDDLE, LAST) (SEX: **F**)
 COUNTY OF DEATH: **Cook** (COUNTY)
 DATE OF DEATH: **December 8, 1995** (MONTH, DAY, YEAR)
 4. COOK (COUNTY)
 DATE OF BIRTH: **January 31, 1929** (MONTH, DAY, YEAR)
 5d. **1929** (YEAR)
 6a. **1422 E. Cicero St.** (CITY AND STATE OR FOREIGN COUNTRY)
 6b. **South Suburban** (CITY OR TOWN)
 7. **Phyllis Ann** (MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (SPT. CIV))
 8a. **Wife** (NAME OF SURVIVING SPOUSE (MAIDEN NAME, WIFE))
 8b. **Zachariah Thomas** (NAME OF SURVIVING SPOUSE (MAIDEN NAME, WIFE))
 9. **NO** (WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO))
 10. **358-22-2010** (SOCIAL SECURITY NUMBER)
 11a. **Nurse Asst.** (USUAL OCCUPATION)
 11b. **Oak Forest 8** (CITY, TOWN, TWP. OR ROAD, DISTRICT NO.)
 13a. **11629 Sussex Ave** (STREET AND NUMBER)
 13b. **Markham** (CITY OR TOWN)
 13c. **Yes** (INSIDE CITY (YES/NO))
 13d. **Cook** (COUNTY)
 13e. **Illinois** (STATE)
 13f. **60426** (ZIP CODE)
 14a. **Stack** (RACE: WHITE, BLACK, AMERICAN INDIAN, HISPANIC ORIGIN?)
 14b. **Stack** (RACE: WHITE, BLACK, AMERICAN INDIAN, HISPANIC ORIGIN?)
 15. **John H. Wolford** (FATHER - NAME, FIRST, MIDDLE, LAST) (MOTHER - NAME, FIRST, MIDDLE, LAST)
 16. **Vera Barberough** (RELATIONSHIP)
 17a. **Zachariah Thomas** (MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (SPT. CIV))
 17b. **Wife** (NAME OF SURVIVING SPOUSE (MAIDEN NAME, WIFE))
 17c. **11629 Sussex Ave Markham Ill** (MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP))
 18. **ACUTE MYOCARDIAL INFARCTION** (IMMEDIATE CAUSE (Final disease or condition resulting in death))
 19. **17 minutes** (APPROXIMATE INTERVAL BETWEEN ONSET OF THE DISEASE AND DEATH)
 CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST:
 (a) **ACUTE MYOCARDIAL INFARCTION**
 (b) **DUE TO, OR AS A CONSEQUENCE OF**
 (c) **DUE TO, OR AS A CONSEQUENCE OF**
 PART II. Cause significant and contributive to death but not resulting in a underlying cause given in Part I: (a) (b) (c)
 DATE OF OPERATION, IF ANY: **NO** (DATE, MONTH, DAY, YEAR)
 20a. **NO** (DATE, MONTH, DAY, YEAR)
 20b. **NO** (DATE, MONTH, DAY, YEAR)
 20c. **NO** (DATE, MONTH, DAY, YEAR)
 20d. **NO** (DATE, MONTH, DAY, YEAR)
 20e. **NO** (DATE, MONTH, DAY, YEAR)
 20f. **NO** (DATE, MONTH, DAY, YEAR)
 20g. **NO** (DATE, MONTH, DAY, YEAR)
 20h. **NO** (DATE, MONTH, DAY, YEAR)
 20i. **NO** (DATE, MONTH, DAY, YEAR)
 20j. **NO** (DATE, MONTH, DAY, YEAR)
 20k. **NO** (DATE, MONTH, DAY, YEAR)
 20l. **NO** (DATE, MONTH, DAY, YEAR)
 20m. **NO** (DATE, MONTH, DAY, YEAR)
 20n. **NO** (DATE, MONTH, DAY, YEAR)
 20o. **NO** (DATE, MONTH, DAY, YEAR)
 20p. **NO** (DATE, MONTH, DAY, YEAR)
 20q. **NO** (DATE, MONTH, DAY, YEAR)
 20r. **NO** (DATE, MONTH, DAY, YEAR)
 20s. **NO** (DATE, MONTH, DAY, YEAR)
