1307369 1/6

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

0424029082
Doc#: 0424029082
Eugene "Gene" Moore Fee: $32.00
Cook County Recorder of Deeds
Date: 08/27/2004 10:17 AM Pg: 1 of 5

AFFIDAVIT OF HEIRSHIP

NOTHERIA TATUM, being first duly sworn, under oath, deposes and states as follows:

1. That I reside at 10046 S. Yale, Chicago, Illinois, 60617.

2. That I am the natural Daughter of **ELVERT** BALL **and VIOLA BALL.**

3. That my father, **ELVERT BALL** and my mother, **VIOLA BALL,** were married to each other in Chicago, Cook County, Illinois on approximately March 7, 1931; that the said parties had five (5) children born to or adopted by them, namely: **CLARENCE BALL, JOHN BALL, MARION BALL, MATTIE BRITTON AND NOTHERIA TATUM.** That no other children were born to **ELVERT BALL and VIOLA BALL,** and no children were adopted by said parties.

4. That my father, **ELVERT BALL,** died on December 11, 1971 ,, leaving as his only heirs at law his wife, **VIOLA BALL,** and her five children, namely **CLARENCE BALL, JOHN BALL, MARION BALL,MATTIE BRITTON and NOTHERIA TATUM,** leaving no Last Will and Testament..

5. That my mother, **VIOLA BALL,** died on June 12, 1992, in Cook County, Illinois, leaving as her only heirs at law her five (5) children, namely **CLARENCE BALL, JOHN BALL, MARION BALL, MATTIE BRITTON, AND NOATHERIA TATUM,** leaving no Last Will and Testament.

6. That any and all debts, including public and old age assistance advancements, funeral, doctor and hospital bills have been paid in full for **ELVERT BROWN and NOTHERIA TATUM.**

Notheria Tatum
NOTHERIA TATUM

ATGF, INC.

3. The land referred to in the policy is described as follows:

Lot 19 (except the North 8 feet thereof) and Lot 20 (except the South 9 feet thereof) in Block 9 in the Subdivision of Blocks 5, 10, 19 and 24, the East 1/2 of Block s 6, 9 and 20; The West 1/2 of Blocks 4, 11 and 18; Lots 1 and 4 in Block 23 and Lots 2 and 3 in Block 25 in Fernwood, a re-subdivision of part of the Southeast 1/4 of Section 9, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois

2509-40 039

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

NOTHERIA TATUM, being first duly sworn upon oath, deposes and states that he has read the foregoing **AFFIDAVIT OF HEIRSHIP**, by him subscribed and that the aforementioned is true and correct and if called upon to testify, **NOTHERIA TATUM,** can do so competently as to the truth of the matters asserted herein.

Notheria Tatum
NOTHERIA TATUM

Subscribed and sworn to before me this 29 day of April ,2004.

NOTARY PUBLIC

MAIL TO:
NOTHERIA TATUM
10046 S. YALE
CHICAGO, IL 60617

PREPARED BY:
SHARON ZOGAS
10020 S. Western
Chicago, IL 60643

DISTRICT NO. 16.10
REGISTERED NUMBER 223 JUNE 92

MEDICAL EXAMINER'S – CORONER'S
CERTIFICATE OF DEATH

611275

JUN 2 3 1992

DECEASED–NAME (First, Middle, Last): 1. Viola Ball
SEX: 2. Female
DATE OF DEATH (Month, Day, Year): 3. June 12, 1992
COUNTY OF DEATH: 4. Cook
AGE–LAST BIRTHDAY (YRS): 5a. 80
UNDER 1 YEAR (MOS, DAYS): 5b.
UNDER 1 DAY (HOURS, MIN): 5c.
DATE OF BIRTH (Month, Day, Year): 5d. May 29, 1912
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: 6a. Chicago
HOSPITAL OR OTHER INSTITUTION–NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): 6b. Roseland Community Hospital
IF HOSP. OR INST. INDICATE DOA, OP/EMER. RM, INPATIENT: 6c. DOA
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): 7. Georgia
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): 8a. Widowed
NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): 8b. None
WAS DECEDENT EVER IN U.S. ARMED FORCES: 9.
SOCIAL SECURITY NUMBER: 10. N/A
USUAL OCCUPATION: 11a. Food Service
KIND OF BUSINESS OR INDUSTRY: 11b. Retired
EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12), College (1-4 or 5+): 12. 8th
RESIDENCE (STREET AND NUMBER): 13a. 10046 So. Yale
CITY, TOWN, OR ROAD DISTRICT NO.: 13b. Chicago
INSIDE CITY (YES/NO): 13c. Yes
COUNTY: 13d. Cook
STATE: 13e. Illinois
ZIP CODE: 13f. 60628
RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY): 14a. Black
OF HISPANIC ORIGIN? (SPECIFY NO OR YES–IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.): 14b. [X] NO [ ] YES SPECIFY:
FATHER–NAME (First, Middle, Last): 15. Bass Kemp
MOTHER–NAME (First, Middle, Last): 16. Jewel Milsop
INFORMANT'S NAME (TYPE OR PRINT): 17a. Notherla Taturn
RELATIONSHIP: 17b. Dauther
MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 17c. 343 E. 107th St. Chgo. Ill.

