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13. Affiant knows the matters herein stated are true and makes this Affidavit for the purpose of inducing the passing of title of real estate.

Bobbie Hamilton
BOBBIE HAMILTON

Disinterested Witnesses:

I certify that I am familiar with the Affiant and the Decedent identified in this affidavit. The information above is true and correct to the best of my knowledge. I have no expectation in receiving any benefit from the Decedent's Estate.

Date: 5-12-05

Jakeema Roberson
JAKEEMA ROBERSON

NETCO
25715 W. 10 MILE
SUITE C
SOUTHFIELD, MI 48034

Witness Address: _____

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State of ~~Illinois~~ Michigan
County of Jackson

SS

Subscribed and sworn to before me Jessica Price Printed Name of Affiant: BOBBIE HAMILTON

this 12 day of may, 2005

Jessica Price
Signature of Notary Public or Official

Notarial Stamp of Seal (or Title or Rank)
Jessica Price
Notary Public, Oakland County
My Commission Expires, May 20, 2006
acting in Jackson

This Instrument was drafted (without an examination of title) by Patrick W. Walsh, P.C., Attorneys at Law, 625 Plainfield Road, Suite 330, Willowbrook, IL 60527.

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Brittany J. McManis
DEPUTY CLERK

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STATE OF MICHIGAN
DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER
No 0074699

LF _____
CF 1378



TYPE PRINT
IN
PERMANENT
BLACK INK

NAME OF PHYSICIAN OR INSTITUTION

1 DECEDENT'S NAME (First Middle Last)
Willie Arthur Jackson

2 SEX **Male** 3 DATE OF DEATH (Month, Day, Year)
December 25, 1992

4a AGE - Last Birthday (Years) **88** 4b UNDER 1 YEAR MONTHS DAYS 4c UNDER 1 DAY HOURS MINUTES 5 DATE OF BIRTH (Month, Day, Year)
September 3, 1904 6 COUNTY OF DEATH
Calhoun

7a LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c)
Battle Creek Health System-Leila Site 7b IF HOSP OR INST. Inpatient, Outpatient, Room, DDA (Specify)
Inpatient 7c CITY, VILLAGE, OR TOWNSHIP OF DEATH
Battle Creek

8 SOCIAL SECURITY NUMBER
323-07-9917 9a USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)
delivery man 9b KIND OF BUSINESS OR INDUSTRY
package handling firm

10a CURRENT RESIDENCE STATE
Michigan 10b COUNTY
Jackson 10c LOCALITY (Check one box and specify)
 INSIDE CITY OR VILLAGE OF
 TWP OF **Parma** 10d STREET AND NUMBER
532 Neptune Dr.

10e ZIP CODE
49224 11 BIRTHPLACE (City and State or Foreign Country)
Dublin, GA 12 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)
widowed 13 SURVIVING SPOUSE (If only give name before first married)
NO 14 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
NO

15 ANCESTRY - Mexican, Puerto Rican, Cuban, Central or South American, Chinese, other Hispanic, Afro-American, Irish, English, French, Finnish, etc. (Specify below)
Afro-American 16 RACE - American Indian, Black, White, etc. If Asian give nationality (e.g. Chinese, Filipino, Asian Indian, etc.) (Specify below)
Black 17 DECEDENT'S EDUCATION (Specify only highest grade completed)
Elementary/Secondary (0-12) College (1-4 or 5+)
2

18 FATHER'S NAME (First, Middle Last)
Ike Jackson 19 MOTHER'S NAME (First, Middle, Surname before first married)
Eugenia Davis

20a INFORMANT'S NAME (Type Print)
Bobbie J. Hamilton 20b WORKING ADDRESS (Street and Number or Rural Route Number, City or Village, State, ZIP Code)
532 Neptune Dr. Albion, MI 49224

21 METHOD OF DISPOSITION - Burial, Cremation, Removal, Donation, Other (Specify)
Burial 22a PLACE OF DISPOSITION (Name of Cemetery, Crematory or other place)
Dudley Cemetery 22b LOCATION - City or Village, State
Dublin, GA

23 SIGNATURE OF FUNERAL SERVICE LICENSEE
Michael J. Olma 24 LICENSE NUMBER (of Licensee)
5610 25 NAME AND ADDRESS OF FACILITY
Tidi-Williams Funeral Chapels, Inc. 208 W. Erie Albion, MI 49224

26 PART 1: 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 organ failure. (List only one cause on each line)

IMMEDIATE CAUSE (Final disease or condition resulting in death)
Malnutrition Approximate Interval Between Onset and Death
3 months

2 DUE TO (OR AS A CONSEQUENCE OF)
Dehydration **1 week**

3 SEQUENTIALLY LIST CONDITIONS IF ANY, LEADING TO IMMEDIATE CAUSE. (Cause or injury that initiated events resulting in death) LAST
Complete heart block **2 days**

PART 2: Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1

27a WAS AN AUTOPSY PERFORMED? (Yes or No)
NO 27b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)
NO

28 ACTUAL PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulance) (Specify)
hospital 29 WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No)
NO 31a (Check one only)
 The case reviewed and determined not to be a medical examiner's case.
 On the basis of examination and investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated.

30a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.
Madala MD
30b DATE SIGNED (Mo, Day, Yr)
Dec. 26, 1992 30c TIME OF DEATH
1:30 P M 30d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

31b DATE SIGNED (Mo, Day, Yr)
Dec. 26, 1992 31c CASE NUMBER
057455 31d PRONOUNCED DEAD (Mo, Day, Yr)
DN 31e TIME OF DEATH
M

32a NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type or Print)
Chandra M. Madala MD 719 Capital Ave. SW Battle Creek, MI 32b LICENSE NUMBER
057455

33a ACC SURVEIL FROM NATURAL OR PENDING INVEST (Specify)
NO 33b DATE OF INJURY (Mo, Day, Yr)
NO 33c TIME OF INJURY
M 33d DESCRIBE HOW INJURY OCCURRED

33e INJURY AT WORK (Specify Yes or No)
NO 33f PLACE OF INJURY At No. 12/79 Street Factory, Office Building, etc. (Specify)
NO 33g LOCATION - Street or RFD No City, Village or Twp State

34a REGISTRAR'S SIGNATURE
Robert Buck 34b DATE FILED (Month, Day, Year)
December 28, 1992

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Appendix A

LOT 25 IN BLOCK 4 IN COUNSELMAN'S SUBDIVISION OF THE NORTH HALF OF THE SOUTHEAST QUARTER OF THE NORTHWEST QUARTER OF SECTION 15, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

PARCEL NUMBER: 16-15-123-024

COMMONLY KNOWN AS: 4518 WEST VAN BUREN STREET, CHICAGO, IL 60624

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