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7. No persons were adopted by the decedent.

8. The parents of the decedent were Kit + Roberta Baldwin

_____, both said parents are now deceased.

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

b) The decedent died intestate.

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 Fifty thousand dollars.

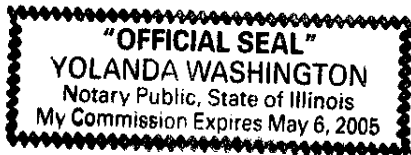
10. The foregoing is based upon my own personal knowledge and belief, is true, and if called upon as a witness I would competently and consistently testify thereto.

FURTHER AFFIANT SAYETH NOT.

Debra Mayfield
AFFIANT

SUBSCRIBED AND SWORN TO
BEFORE ME THIS 31 DAY
OF MAR 2003

Yolanda Washington
NOTARY PUBLIC



REGISTRATION NO. 16.10

STATE OF ILLINOIS

STATE FILE NUMBER

616771

MEDICAL CERTIFICATE OF DEATH

DECEASED-NAME: CORNELIUS BALDWIN LAST: BALDWIN SEX: MALE DATE OF DEATH (MONTH, DAY, YEAR): OCTOBER 1, 1999

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: CHICAGO HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT NEITHER, GIVE STREET AND NUMBER): THE UNIVERSITY OF CHICAGO HOSPITALS

AGE-LAST BIRTHDAY (YR): 74 MONTHS: 74 DATES: 74 HOURS: 12 MIN: 12 DATE OF BIRTH (MONTH, DAY, YEAR): APRIL 19, 1925

IF HOSP. OR INST. INDICATE D.O.A. OF/FEMER, RM, INPATIENT (SPECIFY): INPATIENT

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): Chicago IL

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): DIVORCED

NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE):

WAS DECEASED EVER IN U.S. ARMED SERVICES? (YES/NO): YES

RESIDENCE (STREET AND NUMBER): 6828 South ChampLain

CITY, TOWN, TWP. OR ROAD DISTRICT NO.: Chicago

COUNTY: Cook

INSIDE CITY (YES/NO): YES

EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): 12th

STATE: Illinois ZIP CODE: 60637

RACE (WHITE, BLACK, AMERICAN INDIAN, etc.): BLACK

OF HISPANIC ORIGIN? (SPECIFY YES OR NO): YES

INSIDE CITY (YES/NO): YES

FATHER-NAME: Christopher Kit

MOTHER-NAME: Roberta

MIDDLE: Baldwin

LAST: Baldwin

MIDDLE: Baldwin

LAST: Baldwin

5. CHRISTOPHER KIT BALDWIN

6. PART I: Immediate Cause (Final disease or condition resulting in death): Myocardial Infarction

Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or pulmonary arrest, shock, or heart failure. List only one cause on each line.

7. PART II: Other (Specify conditions contributing to death but not resulting in the underlying cause given in PART I)

8. PART I: CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATE THE UNDERLYING CAUSE LAST. (b) DUE TO, OR AS A CONSEQUENCE OF. (c)

DATE OF OPERATION, IF ANY: NONE

MAJOR FINDINGS OF OPERATION: NONE

20a. (MONTH, DAY, YEAR) OCTOBER 1, 1999

20b. (MONTH, DAY, YEAR) OCTOBER 1, 1999

20c. (MONTH, DAY, YEAR) OCTOBER 1, 1999

20d. (MONTH, DAY, YEAR) OCTOBER 1, 1999

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

22a. SIGNATURE: Michael A. Brown, MD

22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): 5241 SOUTH MARYLAND CHICAGO, ILLINOIS 60637

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

23. GREGORY A. SCHMIDT, MD

BURIAL, CREMATION, REMOVAL (SPECIFY):

24a. BURIAL: Mount Hope

24b. CEMETERY OR CREMATORY-NAME: Mount Hope

24c. CHICAGO, ILLINOIS

24d. DATE (MONTH, DAY, YEAR): 24 Oct. 7, 1999

25. CARTER FUNERAL CHAPELS, Ltd. 2100 East 75th Street Chicago Illinois 60649-3205

25a. FUNERAL DIRECTOR'S BUSINESS ADDRESS: 2100 East 75th Street Chicago Illinois 60649-3205

25b. LOCAL REGISTRAR'S BUSINESS ADDRESS: 2100 East 75th Street Chicago Illinois 60649-3205

25c. DATE FILED LOCAL REGISTRAR (MONTH, DAY, YEAR): OCT 8 1999

26a. LOCAL REGISTRAR'S SIGNATURE: [Signature]

26b. DATE FILED LOCAL REGISTRAR (MONTH, DAY, YEAR): OCT 8 1999

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO
OCT 8 1999

I, SHEILA LYNE, RSM, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS FOR 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 OBTAINANCE OF SAID LAW AND ORDINANCES.



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.