

UNOFFICIAL COPY

AFFIANT makes this affidavit for that purpose of inducing the title insurance company to issue its title insurance policy, describing the above mentioned property.

Valerie King
VALERIE KING

Subscribed and Sworn to before me by the said

August, 26, 2005

[Signature]
Notary Public



Property of Cook County Clerk's Office

UNOFFICIAL COPY

STATE OF ILLINOIS)
County of Cook)

DAVID ORR, County Clerk

JUN 06 2002

I, DAVID ORR, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David Orr
COUNTY CLERK

DECEASED'S BIRTH NO.		REGISTRATION DISTRICT NO. <u>16110</u>		STATE OF ILLINOIS		STATE FILE NUMBER <u>618853</u>	
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH					
1. DECEASED-NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. <u>JOHNNIE</u>				<u>KING</u>	2. <u>MALE</u>	3. <u>OCTOBER 2, 1989</u>	
4. COUNTY OF DEATH		AGE - LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		
4. <u>COOK</u>		5a. <u>64</u>	5b. <u></u>	5c. <u></u>	5d. <u>DECEMBER 24, 1924</u>		
6a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		6b. HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			6c. IF HOSP OR INST. INDICATED DO A OP EMER. RM. INPATIENT (SPECIFY)		
6a. <u>CHICAGO</u>		6b. <u>HOLY CROSS HOSPITAL</u>			6c. <u>INPATIENT</u>		
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)		9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
7. <u>ALABAMA</u>		8a. <u>MARRIED</u>		8b. <u>ORBIN JONES</u>		9. <u>NO</u>	
10. SOCIAL SECURITY NUMBER		11a. USUAL OCCUPATION		11b. KIND OF BUSINESS OR INDUSTRY		12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
10. <u>421-24-3552</u>		11a. <u>LABELER</u>		11b. <u>GENERAL</u>		12. <u>-11-</u>	
13a. RESIDENCE (STREET AND NUMBER)		13b. CITY, TOWN, OR ROAD DISTRICT NO		13c. INSIDE CITY (YES/NO)		13d. COUNTY	
13a. <u>6927 SOUTH PEORIA</u>		13b. <u>CHICAGO</u>		13c. <u>YES</u>		13d. <u>COOK</u>	
13e. STATE		13f. ZIP CODE		14a. RACE (WHITE, BLACK, AMERICAN INDIAN, OR OTHER (SPECIFY))		14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.)	
13e. <u>ILLINOIS</u>		13f. <u>60621</u>		14a. <u>BLACK</u>		14b. <u>NO</u>	
15. FATHER-NAME		16. MOTHER-NAME					
15. <u>WILLIE</u>		16. <u>ANNIE</u>					
17a. INFORMANT'S NAME (TYPE OR PRINT)		17b. RELATIONSHIP		17c. MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP)			
17a. <u>ORBIN KING</u>		17b. <u>WIFE</u>		17c. <u>6927 SOUTH PEORIA</u>			
18. PART I. Cause of death		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I					
Immediate Cause (Final disease or condition resulting in death)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
→ <u>CARCINOMA OF STOMACH WITH METASTASIS</u>							
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST							
(a) DUE TO, OR AS A CONSEQUENCE OF							
(b) DUE TO, OR AS A CONSEQUENCE OF							
(c) DUE TO, OR AS A CONSEQUENCE OF							
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION		20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?			
20a. <u></u>		20b. <u></u>		20c. <u>NO</u>			
21a. (I) (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		21c. HOUR OF DEATH			
21a. <u>OCTOBER 1, 1989</u>		21b. <u>NO</u>		21c. <u>01:30 P.</u>			
22a. SIGNATURE		22b. DATE SIGNED		22c. ILLINOIS LICENSE NUMBER			
22a. <u>Tamer J Rifai</u>		22b. <u>OCTOBER 2, 1989</u>		22c. <u>36-056607</u>			
22d. NAME AND ADDRESS OF CERTIFIER		22e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.			
22d. <u>TAMER J RIFAI 3237 W 63RD STREET, CHGO, IL 60629</u>		22e. <u></u>					
24a. BURIAL, CREMATION, REMOVAL (SPECIFY)		24b. CEMETERY OR CHEMATORY - NAME		24c. LOCATION		24d. DATE	
24a. <u>BURIAL</u>		24b. <u>MT HOPE</u>		24c. <u>CHICAGO, ILLINOIS</u>		24d. <u>10/7/89</u>	
25a. FUNERAL HOME		25b. FUNERAL DIRECTOR'S SIGNATURE		25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		25d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
25a. <u>S. B. RAWLS MORTUARY</u>		25b. <u></u>		25c. <u>7826</u>		25d. <u>OCT 5 1989</u>	
25e. LOCAL REGISTRAR'S SIGNATURE		25f. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)					
25e. <u></u>		25f. <u></u>					

UNOFFICIAL COPY

ATTORNEYS' TITLE GUARANTY FUND, INC.

LEGAL DESCRIPTION

Legal Description:

LOT 36 IN BLOCK 7 IN MADLUNG AND EIDMANN'S SUBDIVISION OF PART OF THE NORTH 3/4 OF THE SOUTHEAST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 20, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

FAC# 1363355

Permanent Index Number:

Property ID: 20-20-422-012

Property Address:

6927 S. Peoria St.
Chicago, IL 60621

Property of Cook County Clerk's Office