PART I. Enter the diseases, injuries, 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.
IMMEDIATE CAUSE (Final disease or condition resulting in death): (a) Multiple Stab Wounds
DUE TO, OR AS A CONSEQUENCE OF: (b)
DUE TO, OR AS A CONSEQUENCE OF: (c)
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I: Blunt Head Trauma
AUTOPSY (YES/NO): 19a. Yes
WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?: 19b. Yes
NATURAL, ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED (SPECIFY): 20a. Homicide
DATE OF INJURY (MONTH, DAY, YEAR): 20b. June 12, 1992
HOUR: 20c. 12:4 A.M.
HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18): 20d. Found beaten and stabbed
INJURY AT WORK (YES/NO): 20e. No
PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY): 20f. Residence
LOCATION (CITY, VIL. OR TWP. OR R.F.D. DIST. NO., COUNTY, STATE): 20g. Chicago, Cook Co. Illinois
IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS?: 20h. YES [ ] NO [X]

I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUISITION, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT 21a.
THE DECEDENT WAS PRONOUNCED DEAD ON (MONTH, DAY, YEAR): 21b. June 12, 1992
AT: 21c. 3:45 A.M.
CORONER'S–MEDICAL EXAMINER'S SIGNATURE: 22a. [signature] M.D.
DATE SIGNED (MONTH, DAY, YEAR): 22b. June 12, 1992
CORONER'S PHYSICIAN'S SIGNATURE: 23a.
NANCY L. JONES, M.D.
DATE SIGNED (MONTH, DAY, YEAR): 23b.
BURIAL, CREMATION, REMOVAL (SPECIFY): 24a. Burial
CEMETERY OR CREMATORY–NAME: 24b. Restvale
LOCATION (CITY OR TOWN, STATE): 24c. Worth, Illinois
DATE (MONTH, DAY, YEAR): 24d. June 19, 1992
FUNERAL HOME (NAME, STREET AND NUMBER OR R.F.D., CITY OR TOWN, STATE, ZIP): 25a. Unity Funeral Parlors, Inc. 5119 South Michigan Ave. Chgo. Ill. 60653
FUNERAL DIRECTOR'S SIGNATURE: 25b. [signature]
FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 25c. 34-11559
LOCAL REGISTRAR'S SIGNATURE: 26a. [signature] M.D.
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): 26b. JUN 18 1992

VR202 (Rev. 1-89) Illinois Department of Public Health – Office of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

I, ...IA 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 IN 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 ... ON THIS SHEET IS A TRUE ... RECORD KEPT BY ME IN ... AND ORDI-

CHIC... CERT... C...

THIS CERTIFIED COPY VALID ONLY WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

REGISTRATION DISTRICT NO. 16.10

REGISTERED NUMBER

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 635366

DECEASED—NAME (FIRST, MIDDLE, LAST): 1. Elvert Ball

SEX: 2. male

DATE OF DEATH (MONTH, DAY, YEAR): 3. Dec. 16, 1971

RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC.) (SPECIFY): 4. Negro

AGE—LAST BIRTHDAY (YRS.): 5a. 62

UNDER 1 YEAR (MOS., DAYS): 5b.

UNDER 1 DAY (HOURS, MIN.): 5c.

