

UNOFFICIAL COPY

LOT 3 IN BLOCK 2 OF SAID HARBOR POINT UNIT 1, ESTABLISHED PURSUANT TO ARTICLE III OF DECLARATION OF COVENANTS, CONDITIONS, RESTRICTIONS AND EASEMENTS FOR THE HARBOR POINT PROPERTY OWNER'S ASSOCIATION MADE BY CHICAGO TITLE AND TRUST COMPANY, AS TRUSTEE UNDER TRUST #58912 AND UNDER TRUST #58930, RECORDED IN THE OFFICE OF THE RECORDER OF DEEDS OF COOK COUNTY, ILLINOIS AS DOCUMENT #22935651 (SAID DECLARATION HAVING BEEN AMENDED BY FIRST AMENDMENT THERETO RECORDED IN THE OFFICE OF THE RECORDER OF DEEDS OF COOK COUNTY, ILLINOIS AS DOCUMENT #22935652); PARCEL 3: EASEMENTS OF SUPPORT FOR THE BENEFIT OF PARCEL 1 AFORE DESCRIBED AS SET FORTH IN RESERVATION AND GRANT OF RECIPROCAL EASEMENTS AS SHOWN ON PLAT OF HARBOR POINT UNIT NO. 1, AFORESAID, AND AS SUPPLEMENTED BY THE PROVISIONS OF ARTICLE III OF DECLARATION OF COVENANTS, CONDITIONS, RESTRICTIONS AND EASEMENTS FOR THE HARBOR POINT PROPERTY OWNER'S ASSOCIATION MADE BY CHICAGO TITLE AND TRUST COMPANY, AS TRUSTEE UNDER TRUST #58912 AND UNDER TRUST #58930, RECORDED IN THE OFFICE OF THE RECORDER OF DEEDS OF COOK COUNTY, ILLINOIS AS DOCUMENT #22935651 (SAID DECLARATION HAVING BEEN AMENDED BY FIRST AMENDMENT THERETO RECORDED IN THE OFFICE OF THE RECORDER OF DEEDS OF COOK COUNTY, ILLINOIS, AS DOCUMENT # 22935652); ALL IN COOK COUNTY, ILLINOIS.

PARCEL NUMBER: 17-10-401-005-1224

COMMONLY KNOWN AS: 155 N HARBOR DR # 1714, CHICAGO, IL 60601

And that said property was formerly owned as joint tenants, not as tenants by the entireties or as tenants in common by SANDRA D. WATKINS and that said: ROY WATKINS (deceased spouse) died on the June 3, 1998.

That the value of the estate of the deceased was less than \$600,000.00 including joint tenancies, tenancies by the entireties, individual ownerships and insurance, and that the tenancy by the entireties had not been severed prior to the death of said deceased.

IN WITNESS WHEREOF, Affiant SANDRA D. WATKINS executed and caused these presents to be signed as of the day and year first above written.


SANDRA D. WATKINS

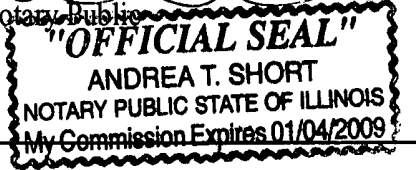
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State of Illinois)
) ss
County of Cook)

Subscribed and sworn to before me the day and year above written.



Notary Public



My Commission Expires: _____

This instrument was prepared (without an examination of title) by: Patrick W. Walsh, P.C., 625 Plainfield Road, Suite 330, Willowbrook, IL 60527.

Property of Cook County Clerk's Office

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STATE OF MISSISSIPPI
MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

CERTIFICATE OF DEATH
STATE OF MISSISSIPPI

TYPE OR PRINT WITH BLACK INK FILING DATE JUN 1 1998 STATE FILE NUMBER 123.

