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Doc#: 0510905203
Eugene "Gene" Moore Fee: \$34.00
Cook County Recorder of Deeds
Date: 04/19/2005 12:59 PM Pg: 1 of 6

Property of Cook County Clerk's Office

Affid. of Heirship
RE: 20-19-105-021
634 S. Hamilton
Chicago, IL 60636

P.N.T.N.

Prepared By
Mail to: Betty L. Cloward
901 S. Hamilton St
Lockport, IL 60441

bhc

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LEGAL

**LOT 23 IN BLOCK 11 IN SOUTH LYNNE, A SUBDIVISION OF THE NORTH ½
OF SECTION 19, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD
PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.**

Property of Cook County Clerk's Office

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AFFIDAVIT OF HEIRSHIP

I, ETHEL BRICE, under the penalties of perjury states:

1. The decedent, LILLIE ROBERTS, died at HOLY CROSS HOSPITAL, in CHICAGO, Illinois, on May 31, 2003, at the age of 73 years.
2. I am of legal age and sound mind. I reside at 15843 Chappel, South Holland, Illinois. I am a daughter of the decedent.
3. The decedent was married once, to Willie Roberts, who predeceased the decedent. The marriage was terminated by his death.
4. The following children and no others were born to or adopted by the decedent: Ethel Brice, James Roberts, Yvonne Watkins, Ray Roberts, and Shirley Cain.
5. James Roberts predeceased the decedent, on April 12, 1974. James Roberts was/was not married ~~only once to~~ ~~_____~~. No children were born to or adopted by James Roberts.
6. The decedent's father was Isaac Taylor, and he predeceased the decedent. The decedent's mother was Nancy Allen, and she predeceased the decedent.
8. Ethel Brice, Yvonne Watkins, Ray Roberts, and Shirley Cain are living, of legal age, and are mentally competent.
9. Lillie Roberts died intestate, leaving her daughters Ethel Brice, Yvonne Watkins, Shirley Cain and her son Ray Roberts as her only direct heirs.
10. At the time of her death, Lillie Roberts was the sole owner of the property located at 6341 S. Hamilton St., Chicago, Illinois, and the total value of her estate at the time of her death was less than \$100,000 (excluding this property).
11. Those and all debts, including public and elder age assistance advancements, funeral, doctor and hospital bills have been paid in full for Lillie Roberts.

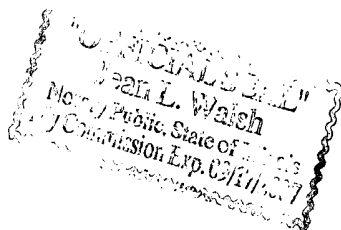


 ETHEL BRICE

Subscribed and Sworn before me, this
29th day of March, 2005.



 Notary Public



REGISTRATION DISTRICT NO. 16,10
 REGISTERED NUMBER
 DECEASED—NAME
 FIRST MIDDLE LAST
 SEX
 DATE OF BIRTH (MONTH, DAY, YEAR)
 DATE OF DEATH (MONTH, DAY, YEAR)
 PLACE OF BIRTH (CITY, STATE, COUNTY)
 PLACE OF DEATH (CITY, STATE, COUNTY)
 STATE FILE NUMBER
151 Apr. STATE OF ILLINOIS
CORONER'S CERTIFICATE OF DEATH
610063

1. **JAMES E. ROBERTS**
 2. **Male**
 3. **Apr 12, 1974**
 4. **Nepeo**
 5. **21**
 6. **Apr 13, 1952**
 7. **COOK**
 8. **Illinois**
 9. **USA**
 10. **Never married**
 11. **Never married**
 12. **UNK**
 13. **Student**
 14. **Chicago**
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APRIL 16, 1974

STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO } SS

I, Murray C. Brown, M.D. 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 of 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 as a record kept by me in pursuance of said laws and ordinances.

This Certified Copy VALID Only When Original BLUE SEAL And BLUE SIGNATURE Are Affixed.

