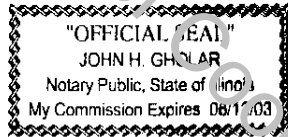


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JOINT TENANCY AFFIDAVIT

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 DAISY 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 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

21131389

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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

21131389

DECEASED'S BIRTH NO.	REGISTRATION DISTRICT NO. 16.10	STATE OF ILLINOIS	STATE FILE NUMBER
	REGISTERED NUMBER	MEDICAL CERTIFICATE OF DEATH 615347	
DECEASED-NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. DAISY WILEY		FEMALE	3. AUGUST 06, 1987
RACE (WHITE, BLACK, AMERICAN ORIGIN OR DESCENT INDIAN, ETC. (SPECIFY))		AGE (MONTHS, YEARS, MONTHS, DAYS)	DATE OF BIRTH (MO., DAY, YEAR)
2. BLACK AMERICAN		3. 74	4. DEC. 18, 1912
CITY, TOWN, VILL. OR ROAD DISTRICT NUMBER		COUNTY OF DEATH	
7. Chicago		8. Cook	
HOSPITAL OR OTHER INSTITUTION - NAME, STREET AND LOCATION, GIVE		IF HOSP. OR INST. INDICATE DOA OF ENTRY, PM, INPATIENT	
7. JACKSON PARK HOSPITAL		8. D.O.A.	
STATE OF BIRTH (IF NOT U.S.A. NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)
6. MISSISSIPPI	9. U.S.A.	WIDOWED	11. NONE
SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	12. WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO)
13. 321-07-5119 D	13a. FURRIER	U.S. FUR CO.	13b. NO
RESIDENCE STREET AND NUMBER	CITY, TOWN, VILL. OR ROAD DISTRICT NO.	COUNTY	STATE
14. 6433 South Minerva Ave	14a. Chicago	14b. Cook	14c. Illinois
FATHER - NAME FIRST MIDDLE LAST		MOTHER - MAIDEN NAME FIRST MIDDLE LAST	
15. WILLIE SMITH		16. BRILLER MORRIS	
INFORMANT NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)
17a. MILDRED WALKER		Daughter	60637, 1433 S. Minerva Ave Chicago, IL
18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			APPROPRIATE INTERVAL BETWEEN ONSET AND DEATH
PART I. IMMEDIATE CAUSE			
(a) CARDIOPULMONARY ARREST			MINUTES
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.			
(b) DUE TO OR AS A CONSEQUENCE OF:			
(c) DUE TO OR AS A CONSEQUENCE OF:			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I			19. NO
DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION	IF PERMANENTLY DISABLED IN LAST THREE MONTHS	
20a.	20b.	20c. NO	
1 (101) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON	(MONTH, DAY, YEAR)	21a. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (SPECIFY YES OR NO)	HOUR OF DEATH
21a.	8-3-87	YES	21c. 10:30 A.
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.			DATE SIGNED (MO., DAY, YEAR)
22a. SIGNATURE <i>David S. Orr</i> DAVID S. ORR			22b. 8/6/87
NAME AND ADDRESS OF CERTIFIER			ILLINOIS LICENSE NUMBER
22c. 1515 E. 52nd Place, Chicago, IL 60615			22d. 036-4417
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)			
23. PROGRESSIVE FUNERAL PARLOR 7208 SOUTH STONY ISLAND AVENUE CHICAGO, ILL.			
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY - NAME	LOCATION	DATE (MONTH, DAY, YEAR)
24a. BURIAL	BURR OAK CEMETERY	24c. WORTH ILLINOIS	AUG. 12, 1987
FUNERAL HOME	NAME	STREET AND NUMBER OR R. F. D.	CITY OR TOWN
			STATE
			60649
FUNERAL DIRECTOR'S SIGNATURE			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25b. <i>Harold C. Edwards</i>			25c. 8423
LOCAL REGISTRAR'S SIGNATURE			DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
26a. <i>Harold C. Edwards M.D. M.P.P.S.</i>			26b. AUG 10 1987

2-026

Decedent

1-209

2-44

PARENTS

1-275

CAUSE

CERTIFIER

DISPOSITION

NOTED

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21131389

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT - PROBATE DIVISION

Estate of)	No. 97 P 10666
)	
MILDRED L. WALKER,)	Docket 049
)	
Deceased.)	Page 078

FILED
MAR 11 2002
DOROTHY BROWN
CLERK OF CIRCUIT COURT

AFFIDAVIT OF HEIRSHIP

I, **WILLIE WOODS**, after having been duly sworn under oath, deposes and states as follows:

1. He resides at 6552 South Greenwood, Chicago, Illinois.

2. He is familiar with the decedent, **MILDRED L. WALKER**, who died testate at Chicago, Cook, County, Illinois on September 19, 1997, and is familiar with her family history and personal affairs as former neighbor and church member.

3. The decedent was married once and only once during her lifetime and that was to **FENRY WALKER**, who predeceased her, and to her no children were born and by her no children were adopted.

4. That decedent's mother, **DAISEY SMITH**, predeceased her and her father was unknown. That the decedent was the only child born to **DAISEY SMITH**, by her no children were adopted.

5. That the decedent's grandparents are unknown and it is unknown if grandparents had other children.

6. That based upon this information, any heirs of the decedent are unknown.

AFFIANT FURHTER SAYETH NAUGHT.