 20t. **NO** (DATE, MONTH, DAY, YEAR)
 20u. **NO** (DATE, MONTH, DAY, YEAR)
 20v. **NO** (DATE, MONTH, DAY, YEAR)
 20w. **NO** (DATE, MONTH, DAY, YEAR)
 20x. **NO** (DATE, MONTH, DAY, YEAR)
 20y. **NO** (DATE, MONTH, DAY, YEAR)
 20z. **NO** (DATE, MONTH, DAY, YEAR)
 21a. **NO** (DATE, MONTH, DAY, YEAR)
 21b. **NO** (DATE, MONTH, DAY, YEAR)
 21c. **NO** (DATE, MONTH, DAY, YEAR)
 21d. **NO** (DATE, MONTH, DAY, YEAR)
 21e. **NO** (DATE, MONTH, DAY, YEAR)
 21f. **NO** (DATE, MONTH, DAY, YEAR)
 21g. **NO** (DATE, MONTH, DAY, YEAR)
 21h. **NO** (DATE, MONTH, DAY, YEAR)
 21i. **NO** (DATE, MONTH, DAY, YEAR)
 21j. **NO** (DATE, MONTH, DAY, YEAR)
 21k. **NO** (DATE, MONTH, DAY, YEAR)
 21l. **NO** (DATE, MONTH, DAY, YEAR)
 21m. **NO** (DATE, MONTH, DAY, YEAR)
 21n. **NO** (DATE, MONTH, DAY, YEAR)
 21o. **NO** (DATE, MONTH, DAY, YEAR)
 21p. **NO** (DATE, MONTH, DAY, YEAR)
 21q. **NO** (DATE, MONTH, DAY, YEAR)
 21r. **NO** (DATE, MONTH, DAY, YEAR)
 21s. **NO** (DATE, MONTH, DAY, YEAR)
 21t. **NO** (DATE, MONTH, DAY, YEAR)
 21u. **NO** (DATE, MONTH, DAY, YEAR)
 21v. **NO** (DATE, MONTH, DAY, YEAR)
 21w. **NO** (DATE, MONTH, DAY, YEAR)
 21x. **NO** (DATE, MONTH, DAY, YEAR)
 21y. **NO** (DATE, MONTH, DAY, YEAR)
 21z. **NO** (DATE, MONTH, DAY, YEAR)
 22a. **Phyllis Ann Thomas** (NAME AND ADDRESS OF CERTIFYING PHYSICIAN)
 22b. **11629 Sussex Ave** (CITY OR TOWN)
 22c. **Illinois** (STATE)
 22d. **12/13/95** (DATE SIGNED)
 22e. **Illinois** (STATE)
 22f. **12/13/95** (DATE SIGNED)
 22g. **Illinois** (STATE)
 22h. **12/13/95** (DATE SIGNED)
 22i. **Illinois** (STATE)
 22j. **12/13/95** (DATE SIGNED)
 22k. **Illinois** (STATE)
 22l. **12/13/95** (DATE SIGNED)
 22m. **Illinois** (STATE)
 22n. **12/13/95** (DATE SIGNED)
 22o. **Illinois** (STATE)
 22p. **12/13/95** (DATE SIGNED)
 22q. **Illinois** (STATE)
 22r. **12/13/95** (DATE SIGNED)
 22s. **Illinois** (STATE)
 22t. **12/13/95** (DATE SIGNED)
 22u. **Illinois** (STATE)
 22v. **12/13/95** (DATE SIGNED)
 22w. **Illinois** (STATE)
 22x. **12/13/95** (DATE SIGNED)
 22y. **Illinois** (STATE)
 22z. **12/13/95** (DATE SIGNED)
 23. **Phyllis Ann Thomas** (NAME OF ATENDING PHYSICIAN) (OTHER THAN CERTIFYING PHYSICIAN)
 24. **Phyllis Ann Thomas** (NAME)
 24a. **Phyllis Ann Thomas** (CITY OR TOWN)
 24b. **Illinois** (STATE)
 24c. **12/13/95** (DATE SIGNED)
 24d. **Illinois** (STATE)
 24e. **12/13/95** (DATE SIGNED)
 24f. **Illinois** (STATE)
 24g. **12/13/95** (DATE SIGNED)
 24h. **Illinois** (STATE)
 24i. **12/13/95** (DATE SIGNED)
 24j. **Illinois** (STATE)
 24k. **12/13/95** (DATE SIGNED)
 24l. **Illinois** (STATE)
 24m. **12/13/95** (DATE SIGNED)
 24n. **Illinois** (STATE)
 24o. **12/13/95** (DATE SIGNED)
 24p. **Illinois** (STATE)
 24q. **12/13/95** (DATE SIGNED)
