

UNOFFICIAL COPY



STATE OF ILLINOIS)
)SS.
COUNTY OF COOK)

Eugene "Gene" Moore Fee: \$36.00
Cook County Recorder of Deeds
Date: 07/07/2003 02:17 PM Pg: 1 of 7

AFFIDAVIT OF HEIRSHIP

WILLIE L. HAINEY of 7546 S. MARSHFIELD, CHICAGO, IL
being first duly sworn, on oath deposes and says:



1. That SHE is the DAUGHTER of Essie Mae Tyson (Decedent), who departed this life on June 8, 1992, a resident of Cook County, Illinois, leaving no Last Will and Testament.

1/26/14

266544

2. That Decedent was married only once and then to Carl Tyson, who predeceased her on September 3, 1987. From said marriage fourteen children were born, namely:

- a. Willie L. Hainey, who is living, of legal age and mentally competent.
- b. Gloria D Cole, who died on October 9, 2002, leaving three children, Carlos Cole, Carlester Cole and Edmond Cole, all of whom are living, of legal age and mentally competent, and that no other children were born to or adopted by Gloria D. Cole.
- c. Alma White, who is living, of legal age and mentally competent.
- d. Oscar Tyson, who is living, of legal age and mentally competent.
- e. Louise Brown, who is living, of legal age and mentally competent.
- f. Juanita Tyson, who is living, of legal age and mentally competent.
- g. Bernice Edwards, who is living, of legal age and mentally competent.
- h. Mary Hooker, who is living, of legal age and mentally competent.
- i. Lois Yarbrough, who predeceased Decedent in 1979, leaving two children, Tammy Yarbrough and Kimberly Yarbrough, both of whom are living, of legal age and mentally competent, and that no other children were born to or adopted by Lois Yarbrough.
- j. Christine Dixon, who is living, of legal age and mentally competent.
- k. Carl Tyson, Jr., who is living, of legal age and mentally competent.
- l. Alexander Tyson, who predeceased Decedent in 1987, leaving one child, Bryant Coates, who is living, of legal age and mentally competent, and that no other children were born to or adopted by Alexander Tyson.
- m. Stanley Tyson, who is living, of legal age and mentally competent.
- n. Anthony Tyson, who is living, of legal age and mentally competent.

3. That no other children were born to or adopted by Decedent.

4. That Decedent, Essie Mae Tyson, left surviving her as her only heirs at law:

- a. Willie Hainey, her daughter.
- b. Carlos Cole, her grandson.
- c. Carlester Cole, her grandson.
- d. Edmond Cole, her grandson.

STEWART TITLE OF ILLINOIS
2 N. LA SALLE STREET
SUITE 1920
CHICAGO, IL 60602

UNOFFICIAL COPY

- e. Alma White, her daughter.
 - f. Oscar Tyson, her son.
 - g. Louise Brown, her daughter.
 - h. Juanita Tyson, her daughter.
 - i. Bernice Edwards, her daughter.
 - j. Mary Hooker, her daughter.
 - k. Tammy Yarbrough Ballard, her granddaughter.
 - l. Kimberly Yarbrough her granddaughter.
 - m. Christine Dixon, her daughter.
 - n. Carl Tyson, Jr., her son.
 - o. Bryant Coates, her grandson.
 - p. Stanley Tyson, her son.
 - q. Anthony Tyson, her son.
5. That further Affiant sayeth naught.

Willie L. Harvey

SUBSCRIBED AND SWORN TO BEFORE ME
 this 19 th day of June, 2003, 2002

[Signature]
 Notary Public

OFFICIAL SEAL
 KIMBERLY A SHAW
 NOTARY PUBLIC STATE OF ILLINOIS
 MY COMMISSION EXP. JULY 14, 2005

Paul L. Williams & Associates
 1919 West 87th Street
 Chicago, Illinois 60620
 (773) 298-5050
 Attorney Code No. 30208