DECEASED 1. NAME: **ROY OF WATKINS** 2. SEX: **MALE** 3a. HOUR OF DEATH: **4K** 3b. DATE OF DEATH (Month, Day, Year): **JUN 3 1998**

4. RACE (Specify White, Black, American Indian, etc.): **Black** 5a. AGE AT BIRTH: **59** 5b. ONLY IF UNDER 1 YEAR: **00** 5c. ONLY IF UNDER 1 DAY: **00** 5d. ONLY IF UNDER 1 DAY: **00** 6. DATE OF BIRTH (Month, Day, Year): **10-14-39** 7a. COUNTY OF DEATH: **Forsyth**

7b. CITY OR TOWN OF DEATH: **Hattiesburg** 7c. HOSPITAL OR OTHER INSTITUTION (Name and Number if any): **Forest Hills Hospital 16-50** 7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. ROOM OR A: **Ms.**

8. DECEASED'S EDUCATION: **High School** 9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: **MARRIED** 10. SURVIVING SPOUSE (If wife, give maiden name): **Sandra Jones** 11. SURVIVING SPOUSE (If wife, give maiden name): **Sandra Jones** 12. YEARS DECEASED OVER IN U.S. ARMED FORCES (Yes or No): **NO**

13. ORIGIN OR DESCENT (Specify Cuban, American, Mexican, etc.): **AFRO-AMERICAN** 14. SOCIAL SECURITY NUMBER: **579-54-1317** 15a. USUAL OCCUPATION (Kind of work done): **Medical Physician** 15b. KIND OF BUSINESS OR INDUSTRY: **Hospital**

16a. RESIDENCE—STATE: **MS.** 16b. COUNTY: **Forsyth** 16c. CITY OR TOWN: **Hattiesburg** 16d. INSIDE CITY LIMITS (Specify Yes or No): **Yes** 16e. STREET AND NUMBER OR RURAL LOCATION: **102 A Harley Lane**

17. FATHER—NAME: **Steele Watkins** 18. MOTHER—NAME: **Marjaret Green**

19a. INFORMANT—NAME (Type or print): **Sandra Watkins** 19b. MAILING ADDRESS (Street, apt. or P.O. box number, City or town, State, ZIP code): **31 Danube Way, Memphis Fields IL 60661**

20a. BURIAL, CREMATION, etc. (Specify): **Burial at Home** 20b. CEMETERY, CREMATORY—NAME: **Chicago IL** 20c. LOCATION (City and State): **Chicago IL** 20d. INTERMENT—SIGNATURE AND NUMBER: **James H. Hines, FO1424**

21a. FUNERAL HOME—NAME AND MISSISSIPPI ID NUMBER: **HALL FAIRLEY Mortuary 1847 710 Holly Ave. Hattiesburg, MS 39401** 21b. MAILING ADDRESS (Street and box number, City or town, State, ZIP code): **Hattiesburg, MS 39401**

22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print): **Dr. N. A. Ulett** 22b. PRONOUNCED DEAD (Month, Day, Year): **June 8 1998**

23a. CERTIFIER—NAME (Type or print): **Dr. N. A. Ulett** 23b. MAILING ADDRESS (Street and number, or route and box number, City or town, State, ZIP code): **1003 15846 N. Cicero MS 39404**

23c. SIGNATURE: **[Signature]** 23d. DATE SIGNED (Month, Day, Year): **June 8 1998**

23e. STATE LICENSE NUMBER: **[Blank]** 23f. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print): **[Blank]**

24. DATE SIGNED (Month, Day, Year): **June 8 1998**

24a. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print): **[Blank]**

24b. DATE SIGNED (Month, Day, Year): **June 8 1998**

25. PART I. DEATH CAUSED BY: **CONGESTIVE HEART FAILURE**

25. PART II. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause (Given in Part I): **[Blank]**

26. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify): **[Blank]** 26a. DATE OF INJURY (Month, Day, Year): **[Blank]** 26b. HOUR OF INJURY: **[Blank]** 26c. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED: **[Blank]**

27. INJURY AT WORK (Yes or No): **[Blank]** 27a. PLACE OF INJURY (Specify Home, Farm, Shop, etc.): **[Blank]** 27b. LOCATION: **[Blank]** 27c. STREET OR ROUTE NUMBER: **[Blank]** 27d. CITY OR TOWN: **[Blank]** 27e. STATE: **[Blank]**

27. AUTOPSY (Yes or No): **NO** 28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No): **YES**

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

F. E. Thompson, Jr., M.D., M.P.H.
STATE HEALTH OFFICER

Nita Cox Gunter
STATE REGISTRAR

JUN 15 98

WARNING: A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND SHALL DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.