 24r. **Illinois** (STATE)
 24s. **12/13/95** (DATE SIGNED)
 24t. **Illinois** (STATE)
 24u. **12/13/95** (DATE SIGNED)
 24v. **Illinois** (STATE)
 24w. **12/13/95** (DATE SIGNED)
 24x. **Illinois** (STATE)
 24y. **12/13/95** (DATE SIGNED)
 24z. **Illinois** (STATE)
 25. **Phyllis Ann Thomas** (NAME)
 25a. **Phyllis Ann Thomas** (CITY OR TOWN)
 25b. **Illinois** (STATE)
 25c. **12/13/95** (DATE SIGNED)
 25d. **Illinois** (STATE)
 25e. **12/13/95** (DATE SIGNED)
 25f. **Illinois** (STATE)
 25g. **12/13/95** (DATE SIGNED)
 25h. **Illinois** (STATE)
 25i. **12/13/95** (DATE SIGNED)
 25j. **Illinois** (STATE)
 25k. **12/13/95** (DATE SIGNED)
 25l. **Illinois** (STATE)
 25m. **12/13/95** (DATE SIGNED)
 25n. **Illinois** (STATE)
 25o. **12/13/95** (DATE SIGNED)
 25p. **Illinois** (STATE)
 25q. **12/13/95** (DATE SIGNED)
 25r. **Illinois** (STATE)
 25s. **12/13/95** (DATE SIGNED)
 25t. **Illinois** (STATE)
 25u. **12/13/95** (DATE SIGNED)
 25v. **Illinois** (STATE)
 25w. **12/13/95** (DATE SIGNED)
 25x. **Illinois** (STATE)
 25y. **12/13/95** (DATE SIGNED)
 25z. **Illinois** (STATE)
 26. **Phyllis Ann Thomas** (NAME)
 26a. **Phyllis Ann Thomas** (CITY OR TOWN)
 26b. **Illinois** (STATE)
 26c. **12/13/95** (DATE SIGNED)
 26d. **Illinois** (STATE)
 26e. **12/13/95** (DATE SIGNED)
 26f. **Illinois** (STATE)
 26g. **12/13/95** (DATE SIGNED)
 26h. **Illinois** (STATE)
 26i. **12/13/95** (DATE SIGNED)
 26j. **Illinois** (STATE)
 26k. **12/13/95** (DATE SIGNED)
 26l. **Illinois** (STATE)
 26m. **12/13/95** (DATE SIGNED)
 26n. **Illinois** (STATE)
 26o. **12/13/95** (DATE SIGNED)
 26p. **Illinois** (STATE)
 26q. **12/13/95** (DATE SIGNED)
 26r. **Illinois** (STATE)
 26s. **12/13/95** (DATE SIGNED)
 26t. **Illinois** (STATE)
 26u. **12/13/95** (DATE SIGNED)
 26v. **Illinois** (STATE)
 26w. **12/13/95** (DATE SIGNED)
 26x. **Illinois** (STATE)
 26y. **12/13/95** (DATE SIGNED)
 26z. **Illinois** (STATE)
 27. **Phyllis Ann Thomas** (NAME)
 27a. **Phyllis Ann Thomas** (CITY OR TOWN)
 27b. **Illinois** (STATE)
 27c. **12/13/95** (DATE SIGNED)
 27d. **Illinois** (STATE)
 27e. **12/13/95** (DATE SIGNED)
 27f. **Illinois** (STATE)
 27g. **12/13/95** (DATE SIGNED)
 27h. **Illinois** (STATE)
 27i. **12/13/95** (DATE SIGNED)
 27j. **Illinois** (STATE)
 27k. **12/13/95** (DATE SIGNED)
 27l. **Illinois** (STATE)
 27m. **12/13/95** (DATE SIGNED)
 27n. **Illinois** (STATE)
 27o. **12/13/95** (DATE SIGNED)
 27p. **Illinois** (STATE)
 27q. **12/13/95** (DATE SIGNED)
 27r. **Illinois** (STATE)
 27s. **12/13/95** (DATE SIGNED)
 27t. **Illinois** (STATE)
 27u. **12/13/95** (DATE SIGNED)
 27v. **Illinois** (STATE)
 27w. **12/13/95** (DATE SIGNED)
 27x. **Illinois** (STATE)
 27y. **12/13/95** (DATE SIGNED)
 27z. **Illinois** (STATE)
 28. **Phyllis Ann Thomas** (NAME)
