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2010/0116 03 001 Page 1 of 2

2002-04-04 14:02:47

Cook County Recorder

43.50

AFFIDAVIT OF HEIRSHIP

I, Rosa M. Jones, who lives at 11 Woodland Avenue, Fox Lake, Illinois 60020, being first duly sworn, on oath deposes and states:

- 1. That she is the widow of Robert A. Jones, one of three titleholders to real estate located in Cook County, Illinois with a legal description as follows:

LOT 46 IN BLOCK 2 IN JAMES U. BORDEN'S SUBDIVISION OF THE NORTHWEST 1/4 OF THE NORTHEAST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 17, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property Address: 5915 South Ada, Chicago, Illinois

- 2. The titleholders, the children of Henry A. Jones, Patricia D. Graham, Robert A. Jones, and Carole Jones, obtained their interest in the aforementioned property as distributees from the estate of Henry A Jones, Circuit Court of Cook County, Probate Division, Case Number 65 P 2539.
- 3. Robert A. Jones, died on May 22, 1991, a resident of Cook County, Illinois. Robert A. Jones was married twice. The first marriage was to Eunice Austin. During this marriage one child was born to the decedent and Eunice Austin, a son, Robin A. Jones. No other children were born to or adopted by Eunice Austin and Robert A. Jones. This marriage was terminated by divorce. Robert A. Jones was married a second time to Rosa M. Jones. No children were born to or adopted by Robert A. Jones and Rosa M. Jones. This marriage was terminated by the death of Robert A. Jones. No other children were born to or adopted by Robert A. Jones.

Therefore, at his death, Robert A. Jones was survived by his wife, Rosa M. Jones, and his only child, a son, Robin A. Jones.

Pin # 20-17-305-011  
PROPERTY ADDRESS: 5915 S. ADA ST., Chgo, IL 60636

Respectfully submitted,

Rosa M Jones  
Rosa M. Jones



Signed and sworn to before me on March 4, 2002

Barbara McCoskey  
Notary Public

PREPARED BY & MAIL TO:  
Deborah B. Cole  
1525 E. 53rd St.  
Suite 422  
Chgo., IL 60615

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STATE OF ILLINOIS  
MEDICAL CERTIFICATE OF DEATH

JUN 4 1991

REGISTRATION DISTRICT NO. **16.10** STATE FILE NUMBER **609855**

DECEASED-NAME **Robert A Jones** SEX **Male** DATE OF DEATH (MONTH, DAY, YEAR) **May 22, 1991**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **Chicago** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **Thorek Hospital and Medical Center**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **Chgo. Illinois** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **Married**

SOCIAL SECURITY NUMBER **343-20-8647** USUAL OCCUPATION **Supervisor**

RESIDENCE (STREET AND NUMBER) **4244 W. George** CITY, TOWN, TWP. OR ROAD DISTRICT NO. **Chicago** INSIDE CITY (YES/NO) **Yes** COUNTY **Cook**

FATHER-NAME **Henry A Jones** MOTHER-NAME **Mary E Magnor**

INFORMANT'S NAME (TYPE OR PRINT) **Patricia A. Evans-Cole** MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP) **17c 850 W. Irving Pk. Chgo. IL 60613**

18. PART I. Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. List only one cause on each line.

(a) **Adenocarcinoma of the Liver**  
DUE TO, OR AS A CONSEQUENCE OF

(b) \_\_\_\_\_  
DUE TO, OR AS A CONSEQUENCE OF

(c) \_\_\_\_\_  
DUE TO, OR AS A CONSEQUENCE OF

19. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

DATE OF OPERATION, IF ANY **5-21-1991** MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. (DID YOU LAST ATTEND THE DECEASED OR DID YOU LAST SAW HIM/HER ALIVE ON \_\_\_\_\_) WAS CONTACTED OR MEDICAL EXAMINER NOTIFIED? (YES/NO) **No**

21. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

22a. SIGNATURE **Peter G Verges MD** DATE SIGNED (MONTH, DAY, YEAR) **6:05 A. M. 5-22-1991**

22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **Peter G. Verges, MD 2348 W. Irving Pk., Chgo. IL 60613**

22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) \_\_\_\_\_

23. BUREAU OF HEALTH SERVICES

24. CEMETERY OR CREMATORY-NAME **MONTROSE** LOCATION **CHICAGO ILLINOIS** DATE (MONTH, DAY, YEAR) **24 MAY 25, 1991**

24a. CREMATION **NO** STREET AND NUMBER OR R.F.D., CITY OR TOWN, STATE, ZIP **CHICAGO ILLINOIS 60618**

25. FUNERAL HOME **RAMME FUNERAL HOME 3918 IRVING PARK CHICAGO ILLINOIS 60618**

25a. FUNERAL DIRECTOR'S SIGNATURE **Wesley A. Stinich** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **8431**

25b. LOCAL REGISTRAR'S SIGNATURE **Wesley A. Stinich M.D.** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **MAY 23 1991**

26. LOCAL REGISTRAR'S SIGNATURE **Wesley A. Stinich M.D.** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **MAY 23 1991**

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I, VIRGINIA L. PARKER, M.B.A. 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 MULTICOLOR SIGNATURE SEAL IS AFFIXED.

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