

8. The parents of the decedent were Clifton Russell & Opelia Russell, both said parents are now deceased.

9. Pursuant to the Last Will and Testament of WIA, the decedent herein, left his/her entire estate, both real and personal, to _____.

11. 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 100,000 dollars.

10. The foregoing is based upon my own personal knowledge and belief, is true, and if called upon as a witness I would competently and consistently testify thereto.

FURTHER AFFIANT SAYETH NOT.

X Willie J. Neal
AFFIANT

SUBSCRIBED AND SWORN TO
BEFORE ME THIS 21 DAY
OF May 1992

Marie R. Rattenbury
NOTARY PUBLIC



Property of Cook County Clerk's Office

SCHEDULE A
ALTA Commitment
File No.: 151985

LEGAL DESCRIPTION

Lot 39 in Block 8 in Harding Subdivision, being a subdivision of part of the West 1/2 of the Northwest 1/4 of Section 11, Township 39 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

Pin # 16-11-113-035

aka: 618 N. Hamlin
Chgo, IL 60624



Prepended & Mailed to: Willie J. Neal
618 N. Hamlin
Chgo, IL 60624

10485055

STATE OF ILLINOIS
County of Cook

UNOFFICIAL COPY

DAVID D. ORR, County Clerk

NOV 02 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

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

611082

DECEASED'S BIRTH NO.	REGISTRATION DISTRICT NO. 16.10	REGISTERED NUMBER	STATE FILE NUMBER
1. DECEASED-NAME FIRST MIDDLE LAST MARTHA O. NEAL		SEX FEMALE	DATE OF DEATH MONTH DAY YEAR JUNE 7, 1990
2. COUNTY OF DEATH COOK		AGE-LAST BIRTHDAY (MOR) Mo. 49 Ds. 1	DATE OF BIRTH MONTH DAY YEAR AUGUST 30, 1940
3. CITY, TOWNSHIP, OR ROAD/DISTRICT NUMBER CHICAGO		HOSPITAL OR OTHER INSTITUTION-NAME IF NOT IN EITHER, GIVE STREET AND NUMBER ST ELIZABETH'S HOSPITAL	
4. BIRTHPLACE (CITY/TOWNSHIP/ROAD/DISTRICT NUMBER) MISSISSIPPI		MARRIED, NEVER MARRIED, WIDOWED (TYPE OF MARRIAGE) MARRIED	
5. SOCIAL SECURITY NUMBER 10-426-70-9536		NAME OF SURVIVING SPOUSE (MARRIAGE, IF WIFE) WILLIE J. NEAL	
6. RESIDENCE (CITY/TOWNSHIP AND NUMBER) 618 N. HAMLIN		INDUSTRY OR BUSINESS OR PROFESSION DOMESTIC	
7. STATE ILLINOIS		CITY, TOWNSHIP, OR ROAD DISTRICT NO. CHICAGO	
8. FATHER'S NAME FIRST MIDDLE LAST CLIFTON RUSSELL		MOTHER'S NAME FIRST MIDDLE LAST OPHELIA LEWIS	
9. DECEASED'S HOME PHONE (AREA CODE) 421 x 401		MARRIAGE ADDRESS (STREET AND NO. OR P.O. BOX, CITY/TOWNSHIP, STATE, ZIP) 1431 N CLAREMONT, CHICAGO IL 60622	
10. CAUSE OF DEATH (Please describe, or complications that caused the death, or heart failure. List only one cause on each line.) Immediate Cause (Final disease or condition leading to death) → Intra cerebral Hemorrhage 30 min. CONDITIONS, IF ANY WHICH GIVE RISE TO SUBSEQUENT CAUSE (LIST STATE THE UNDERLYING CAUSE LAST) Severe Hypertension years			
PART II. (Clear must have physician handwriting in each but not needed in the underlying cause given in PART I.)			
11. DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION	
12. SIGNATURE OF PHYSICIAN N. Rubio, M.D.		DATE OF DEATH 07/04 P.M.	
13. NAME AND ADDRESS OF CERTIFIER 3758 W. CHICAGO AVE, CHICAGO IL 60651		DATE OF SIGNATURE 6/7/90	
14. LOCAL HEALTH DEPARTMENT		STATE HEALTH DEPARTMENT	
15. BURIAL INFORMATION FUNERAL HOME GATLING, S CHAPEL INC, 10133 S. HALSTED CHICAGO, ILLINOIS 60628		CITY/TOWNSHIP/STATE Hillside, Illinois	
16. LOCAL HEALTH DEPARTMENT SIGNATURE		STATE HEALTH DEPARTMENT SIGNATURE	