 28a. **Phyllis Ann Thomas** (CITY OR TOWN)
 28b. **Illinois** (STATE)
 28c. **12/13/95** (DATE SIGNED)
 28d. **Illinois** (STATE)
 28e. **12/13/95** (DATE SIGNED)
 28f. **Illinois** (STATE)
 28g. **12/13/95** (DATE SIGNED)
 28h. **Illinois** (STATE)
 28i. **12/13/95** (DATE SIGNED)
 28j. **Illinois** (STATE)
 28k. **12/13/95** (DATE SIGNED)
 28l. **Illinois** (STATE)
 28m. **12/13/95** (DATE SIGNED)
 28n. **Illinois** (STATE)
 28o. **12/13/95** (DATE SIGNED)
 28p. **Illinois** (STATE)
 28q. **12/13/95** (DATE SIGNED)
 28r. **Illinois** (STATE)
 28s. **12/13/95** (DATE SIGNED)
 28t. **Illinois** (STATE)
 28u. **12/13/95** (DATE SIGNED)
 28v. **Illinois** (STATE)
 28w. **12/13/95** (DATE SIGNED)
 28x. **Illinois** (STATE)
 28y. **12/13/95** (DATE SIGNED)
 28z. **Illinois** (STATE)
 29. **Phyllis Ann Thomas** (NAME)
 29a. **Phyllis Ann Thomas** (CITY OR TOWN)
 29b. **Illinois** (STATE)
 29c. **12/13/95** (DATE SIGNED)
 29d. **Illinois** (STATE)
 29e. **12/13/95** (DATE SIGNED)
 29f. **Illinois** (STATE)
 29g. **12/13/95** (DATE SIGNED)
 29h. **Illinois** (STATE)
 29i. **12/13/95** (DATE SIGNED)
 29j. **Illinois** (STATE)
 29k. **12/13/95** (DATE SIGNED)
 29l. **Illinois** (STATE)
 29m. **12/13/95** (DATE SIGNED)
 29n. **Illinois** (STATE)
 29o. **12/13/95** (DATE SIGNED)
 29p. **Illinois** (STATE)
 29q. **12/13/95** (DATE SIGNED)
 29r. **Illinois** (STATE)
 29s. **12/13/95** (DATE SIGNED)
 29t. **Illinois** (STATE)
 29u. **12/13/95** (DATE SIGNED)
 29v. **Illinois** (STATE)
 29w. **12/13/95** (DATE SIGNED)
 29x. **Illinois** (STATE)
 29y. **12/13/95** (DATE SIGNED)
 29z. **Illinois** (STATE)
 30. **Phyllis Ann Thomas** (NAME)
 30a. **Phyllis Ann Thomas** (CITY OR TOWN)
 30b. **Illinois** (STATE)
 30c. **12/13/95** (DATE SIGNED)
 30d. **Illinois** (STATE)
 30e. **12/13/95** (DATE SIGNED)
 30f. **Illinois** (STATE)
 30g. **12/13/95** (DATE SIGNED)
 30h. **Illinois** (STATE)
 30i. **12/13/95** (DATE SIGNED)
 30j. **Illinois** (STATE)
 30k. **12/13/95** (DATE SIGNED)
 30l. **Illinois** (STATE)
 30m. **12/13/95** (DATE SIGNED)
 30n. **Illinois** (STATE)
 30o. **12/13/95** (DATE SIGNED)
 30p. **Illinois** (STATE)
 30q. **12/13/95** (DATE SIGNED)
 30r. **Illinois** (STATE)
 30s. **12/13/95** (DATE SIGNED)
 30t. **Illinois** (STATE)
 30u. **12/13/95** (DATE SIGNED)
 30v. **Illinois** (STATE)
 30w. **12/13/95** (DATE SIGNED)
 30x. **Illinois** (STATE)
 30y. **12/13/95** (DATE SIGNED)
 30z. **Illinois** (STATE)
 31. **Phyllis Ann Thomas** (NAME)
 31a. **Phyllis Ann Thomas** (CITY OR TOWN)
 31b. **Illinois** (STATE)
 31c. **12/13/95** (DATE SIGNED)
 31d. **Illinois** (STATE)
 31e. **12/13/95** (DATE SIGNED)
 31f. **Illinois** (STATE)
 31g. **12/13/95** (DATE SIGNED)
 31h. **Illinois** (STATE)