Property of Cook County Clerk's Office

UNOFFICIAL COPY

STATE OF ILLINOIS
County of Cook

DAVID ORR, County Clerk

APR 16 2003

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

206544

PERMANENT CERTIFICATE
TEMPORARY CERTIFICATE
DECEDENT'S BIRTH AND

420-11-87 1000pm

REGISTRATION DISTRICT NO. **1610**
REGISTERED NUMBER

STATE OF ILLINOIS

STATE FILE NUMBER 623042

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Type or Print in PERMANENT INK See A Manual for Coroners and Funeral Directors Handbook for INSTRUCTIONS

DECEASED

2909

651

PARENTS

3042

CAUSE

4681
629-609

CERTIFIER

DISPOSITION

1. DECEASED - NAME FIRST MIDDLE LAST Eddie Alexander Tyson		2. SEX Male	3. DATE OF DEATH MONTH DAY YEAR Nov 20, 1987	
4a. RACE - (IN WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) Black		4b. ETHNIC OR DESCENT American	5a. AGE - (AT BIRTH) (YEARS) MONTHS DAYS 34	5b. UNDER 1 YEAR MONTHS DAYS
6. DATE OF BIRTH (MO. DAY YEAR) April 2, 1953		7a. COUNTY OF BIRTH Cook		
7b. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Chicago		7c. HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Mt. Sinai Hospital		7d. D.O.A. <input type="checkbox"/>
8. STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) Illinois	9. CITIZEN OF (IF NOT U.S.A.) U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		11. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) Carrie Veal
12. SOCIAL SECURITY NUMBER 342-46-5512	13a. USUAL OCCUPATION Bus Driver	13b. KIND OF BUSINESS OR INDUSTRY Private Company	13c. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) No	13d. WAR OR DATES OF SERVICE None
14a. RESIDENCE STREET AND NUMBER 1520 S. Komensky Komisky		14b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago	14c. INSIDE CITY (YES/NO) Yes	14d. COUNTY Cook
14e. STATE Illinois		15. FATHER - NAME FIRST MIDDLE LAST Carl Tyson Sr.		
16. MOTHER - MAIDEN NAME FIRST MIDDLE LAST Eddie Mae Cumings		17a. INFORMANT'S NAME (TYPE OR PRINT) Elzenia Mill		
17b. RELATIONSHIP Medical		17c. MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY OR TOWN, STATE ZIP) Records Dept. 2121 W. Harrison Chicago, IL 60612		
18. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. IMMEDIATE CAUSE				
(a) Cocaine intoxication				
DUE TO, OR AS A CONSEQUENCE OF				
(b)				
DUE TO, OR AS A CONSEQUENCE OF				
(c)				
PART II. OTHER SIGNIFICANT CONDITIONS. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE, GIVEN IN PART I.				
Obesity				
19a. ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED (SPECIFY) Accident	19b. DATE OF INJURY (MONTH DAY YEAR) 11-20-87	19c. HOUR 10:50 PM	19d. HOW INJURY OCCURRED (GIVE NATURE OF INJURY MENTIONED IN PART I OR PART II) (YES/NO) drug overdose	
20a. INJURY AT WORK (YES/NO) No	20b. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. (SPECIFY) Home	20c. LOCATION (CITY, VIL. OR TOWN, OR TWP. OR RD. DIST. NO. COUNTY STATE) Chicago, IL		20d. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE TESTS WHICH OCCURRED ON THE DATE, AT THE PLACE AND DURING THE CAUSES STATED, AND THAT		21b. THE DECEASED WAS PRONOUNCED DEAD ON MONTH DAY YEAR 11-20-87	21c. AT 5:35 PM	
22. MEDICAL EXAMINER'S SIGNATURE Robert J. Stein, M.D.		DATE SIGNED 1-29-88		23.
24a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		24b. CEMETERY OR CREMATORY NAME Restvale	24c. LOCATION CITY OR TOWN STATE Worth, Illinois	24d. DATE (MONTH DAY YEAR) 11-27-1987
25a. FUNERAL HOME NAME STREET AND NUMBER CITY OR TOWN STATE A.A. Rayner & Sons 318 E. 71st Street Chicago, IL 60619		25b. FUNERAL DIRECTOR'S SIGNATURE Pamela Hagan		
25c. LOCAL REGISTRAR'S SIGNATURE Joannie C. Edwards, M.P. MPA		25d. DATE RECD. BY LOCAL REGISTRAR (MONTH DAY YEAR) FEB 26 1988		

DECEDENT'S BIRTH NO.

