



Doc#: 0517132070
Eugene "Gene" Moore Fee: \$26.50
Cook County Recorder of Deeds
Date: 06/20/2005 11:53 AM Pg: 1 of 2

STATE OF ILLINOIS)
)
COUNTY OF COOK)

I, Carol A. Dunn, being duly sworn states that she resides at 1450 East 55th PL. #1019S, in the City of Chicago, Cook County, Illinois.

That I was acquainted with Obie D. Roberts, deceased, who, at the time of his death, was one of the owners of the land in Joint Tenancy, in Cook County Illinois, described as:

LOT (3) IN TENINGA BROTHERS AND COMPANY'S SEVENTH BELLEVUE ADDITION TO ROSELAND, BEING A SUBDIVISION OF THE SOUTH HALF OF LOT 21, IN SCHOOL TRUSTEE SUBDIVISION OF SECTION (16), TOWNSHIP (37) NORTH, RANGE (14) EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

P.I.N. 25-16-117-019-0000

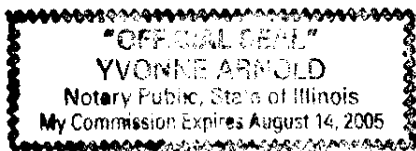
That the deceased died October 21, 2003 as evidenced by a certified copy of death certificate of the deceased attached hereto.

Affiant

STATE OF ILLINOIS)
)
COUNTY OF COOK)

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, CERTIFY THAT Carol A. Dunn, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that they signed, sealed and delivered the said instrument as their free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and official seal, this 2nd day of June, 2005.



REGISTRATION NO. **16.10**
 DISTRICT NO.
 REGISTERED NUMBER
 DECEASED-NAME **Fannie Mae Robert**
 COUNTY OF DEATH **COOK**
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER
 AGE LAST BIRTHDAY (YRS) **76**
 UNDER 1 YEAR MOS | UNDER 1 DAY HOURS | MIN
 DATE OF BIRTH (MONTH, DAY, YEAR) **April 7, 1928**
 SEX **Female**
 DATE OF DEATH (MONTH, DAY, YEAR) **March 21, 2005**
 HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
Mercy Hospital (Hospice)
 NAME OF SURVIVING SPOUSE (MARRIAGE NAME, IF WIFE)
None
 IF HOSP. OR INST. INDICATE OPERATOR NAME, IMPAIRMENT'S STATUS AND WHETHER ARMED FORCES
Inpatient

1. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **Birmingham, AL.**
 2. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **Birmingham, AL.**
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 30. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **Birmingham, AL.**

17a. **Constance Jackson** 17b. **Daughter** 17c. **10554 S. Wallace Chicago, IL 60628**
 18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or res. failure, arrest, shock, or heat failure. List only one cause on each line.
 Immediate Cause (final disease or condition resulting in death)
Cardiopulmonary
 (a) DUE TO, OR AS A CONSEQUENCE OF
 (b) DUE TO, OR AS A CONSEQUENCE OF
 (c) DUE TO, OR AS A CONSEQUENCE OF
 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
 DATE OF OPERATION, IF ANY
 MAJOR FINDINGS OF OPERATION
 AUTOPSY (YES/NO)
 IF FEMALE, WAS THERE A PREGNANCY, THREE MONTHS?
 HOUR OF DEATH
 DATE SIGNED (MONTH, DAY, YEAR)
 ILLINOIS LICENSE NUMBER
 NOTE: IF AN INJURY WAS INVOLVED IN DEATH THE COMBENOR ON MEDICAL MUST BE NOTED.

20a. **NO**
 19a. **NO**
 19b. **NO**
 20c. **YES** **NO**
 21a. **NO**
 21b. **NO**
 21c. **6:18**
 22a. **NO**
 22b. **NO**
 22c. **NO**
 22d. **NO**

23. **NO**
 24a. **NO**
 24b. **NO**
 24c. **NO**
 24d. **NO**
 25a. **NO**
 25b. **NO**
 25c. **NO**
 25d. **NO**
 26a. **NO**
 26b. **NO**
 26c. **NO**
 26d. **NO**

27a. **NO**
 27b. **NO**
 27c. **NO**
 27d. **NO**
 28a. **NO**
 28b. **NO**
 28c. **NO**
 28d. **NO**

29a. **NO**
 29b. **NO**
 29c. **NO**
 29d. **NO**
 30a. **NO**
 30b. **NO**
 30c. **NO**
 30d. **NO**

31a. **NO**
 31b. **NO**
 31c. **NO**
 31d. **NO**
 32a. **NO**
 32b. **NO**
 32c. **NO**
 32d. **NO**

STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO
 JUN 1 0 2005

I, 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 OF BIRTHS, STILLBIRTHS 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 KEPT BY ME IN ORDINANCE OF SAID LAW AND ORDINANCES.



John L. Wilhelm, M.D.
 LOCAL REGISTRAR

CITY OF CHICAGO
 DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

UNOFFICIAL COPY