 31i. **12/13/95** (DATE SIGNED)
 31j. **Illinois** (STATE)
 31k. **12/13/95** (DATE SIGNED)
 31l. **Illinois** (STATE)
 31m. **12/13/95** (DATE SIGNED)
 31n. **Illinois** (STATE)
 31o. **12/13/95** (DATE SIGNED)
 31p. **Illinois** (STATE)
 31q. **12/13/95** (DATE SIGNED)
 31r. **Illinois** (STATE)
 31s. **12/13/95** (DATE SIGNED)
 31t. **Illinois** (STATE)
 31u. **12/13/95** (DATE SIGNED)
 31v. **Illinois** (STATE)
 31w. **12/13/95** (DATE SIGNED)
 31x. **Illinois** (STATE)
 31y. **12/13/95** (DATE SIGNED)
 31z. **Illinois** (STATE)
 32. **Phyllis Ann Thomas** (NAME)
 32a. **Phyllis Ann Thomas** (CITY OR TOWN)
 32b. **Illinois** (STATE)
 32c. **12/13/95** (DATE SIGNED)
 32d. **Illinois** (STATE)
 32e. **12/13/95** (DATE SIGNED)
 32f. **Illinois** (STATE)
 32g. **12/13/95** (DATE SIGNED)
 32h. **Illinois** (STATE)
 32i. **12/13/95** (DATE SIGNED)
 32j. **Illinois** (STATE)
 32k. **12/13/95** (DATE SIGNED)
 32l. **Illinois** (STATE)
 32m. **12/13/95** (DATE SIGNED)
 32n. **Illinois** (STATE)
 32o. **12/13/95** (DATE SIGNED)
 32p. **Illinois** (STATE)
 32q. **12/13/95** (DATE SIGNED)
 32r. **Illinois** (STATE)
 32s. **12/13/95** (DATE SIGNED)
 32t. **Illinois** (STATE)
 32u. **12/13/95** (DATE SIGNED)
 32v. **Illinois** (STATE)
 32w. **12/13/95** (DATE SIGNED)
 32x. **Illinois** (STATE)
 32y. **12/13/95** (DATE SIGNED)
 32z. **Illinois** (STATE)
 33. **Phyllis Ann Thomas** (NAME)
 33a. **Phyllis Ann Thomas** (CITY OR TOWN)
 33b. **Illinois** (STATE)
 33c. **12/13/95** (DATE SIGNED)
 33d. **Illinois** (STATE)
 33e. **12/13/95** (DATE SIGNED)
 33f. **Illinois** (STATE)
 33g. **12/13/95** (DATE SIGNED)
 33h. **Illinois** (STATE)
 33i. **12/13/95** (DATE SIGNED)
 33j. **Illinois** (STATE)
 33k. **12/13/95** (DATE SIGNED)
 33l. **Illinois** (STATE)
 33m. **12/13/95** (DATE SIGNED)
 33n. **Illinois** (STATE)
 33o. **12/13/95** (DATE SIGNED)
 33p. **Illinois** (STATE)
 33q. **12/13/95** (DATE SIGNED)
 33r. **Illinois** (STATE)
 33s. **12/13/95** (DATE SIGNED)
 33t. **Illinois** (STATE)
 33u. **12/13/95** (DATE SIGNED)
 33v. **Illinois** (STATE)
 33w. **12/13/95** (DATE SIGNED)
 33x. **Illinois** (STATE)
 33y. **12/13/95** (DATE SIGNED)
 33z. **Illinois** (STATE)
 34. **Phyllis Ann Thomas** (NAME)
 34a. **Phyllis Ann Thomas** (CITY OR TOWN)
 34b. **Illinois** (STATE)
 34c. **12/13/95** (DATE SIGNED)
 34d. **Illinois** (STATE)
 34e. **12/13/95** (DATE SIGNED)
 34f. **Illinois** (STATE)
 34g. **12/13/95** (DATE SIGNED)
 34h. **Illinois** (STATE)
 34i. **12/13/95** (DATE SIGNED)
 34j. **Illinois** (STATE)
 34k. **12/13/95** (DATE SIGNED)
 34l. **Illinois** (STATE)
 34m. **12/13/95** (DATE SIGNED)
 34n. **Illinois** (STATE)
 34o. **12/13/95** (DATE SIGNED)
 34p. **Illinois** (STATE)
 34q. **12/13/95** (DATE SIGNED)