REGISTRATION DISTRICT NO. 16.32
REGISTERED NUMBER 718

STATE OF ILLINOIS

STATE FILE NUMBER

UNOFFICIAL COPY MEDICAL CERTIFICATE OF DEATH

26544

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. Gloria Cole 2. Female 3. OCT 9 2002

COUNTY OF DEATH AGE-LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)

4. Cook 5a. 51 5b. 5c. 5d. July 23, 1951

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)

6a. CHICAGO HEIGHTS 6b. St. James Chicago Heights 6c. Inpatient

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)

7. Chicago, IL 8a. Married 8b. Edward Cole 9. No

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)

10. 323-46-3111 11a. Cosmetologist 11b. Beauty 12. College (1-4 or 5+)

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP, OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY

13a. 7546 S Marshfield 13b. Chicago 13c. Yes 13d. Cook

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)

13e. IL 13f. 60620 14a. Black 14b. NO YES SPECIFY:

DECEASED

PARENTS

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST

15. Carl Tyson 16. Essie Mae Cummings

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)

17a. Andrew Leak 17b. Records 17c. 7838 S. Cottage Grove Chgo. IL 60619

CAUSE

18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Immediate Cause (Final disease or condition resulting in death) (a) MULTIPLE MYELOMA

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) (c)

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. AUTOPSY (YES/NO) WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)

19a. No 19b.

CERTIFIER

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?

20a. 20b. 20c. YES NO

I (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) HOUR OF DEATH

21a. OCT. 8, 2002 21b. No 21c. 7:20 A.M.

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

22a. SIGNATURE [Signature] 22b. 10/9/02

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER

22c. ROBERT KEMP - 333 DIKIE HIGH CHICAGO HTS IL 60411 22d. 036-080262

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

23.

DISPOSITION

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)

24a. Burial 24b. Restvale 24c. Alsip, Illinois 24d. 10/12/02

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP

25a. Leak And Sons Funeral Home 7838 s. Cottage Grove Chicago, Illinois 60619

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

25b. [Signature] 25c. 036-0067489

LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26a. Rachel M. Vega RB 26b. October 11, 2002

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD FOR THE ABOVE NAMED IN ITEM NO. 1 AND THAT THIS RECORD WAS ESTABLISHED AND FILED IN MY OFFICE IN ACCORDANCE WITH THE PROVISIONS OF THE ILLINOIS STATUTES RELATING TO THE REGISTRATION OF BIRTHS, STILL BIRTHS & DEATHS.

DATE: OCT 11 2002 SIGNED: Rachel M. Vega

AT: CHICAGO HEIGHTS, IL 60411 TITLE: LOCAL REGISTRAR

JAN 21 2003

STATE OF ILLINOIS
County of Cook

UNOFFICIAL COPY

DAVID ORR, County Clerk

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.

266544

David Orr
COUNTY CLERK

COUNTY CLERK

606156

REGISTRATION DISTRICT NO. **16.10**
REGISTERED NUMBER

STATE OF ILLINOIS

STATE NO. NUMBER

MEDICAL CERTIFICATE OF DEATH

1. Lois Yarbough		2. Female	3. March 14, 1979	
4a. Black	4b. American	5a. 32	5b. 32	5c. 32
6. July 3, 1946		7a. Cook		
7b. Chicago		7c. Loretto		7d. In-Hospital
8. Alabama	9. U.S.A.	10. Married	11. C. D. Yarbough	
12. 327-38-7417	13a. Assembly	13b. Duo Fast Corp.	13c. No	13d. -
14a. 5947 W. Superior		14b. Chicago	14c. Yes	14d. Cook
14e. Illinois				

15. Carl Tyson	16. Easey Cummings
-----------------------	---------------------------

17a. <i>Lobine Muldoon</i>	17b. Medical Records	17c. 645 So. Central Ave., Chicago, IL 60644
----------------------------	-----------------------------	---