Willie Woods

WILLIE WOODS

SUBSCRIBED and SWORN to before me
this 11 day of March

[Signature]

NOTARY PUBLIC

Attny. #22919
JOHN H. GHOLAR, P.C.
P.O. Box 428018
Evergreen Park, Il 60642 (773)238-6229, Fax(773)238-6220

REGISTRATION NO. 10
 DISTRICT NO. 10
 REGISTERED 9/21/97
 NUMBER

STATE OF ILLINOIS
 STATE FILE NUMBER 615807
MEDICAL CERTIFICATE OF DEATH

DECEASED-NAME **MILDRED** FIRST **MILDRED** MIDDLE **WALKER** LAST **WALKER** SEX **FEMALE** DATE OF DEATH (MONTH, DAY, YEAR) **SEPTEMBER 19, 1997**

COUNTY OF DEATH **COOK** AGE-LAST BIRTHDAY (M/YS) **69** UNDER 1 YEAR **0** MONTHS **0** DAYS **0** HOURS **0** MIN **0** SEC. DATE OF BIRTH (MONTH, DAY, YEAR) **MARCH 24, 1928**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **CHICAGO** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **THE UNIVERSITY OF CHICAGO HOSPITALS** IF HOSP. OR INST. INDICATE D.O.A. OPER. RM. INPATIENT (SPECIFY) **INPATIENT**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **CLEARWATER, MISS** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **WIDOWED** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) **N/A**

SOCIAL SECURITY NUMBER **10-425-54-0331** USUAL OCCUPATION **DISABLED** KIND OF BUSINESS OR INDUSTRY **NONE** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) **College (11, 12 or 13)**

RESIDENCE (STREET AND NUMBER) **6433 SOUTH MINERVA** CITY, TOWN, TWP. OR ROAD DISTRICT NO. **CHICAGO** OFF HISPANIC ORIGIN? (SPECIFY AND OR YES-IF YES, SPECIFY CUBAN, MEXIC (N), PORTO RICAN, ETC.) **NO**

STATE **ILLINOIS** ZIP CODE **131 60637** RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) **BLACK** MOTHER-NAME (MAIDEN) LAST **SMITH**

FATHER-NAME **UNKNOWN** MOTHER-NAME **DAISEY** MAILING ADDRESS (STREET AND NO. OR P.O. BOX OR TOWN, STATE, ZIP) **5841 SOUTH MARYLAND CHICAGO, ILLINOIS 60637**

INFORMANT'S NAME (TYPE OR PRINT) **MAYBELEINE GIGGERS** RELATIONSHIP **HOSPITAL RECORDS** 17c. **CHICAGO, ILLINOIS 60637**

8. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or resp., or typhoid, shock, or heart failure. List only one cause on each line.
 (a) **CONGESTIVE HEART FAILURE**
 (b) **DUE TO OR AS A CONSEQUENCE OF**
 (c) **DUE TO OR AS A CONSEQUENCE OF**

9. IMMEDIATE CAUSE (Final disease or condition resulting in death)
 (a) **CONGESTIVE HEART FAILURE**
 (b) **DUE TO OR AS A CONSEQUENCE OF**
 (c) **DUE TO OR AS A CONSEQUENCE OF**

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
 DATE OF OPERATION, IF ANY **20b. MAJOR FINDINGS OF OPERATION**

10. (a) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/LER ALIVE ON **SEPTEMBER 19, 1997**
 (b) TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

22a. SIGNATURE **[Signature]** NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **5841 SOUTH MARYLAND CHICAGO, ILLINOIS 60637**

22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) **TED FELDMAN, MD**

23. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **CHICAGO, ILLINOIS**

24a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **CHICAGO, ILLINOIS**

25a. FURNERAL HOME **SPR RAILS** STREET AND NUMBER OR R.F.D. **4534 S. Cottage Grove** CITY OR TOWN **CHICAGO** STATE **ILLINOIS**

25b. FURNERAL DIRECTOR'S SIGNATURE **[Signature]** NAME **Walter Winters** STREET AND NUMBER OR R.F.D. **736 Lake** CITY OR TOWN **CHICAGO** STATE **ILLINOIS**

26a. LOCAL REGISTRAR'S SIGNATURE **[Signature]** NAME **Sheila Lyne RSW** STREET AND NUMBER OR R.F.D. **1111 N. Dearborn** CITY OR TOWN **CHICAGO** STATE **ILLINOIS**

STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO
 SEP 30 1997
 21131389

I, SHEILA LYNE, RSW, 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.

Sheila Lyne RSW
 LOCAL REGISTRAR

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS APPLIED.

0021131389

DEPARTMENT OF HEALTH - CITY OF CHICAGO

UNOFFICIAL COPY 21131389

LEGAL DESCRIPTION

THE SOUTH 10 FEET OF LOT 11 AND LOT 12 (EXCEPT THE SOUTH 22 FEET) IN WADSWORTH'S SUBDIVISION OF BLOCK 5 IN THE SECOND PLAT OF WOODLAWN, BEING A SUBDIVISION OF THE EAST 22 ACRES OF THE NORTH 1/2 OF THE NORTHWEST 1/4 OF SECTION 23, TOWNSHIP 38 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Commonly known as: 6433 South Minerva
Chicago IL

Property of Cook County Clerk's Office