 34r. **Illinois** (STATE)
 34s. **12/13/95** (DATE SIGNED)
 34t. **Illinois** (STATE)
 34u. **12/13/95** (DATE SIGNED)
 34v. **Illinois** (STATE)
 34w. **12/13/95** (DATE SIGNED)
 34x. **Illinois** (STATE)
 34y. **12/13/95** (DATE SIGNED)
 34z. **Illinois** (STATE)
 35. **Phyllis Ann Thomas** (NAME)
 35a. **Phyllis Ann Thomas** (CITY OR TOWN)
 35b. **Illinois** (STATE)
 35c. **12/13/95** (DATE SIGNED)
 35d. **Illinois** (STATE)
 35e. **12/13/95** (DATE SIGNED)
 35f. **Illinois** (STATE)
 35g. **12/13/95** (DATE SIGNED)
 35h. **Illinois** (STATE)
 35i. **12/13/95** (DATE SIGNED)
 35j. **Illinois** (STATE)
 35k. **12/13/95** (DATE SIGNED)
 35l. **Illinois** (STATE)
 35m. **12/13/95** (DATE SIGNED)
 35n. **Illinois** (STATE)
 35o. **12/13/95** (DATE SIGNED)
 35p. **Illinois** (STATE)
 35q. **12/13/95** (DATE SIGNED)
 35r. **Illinois** (STATE)
 35s. **12/13/95** (DATE SIGNED)
 35t. **Illinois** (STATE)
 35u. **12/13/95** (DATE SIGNED)
 35v. **Illinois** (STATE)
 35w. **12/13/95** (DATE SIGNED)
 35x. **Illinois** (STATE)
 35y. **12/13/95** (DATE SIGNED)
 35z. **Illinois** (STATE)
 36. **Phyllis Ann Thomas** (NAME)
 36a. **Phyllis Ann Thomas** (CITY OR TOWN)
 36b. **Illinois** (STATE)
 36c. **12/13/95** (DATE SIGNED)
 36d. **Illinois** (STATE)
 36e. **12/13/95** (DATE SIGNED)
 36f. **Illinois** (STATE)
 36g. **12/13/95** (DATE SIGNED)
 36h. **Illinois** (STATE)
 36i. **12/13/95** (DATE SIGNED)
 36j. **Illinois** (STATE)
 36k. **12/13/95** (DATE SIGNED)
 36l. **Illinois** (STATE)
 36m. **12/13/95** (DATE SIGNED)
 36n. **Illinois** (STATE)
 36o. **12/13/95** (DATE SIGNED)
 36p. **Illinois** (STATE)
 36q. **12/13/95** (DATE SIGNED)
 36r. **Illinois** (STATE)
 36s. **12/13/95** (DATE SIGNED)
 36t. **Illinois** (STATE)
 36u. **12/13/95** (DATE SIGNED)
 36v. **Illinois** (STATE)
 36w. **12/13/95** (DATE SIGNED)
 36x. **Illinois** (STATE)
 36y. **12/13/95** (DATE SIGNED)
 36z. **Illinois** (STATE)
 37. **Phyllis Ann Thomas** (NAME)
 37a. **Phyllis Ann Thomas** (CITY OR TOWN)
 37b. **Illinois** (STATE)
 37c. **12/13/95** (DATE SIGNED)
 37d. **Illinois** (STATE)
 37e. **12/13/95** (DATE SIGNED)
 37f. **Illinois** (STATE)
 37g. **12/13/95** (DATE SIGNED)
 37h. **Illinois** (STATE)
 37i. **12/13/95** (DATE SIGNED)
 37j. **Illinois** (STATE)
 37k. **12/13/95** (DATE SIGNED)
 37l. **Illinois** (STATE)
 37m. **12/13/95** (DATE SIGNED)
 37n. **Illinois** (STATE)
 37o. **12/13/95** (DATE SIGNED)
 37p. **Illinois** (STATE)
 37q. **12/13/95** (DATE SIGNED)
 37r. **Illinois** (STATE)
 37s. **12/13/95** (DATE SIGNED)
 37t. **Illinois** (STATE)
 37u. **12/13/95** (DATE SIGNED)
 37v. **Illinois** (STATE)
 37w. **12/13/95** (DATE SIGNED)
 37x. **Illinois** (STATE)
 37y. **12/13/95** (DATE SIGNED)
 37z. **Illinois** (STATE)
 38. **Phyllis**