18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

(a) Generalized carcinomatosis	9 Months
(b) Pleural effusion and ascites	Weeks
(c) Primary lesion, carcinoma of the stomach	9 Months

19a. NO	19b.
----------------	------

20a.	20b.
------	------

21a. June 1, 1978	21b. March 14, 1979	21c. March 14, 1979	21d. 11:05A.M.
--------------------------	----------------------------	----------------------------	-----------------------

22a. <i>James W. Sarantos M.D.</i>	22b. March 14, 1979
------------------------------------	----------------------------

22c. James W. Sarantos, M.D. 101 W. Madison St., Oak Park, IL 60302	22d. 2525
--	------------------

23.	NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE MEDICAL EXAMINER MUST BE NOTIFIED.
-----	--

24a. BURIAL	24b. Restvale	24c. Worth Illinois	24d. March 20, 1979
--------------------	----------------------	----------------------------	----------------------------

25a. AA Rayner	5911 West Madison Chicago Illinois 60644
-----------------------	---

25b. <i>AA Rayner</i>	25c. 8143
-----------------------	------------------

26a. <i>Ervey C. Brown</i>	CHICAGO DEPT. OF HEALTH RICHARD J. DALEY CENTER, ROOM 111 CONCOURSE LEVEL, CHICAGO 60602	26b. MAR 18 1979
----------------------------	--	-------------------------

UNOFFICIAL COPY

STATE OF ILLINOIS)
) S.S.
COUNTY OF COOK)

266544

AFFIDAVIT

Kimberly A. Shaw, Affiant, on oath and under penalties of perjury states as follows:

1. That I am an attorney duly licensed to practice law in the State of Illinois and that my office is located at 1919 W. 87th St. in Chicago, Illinois.
2. That I represent Willie L. Hainey in her sale of 1520-1522 S. Komensky Avenue in Chicago, Illinois.
3. That on or about December 13, 2002, I mailed a quit claim deed to Carlos Cole of Fort Leavenworth Penitentiary in Leavenworth, Kentucky for his signature, as he is one of the heirs of the record titleholder Essie Mae Tyson (Deceased).
4. That the deed was returned to me with the signature of Carlos Cole, but without a notary stamp, and that instead it contained a stamp which states that the signer is "Authorized by the Act of July 7, 1955 to administer oaths (18 USC, 4004), and that said stamp had been executed with an original, but illegible signature.
5. That upon receipt of the deed, I discussed the stamp with Erhman Hayes of Lincoln Title, who subsequently requested that I obtain a letter from the unknown individual who executed the stamp and that said letter explain the signatory's full name, employer's name and address, the signatory's title or position, what act gives the signatory the authority to "administer oaths" as stated on the stamp and the date said authorization will expire.
6. That on or about January 28, 2003, I mailed a second letter to Carlos Cole to inquire about the information requested by Lincoln Title.
7. That on or about February 11, 2003, I was contacted by telephone by Mono Johnson of Fort Leavenworth Penitentiary, and that in a subsequent conversation with him, he told me that he had executed the stamp on the deed, and further that he had forwarded my request for a letter to his legal department, which had instructed him to refuse my request.
8. That Affiant further states naught.



Kimberly A. Shaw



Notary Public

Seal



UNOFFICIAL COPY

ALTA COMMITMENT
Schedule A - Legal Description
File Number: TM84566
Assoc. File No: "

STEWART TITLE

GUARANTY COMPANY
HEREIN CALLED THE COMPANY

COMMITMENT - LEGAL DESCRIPTION

Lot 10 in Block 7 in Our Home Addition to Chicago, a subdivision of the East 1/2 of the Northeast 1/4 of Section 22, Township 39 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

and

Lot 9 in Block 7 in Our Home Addition to Chicago, a subdivision of the East 1/2 of the Northeast 1/4 of Section 22, Township 39 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

Property of Cook County Clerk's Office

16-22-229-027
026

1520-1522 S. Koppersky Ave.

Chgo, IL 60623