DATE OF BIRTH (MONTH, DAY, YEAR): 6. Oct. 22, 1909

PLACE OF DEATH — COUNTY: 7a. Cook

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: 7b. Chicago

INSIDE CITY (YES/NO): 7c. Yes

HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): 7d. Michael Reese Hospital

BIRTHPLACE (STATE OR FOREIGN COUNTRY): 8. Arkansas

CITIZEN OF WHAT COUNTRY: 9. United States

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): 10. Married

NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): 11. Viola Kemp

SOCIAL SECURITY NUMBER: 12. UNAVAILABLE

USUAL OCCUPATION: 13a. LABORER

KIND OF BUSINESS OR INDUSTRY: 13b. FACTORY

U.S. WAR VETERAN (YES/NO): 13c. NO

WAR OR DATES OF SERVICE: 13d.

RESIDENCE — STATE: 14a. Illinois

COUNTY: 14b. Cook

CITY, TOWN, TWP. OR ROAD DISTRICT NO.: 14c. Chicago

INSIDE CITY (YES/NO): 14d. Yes

STREET AND NUMBER: 14e. 10046 S. Yale

FATHER—NAME (FIRST, MIDDLE, LAST): 15. FRED BALL

MOTHER—MAIDEN NAME (FIRST, MIDDLE, LAST): 16. MATTIE LEWIS

INFORMANT'S SIGNATURE: 17a. Ed Handford [signature]

RELATIONSHIP: 17b. Medical Records

MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP): 17c. 2929 S. Ellis Chicago, Illinois

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

PART I. IMMEDIATE CAUSE

(a) Carcinoma of the tongue with metastases

DUE TO OR AS A CONSEQUENCE OF:

(b)

DUE TO OR AS A CONSEQUENCE OF:

(c)

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

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

AUTOPSY (YES/NO): 19a. No

IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH: 19b.

DATE OF OPERATION, IF ANY: 20a.

MAJOR FINDINGS OF OPERATION: 20b.

I ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR): 21a. November 11, 1971 TO (MONTH, DAY, YEAR) 21b. December 16, 1971

AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR): 21c. December 16, 1971

HOUR OF DEATH: 21d. 5:30 A. M.

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE, AND FROM THE CAUSE(S) STATED

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED.

SIGNATURE: 22a. R. Chakravarthi [signature] R. Chakravarthi, M.D.

DATE SIGNED (MONTH, DAY, YEAR): 22b. December 16, 1971

ILLINOIS LICENSE NUMBER: 22c. T-4665

MAILING ADDRESS—CERTIFIER (STREET OR R. F. D. NO., CITY OR TOWN, STATE, ZIP): 23. 2929 So. Ellis Ave. Chicago Illinois 60616

BURIAL, CREMATION, REMOVAL (SPECIFY): 24a. BURIAL

CEMETERY OR CREMATORY—NAME: 24b. RESTVALE

LOCATION (CITY OR TOWN, STATE): 24c. ALSIP. Ill.

DATE (MONTH, DAY, YEAR): 24d. 12-20-71

FUNERAL HOME NAME, STREET AND NUMBER OR R. F. D., CITY OR TOWN, STATE, ZIP: 25a. UNITY FUNERAL PARLORS INC. 4114 S. Michigan AVE. Chicago Ill.

FUNERAL DIRECTOR'S SIGNATURE: 25b. [signature]

FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 25c. 4272

LOCAL REGISTRAR'S SIGNATURE: 26a. Murray C. Brown [signature]

CHICAGO BOARD OF HEALTH
Chicago Civic Center, Room 105
Concourse Level, Chicago 60602

DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR): 26b. DEC 18 1971

VR 70—11/69
ILLINOIS DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL RECORDS

(BASED ON 1968 U. S. STANDARD CERTIFICATE)

DECEMBER 2:

STATE OF ILLINOIS
COUNTY OF COOK } SS
CITY OF CHICAGO

I, Murray C. Brown, M.D., Loc Registrar of Vital Statistics the City of Chicago, do hereb certify that I am the keeper the records of births, stillbirth and deaths of the City of Chica by virtue of the laws of the Sta of Illinois and the ordinances the City of Chicago; that th accompanying certificate on thi sheet is a true copy as a recor kept by me in pursuance of sai laws and ordinances.

This Certified Copy VAL Only When Original BLU SEAL And BLUE SIGNATU Are Affixed.

[signature] Murray C. Brown
LOCAL REGISTRAR