UNOFFICIAL COPY

Property of Cook County Clerk's Office

STATE FILE NUMBER

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 160
REGISTERED NUMBER

Form with fields for deceased name (Zechariah Thomas Jr.), date of death (September 25, 1997), cause of death (END STAGE CHRONIC RENAL FAILURE), and registrar information (KAREN L. SCOTT, M.D.).

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 September 30, 1997
SIGNED [Signature]
Official Title Chief Deputy Registrar

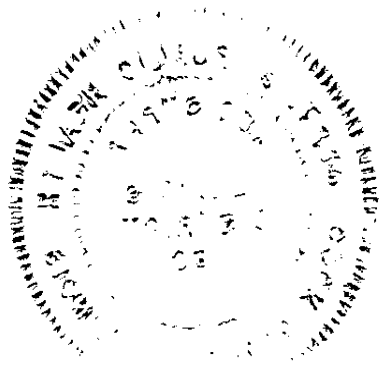
Oak Park, IL 60301
1010 Lake Street

At Cook County Dept. of Public Health

UNOFFICIAL COPY

EX-101 (3-2005)

Property of Cook County Clerk's Office



UNOFFICIAL COPY

TO THE OWNERS:

00483172

MAY 1ST-00

THE LIST OF NAMES THAT APPEAR ON THE SECOND SHEET IS TO EACH OF THE OWNERS OF THE FOR SAID PROPERTY, THAT THESE PERSONS ARE SIGNING THAT THEY HAVE INTREST IN THE PROPERTY THAT IS LISTED BELOW.

