



CHICAGO TITLE INSURANCE COMPANY

P.O. BOX 827, WHEATON, IL 60189-0827



AE

DECEASED JOINT TENANCY AFFIDAVIT

(1)

CTIC

STATE OF ILLINOIS }
COUNTY OF COOK } ss.

Order No.: 020002704

RAY L WALKER

being duly sworn states that HE resides at 2817 W. WELLINGTON AVENUE
in the City of CHICAGO, IL 60618 *SPIA*

That HE was acquainted with MARY M WALKER deceased who, at the time of death,
was one of the owners of the land in COOK County, Illinois, described as:
Lot 268 in Givins and Gilbert's Subdivision of the South East 1/4 of the Northwest
1/4 of Section 25, Township 40 North, Range 13 East of the Third Principal Meridian
(except railroad) in Cook County, Illinois.

P.I.N. 13-25-127-0004-000

L-JW

*Mault/Prephy: Liberty Bank
7111 W. Foster
Chicago IL 60656*

*2
TA*

That the deceased died MAY 1, 1999, as evidenced by a certified copy of death
certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will & Testament.
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois about _____

00755298

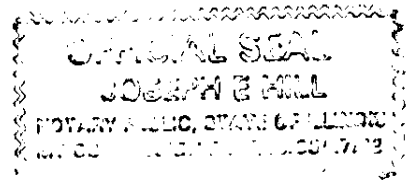
6320/0198 20 001 Page 1 of 2
2000-09-27 15:36:20
Cook County Recorder 43.00

That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of _____ dollars.

Affiant makes this affidavit for the purpose of inducing Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

Joseph E Hill
this 19 day of September, A.D. 19 00
Joseph E Hill
Notary Public



Ray L Walker
(Affiant's Signature)

BOX 333-CTI

DFAFF

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. _____ STATE FILE NUMBER 607732
 REGISTERED NUMBER _____
 DECEASED-NAME FIRST MARY MIDDLE WALKER LAST SEX F DATE OF DEATH (MONTH DAY YEAR) 1999
 COUNTY OF DEATH Cook HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER GIVE STREET AND NUMBER) 6b Ravenswood Hospital Medical Center
 CITY TOWN TWP. OR ROAD DISTRICT NUMBER Chicago

AGE LAST BIRTHDAY (YRS) 58 50 UNDER 1 YEAR 2 UNDER 1 DAY 2
 DATE OF BIRTH (MONTH DAY YEAR) 1941
 5a. 50 5b. 2 5c. 2
 5d. January 30, 1941
 5e. INPATIENT OUTPATIENT

1a. PLACE (CITY AND STATE OR COUNTY) Chicago 6b. RAY L. WALKER
 1b. MARRIED (SPECIFY) 6c. INPATIENT
 1c. SOCIAL SECURITY NUMBER 031-42-5964 1d. CLERK 1e. BANKING
 1f. EDUCATION (SPECIAL TRAINING) ELEMENTARY SCHOOL GRADUATED
 1g. RESIDENCE (STREET AND NUMBER) 817 W. WELLINGTON AVE. 1h. CHICAGO
 1i. CITY TOWN TWP. OR ROAD DISTRICT NO. CHICAGO

2a. RAY L. WALKER 2b. HUSBAND 2c. 2817 W. WELLINGTON, CHICAGO, ILL.
 2d. MARRIED (SPECIFY) 2e. YES
 2f. MOTHER-NAME FIRST MIDDLE LAST MARIA COCEK
 2g. MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY OR TOWN, STATE ZIP, 60618)

3a. ILLINOIS 3b. ZIP CODE 60618 3c. RACE (WHITE, BLACK, AMERICAN INDIAN OR SPECIFY) WHITE
 3d. OFF-HISPANIC ORIGIN? (SPECIFY) YES
 3e. FATHER-NAME FIRST MIDDLE LAST PAUL LEGLER
 3f. MOTHER-NAME FIRST MIDDLE LAST MARIA COCEK

4a. CAUSE (Final disease or condition resulting in death) Liver failure
 4b. IMMEDIATE CAUSE (Final disease or condition resulting in death) BREAST CANCER
 4c. UNDERLYING CAUSE (a) DUE TO OR AS A CONSEQUENCE OF BRAIN METASTASIS
 4d. STATE THE UNDERLYING CAUSE (a) DUE TO OR AS A CONSEQUENCE OF BRAIN METASTASIS
 4e. CAUSE (Final disease or condition resulting in death) Liver failure
 4f. IMMEDIATE CAUSE (Final disease or condition resulting in death) BREAST CANCER
 4g. UNDERLYING CAUSE (a) DUE TO OR AS A CONSEQUENCE OF BRAIN METASTASIS

5. OPERATIONS, IF ANY MAJOR FINDINGS OF OPERATION
 6. 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 one cause on each line.
 7a. RAY L. WALKER 7b. HUSBAND 7c. 2817 W. WELLINGTON, CHICAGO, ILL.
 7d. MARRIED (SPECIFY) 7e. YES
 7f. MOTHER-NAME FIRST MIDDLE LAST MARIA COCEK
 7g. MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY OR TOWN, STATE ZIP, 60618)

8. SIGNATURE OF CERTIFIER (TYPE OR PRINT) Omar M. Alsamman, M.D.
 8a. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 2835 W. Northrose Chicago, IL. 60618
 8b. DATE SIGNED 13:21 P.M. 1999
 8c. ILLINOIS LICENSE NUMBER 036 091379

9. CREMATION, BURIAL, OR OTHER DISPOSAL OF THE BODY
 9a. CREMATION, BURIAL, OR OTHER DISPOSAL OF THE BODY (TYPE OR PRINT) Burial
 9b. NAME (TYPE OR PRINT) Maryhill
 9c. STREET AND NUMBER OR H # O 24b Niles, Illinois
 9d. CITY OR TOWN STATE ZIP
 9e. DATE (MONTH DAY YEAR) 24 May 5, 1999

10. REGISTRAR'S SIGNATURE (TYPE OR PRINT) Sheila Lynne BSM
 10a. NAME (TYPE OR PRINT) Sheila Lynne BSM
 10b. STREET AND NUMBER OR H # O 034-011475
 10c. CITY OR TOWN STATE ZIP
 10d. DATE (MONTH DAY YEAR) MAY 03 1999
 10e. ILLINOIS LICENSE NUMBER 034-011475

COUNTY OF COOK
 CITY OF CHICAGO
 MAY 03 1999
 SHEILA LYNE, RSM, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO, THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID WHEN MULTICOLORED SIGNATURE SEAL IS AFFIXED.

CITY OF CHICAGO
 DEPARTMENT OF PUBLIC HEALTH