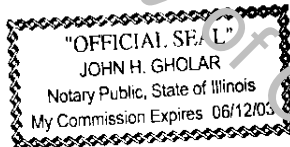


UNOFFICIAL COPY

JOINT TENANCY AFFIDAVIT

The affiant hereby covenants and agrees, and for the affiant, heirs, personal representative or assignees, to forever fully indemnify, protect, and hold STEWART harmless and to reimburse STEWART for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature that STEWART may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

1. Claims against the estate of **LUCIUS WILEY**, the decedent.
2. State Estate/Inheritance Tax and Federal Estate Tax that may be charges against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.



Willie Woods
WILLIE B. WOODS

Subscribed and Sworn to before
me this 7th day of October, 2002.

John H. Gholar
NOTARY PUBLIC

This instrument was prepared by:

JOHN H. GHOLAR, P.C.
P.O. Box 428018
Evergreen Park, IL 60805

Return to:

WILLIE WOODS
6552 South Greenwood
Chicago, IL 60637



I, David 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 THEREOF, 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 Orr
COUNTY CLERK

STATE OF ILLINOIS
CORONER'S CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 160 REGISTERED NUMBER 140

1. PLACE OF DEATH
a. STATE ILLINOIS b. COUNTY COOK

2. USUAL RESIDENCE Where deceased was if institutional, residence at date of death
a. STATE Illinois b. COUNTY Cook

3. INSIDE corporate limits and in City, Village, or Incorporated Town
DES PLAINES Chicago

4. OUTSIDE corporate limits and in Township name
Road District No. 4 Hours

5. NAME OF HOSPITAL OR INSTITUTION
Holy Family Hospital DOA

6. LENGTH OF STAY IN HOSPITAL OR INSTITUTION 40 yrs

7. RESIDENCE ADDRESS Street & No. or R.F.D. and Post Office
6433 South Minerva

8. If not in hospital or institution, give Street & No. or R.F.D. and Post Office

9. Did decedent reside ON A FARM? YES NO

3. NAME OF DECEASED a. (FIRST) LUCIUS b. (MIDDLE) WILEY c. (LAST) WILEY

4. DATE OF DEATH (MONTH) (DAY) (YEAR)
Oct. 21, 1965

5. SEX Male 6. RACE Negro 7. MARRIED ~~Never Married~~ Married specify!

8. DATE OF BIRTH Nov 21, 1908 9. AGE (in years last birthday) 57 if under 1 year MONTHS DAYS if under 24 hrs HOURS MIN.

10a. USUAL OCCUPATION Tailor 10b. KIND OF BUSINESS OR INDUSTRY Fur Company

11. BIRTHPLACE (City and state or foreign country) Chrystal Springs Mississippi 12. Citizen of what country? USA

13. FATHER'S FULL NAME Moses Wiley 14. MOTHER'S FULL MARDEN NAME Salena Adams

15. Was deceased ever in U. S. Armed Forces? (Yes, no, or unknown) (Give war or dates of service) Yes W. W. III 16. SOCIAL SECURITY NUMBER 321 07 5119

17. INFORMANT a. SIGNATURE Daisy Wiley b. ADDRESS 6433 So. Minerva c. RELATIONSHIP TO DECEASED wife

18. MEDICAL CAUSE OF DEATH
PART I. DEATH WAS CAUSED BY: (Enter only one cause due to (A), (B), and (C).)
IMMEDIATE CAUSE (A): ORGANIC HEART DISEASE
Conditions, if any, which gave rise to the above IMMEDIATE CAUSE (A), stating the UNDERLYING cause last:
due to (B)
due to (C)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT NEARLY THE TERMINAL CONDITION GIVEN IN PART I(A).
INTERVAL BETWEEN ONSET AND DEATH UNKNOWN

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE 21b. PLACE OF INJURY (e.g., in street, at home, farm, factory, street, office bldg., etc.)
UNDETERMINED HOMICIDE

21c. INJURED AT CITY, TOWNSHIP OR LOCATION (COUNTY) (STATE)

21d. TIME OF INJURY (MONTH) (DAY) (YEAR) 21e. INJURY OCCURRED WHILE AT: WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22a. Upon medical investigation I find this death was caused as stated above DATE: 11/1/65 SIGNED: M. D. CORONER'S PHYSICIAN

22b. Upon investigation I find the person was injured as stated above DATE: SIGNED:

23. DISPOSITION: Buried at Burr Oak Cemetery, Worth, Ill. Date: Oct 26, 1965

24. FUNERAL DIRECTOR: Metropolitan Funeral Parlors
SIGNATURE: [Signature]
ADDRESS: 1415 So. Park Chicago, Ill. Phone: 3780

25. Received for filing on 10-25-65 (Signature) David Orr

COOK COUNTY DEPT. OF PUBLIC HEALTH - CHICAGO, ILL
JOHN B. HALL, M.D. LOCAL REGISTRAR

VS. & R. 202-BUREAU OF STATISTICS-ILLINOIS DEPARTMENT OF PUBLIC HEALTH

DRITY VOIS

UNOFFICIAL COPY



Property of Cook County Clerk's Office