LOCATION: 17716 S. MONTICELLO AV.

PROPERTY INDEX NUMBERS:

28-02-115-021-0000

28-02-115-022-0000

CITY:

ROBBINS

STATE:

ILLINOIS

Property of Cook County Clerk's Office

UNOFFICIAL COPY

00483172

MR. LARRY THOMAS
16129 SUSSEX
MARKHAM, ILL.

Larry E. Thomas

MR. LEVETTE THOMAS
2309 CHERRY HILL #201
SPRINGFIELD, ILLINOIS

Levette Thomas

MS DENEISE ANN HOWARD
16116 OXFORD
MARKHAM, ILL

Denise Ann Howard

MR. ZECHARIAH THOMAS III
16140 CAMBRIDGE DR.
MARKHAM, ILL

Zechariah Thomas III

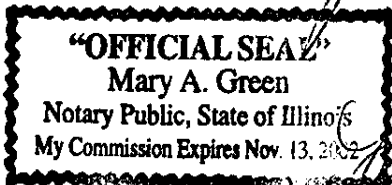
MS. ESTELLE BURNS
10110 FORUM DR. #103
HOUSTON, TEXAS

Estelle Burns

CHIQUITA M. BATTLE
16422 CALIFORNIA
MARKHAM, ILL

Chiquita M Battle

June 28, 2008



Mary A. Green

Property of Cook County Clerk's Office

UNOFFICIAL COPY

ST100100

Property of Cook County Clerk's Office

SEARCHED
SERIALIZED
INDEXED
FILED

UNOFFICIAL COPY

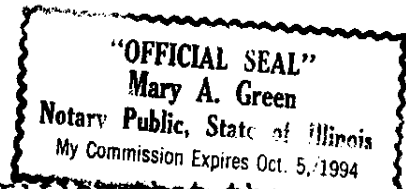
STATEMENT BY GRANTOR AND GRANTEE 00483172

The Grantor or his Agent affirms that, to the best of his knowledge, the name of the Grantee shown on the Deed or Assignment of Beneficial Interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire title to real estate under the laws of the State of Illinois.

Dated Oct 1st, 1990

Signature: Vera Bolton
Grantor or Agent

Subscribed and sworn to before me
by the said _____
this 1st day of October, 1990
Notary Public Mary A. Green



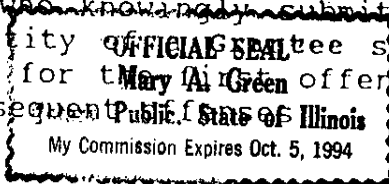
The Grantee or his Agent affirms and verifies that the name of the Grantee shown on the Deed or Assignment of Beneficial Interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire and hold title to real estate under the laws of the State of Illinois.

Dated October 1st, 1990

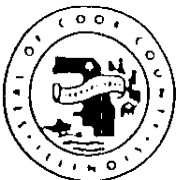
Signature: Vera Bolton
Grantee or Agent

Subscribed and sworn to before me
by the said _____
this 1st day of October, 1990
Notary Public Mary A. Green

NOTE: Any person who knowingly submits a false statement concerning the identity of the grantee shall be guilty of a Class C misdemeanor for the offense and of a Class A misdemeanor for subsequent offenses.



(Attach to Deed or ABI to be recorded in Cook County, Illinois, if exempt under the provisions of Section 4 of the Illinois Real Estate Transfer Tax Act.)



EUGENE "GENE" MOORE

RECORDER OF DEEDS / REGISTRAR OF TORRENS TITLES
COOK COUNTY, ILLINOIS