APR 16 1974

Murray C. Brown
 LOCAL REGISTRAR

BOARD OF HEALTH - CITY OF CHICAGO

REGISTRATION NO. 16.10
DISTRICT NO.
REGISTERED NUMBER
DECEASED-NAME

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER
603977

Feb. 21, 1985

1. NAME (PRINT OR TYPE FULL NAME) WILLIE
2. RACE (PRINT OR TYPE) AMERICAN
3. SEX MALE
4. DATE OF BIRTH (MO., DAY, YEAR) JANUARY 6, 1925
5. COUNTY OF DEATH COOK
6. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER CHICAGO
7. HOSPITAL OR OTHER INSTITUTION (NAME, IF KNOWN) JACKSON PARK HOSPITAL
8. DATE OF DEATH (MONTH, DAY, YEAR) FEBRUARY 18, 1985
9. PLACE OF DEATH (NAME, IF KNOWN) ANPATIENT

10. CITIZEN OF WHAT COUNTRY U.S.A.
11. MARRIED, NEVER MARRIED, OR RE-MARRIED (SPECIFY)
12. SOCIAL SECURITY NUMBER 427-34-8840
13. USUAL OCCUPATION SUPERVISOR
14. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)
15. LILLIE TAYLOR
16. NAME OF DECEASED EVER IN U.S. (SPECIFY YES OR NO)
17. WAR OR DATES OF SERVICE

18. RESIDENCE STREET AND NUMBER 6341 SO. HAMILTON
CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO
19. MOTHER-MAIDEN NAME (LAST)
20. MOTHER-MAIDEN NAME (FIRST)
21. MOTHER-MAIDEN NAME (MIDDLE)
22. MOTHER-MAIDEN NAME (LAST)
23. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))
24. IMMEDIATE CAUSE
25. RELATIONSHIP ADM. REG.
26. MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)
27. JOANNE JONES
28. CHGO IL 60649
29. ETHEL
30. COOK
31. ILLINOIS

32. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE OF DEATH (SPECIFY)
33. MAJOR FINDINGS OF OPERATION
34. DATE OF OPERATION
35. DATE NOTIFIED (MONTH, DAY, YEAR)
36. EXAMINER NOTIFIED (SPECIFY YES OR NO)
37. HOUR OF DEATH
38. DATE SIGNED (MO., DAY, YEAR)
39. ILLINOIS LICENSE NUMBER
40. SIGNATURE OF CERTIFIER
41. NAME AND ADDRESS OF CERTIFIER
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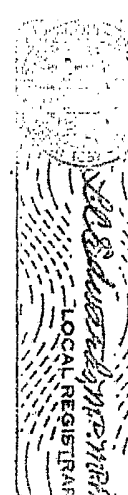
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STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

I, LONNIE C. EDWARDS, M.D., M.P.A., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF THE CITY OF CHICAGO AND DEATHS OF 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 AS A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SEAL AND BLUE SIGNATURE ARE AFFIXED

REGISTRATION DISTRICT NO. 16-10 REGISTERED NUMBER 608231 STATE OF ILLINOIS NUMBER FILE 608231

MEDICAL CERTIFICATE OF DEATH

DECEASED-NAME: LILLIE ROBERTS; COUNTY OF DEATH: COOK; CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: CHICAGO; AGE-LAST BIRTHDAY (YRS): 5a. 73; DATE OF BIRTH: 30 JULY 1929; SEX: FEMALE; DATE OF DEATH: 31 MAY 2003; HYPERTENSION AND CEREBRAL VASCULAR ACCIDENT

21. NAME OF ATTENDING PHYSICIAN: JAY KOYNER, MD; 22. SIGNATURE: [Signature]; 23. BIRTHAL CREMATION REMOVAL (SPECIFY): WASHINGTON; 24. BURIAL: WASHINGTON; 25. GOLDEN GATE FUNERAL HOME; 26. LOCAL REGISTRAR'S SIGNATURE: [Signature]

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO 0617703

JOHN L. WILHELM M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS FOR THE CITY OF CHICAGO 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 LAW AND ORDINANCES.

John L. Wilhelm, M.D. LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.