

Affidavit of Heirship

Barry Gordon Ward
being first duly sworn
deposes and says as
follows:



Doc#: 0603143035 Fee: \$54.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 01/31/2006 07:47 AM Pg. 1 of 4

1. Evelyn Elizabeth
Ward died July 3, 2005
intestate -

2. That decedent
was married once to
Charles M. Ward, who she
later divorced -

3. That born to them
were two children as
follows:

A. Barry Gordon
Ward, who is living and
by Gary Daniel
Ward who died in
infancy.

8
4
2

4. That no other
children were born
to or adopted by
Evelyn Elizabeth
Ward.

5. That decedent's
parents, Clarence Johnson
and Sallie Mae Hampton
are deceased.

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6- That all funeral bills, medical bills and any other debts are paid in full.

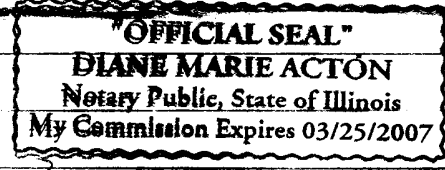
7- That there is no Federal estate tax or Illinois inheritance tax as a result of her death.

Barry Gordon Ward

Barry Gordon Ward being first duly sworn upon oath deposes and says that he is the petitioner in the above affidavit of heirship by his hand subscribed and that the same is true both in substance and in fact.

Barry Gordon Ward

Diene Marie Acton



Prepared by
Glenn Chertkow
1525 E. 53rd St
CHI 11160615

mail to

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ALTA COMMITMENT
Schedule B - Exceptions Cont.
File Number: TM199370
Assoc. File No: 463558

STEWART TITLE

GUARANTY COMPANY
HEREIN CALLED THE COMPANY

COMMITMENT - LEGAL DESCRIPTION

LOT 4 IN BLOCK 4 IN STONY ISLAND PARK, A SUBDIVISION OF THAT PART OF THE NORTHWEST QUARTER OF SECTION 36, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING SOUTHWEST OF CENTER OF ANTHONY AVENUE, IN COOK COUNTY, ILLINOIS.

8208 S. Anthony Ave.
Chgo. IL 60617

20-36-121-004

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Property of Cook County Clerk's Office

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CITY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

JUL 06 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, MD
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

DISTRICT NO. **70.70**

REGISTERED NUMBER

DECEASED-NAME EVELYN		MIDDLE WARD	SEX FEMALE	DATE OF DEATH (MONTH, DAY, YEAR) JULY 3, 2005
CITY OF DEATH CHICAGO		AGE-LAST BIRTHDAY (YRS) 71	UNDER 1 DAY HOURS 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) November 16, 1933
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER ILLINOIS		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) ADVOCATE TRINITY HOSPITAL		IF HOSP OR INST. INDICATE DOA OFFICER, PM, INPATIENT (SPECIFY) INPATIENT
6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Union City, TN		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Divorced		9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) NO
7. SOCIAL SECURITY NUMBER 415-46-0124		8b. KIND OF BUSINESS OR INDUSTRY Hospital		College (1, 4 or 5 + 1) 9.
10. RESIDENCE (STREET AND NUMBER) 8208 S ANTHONY AVE		11a. CNA		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 12
13a. STATE ILLINOIS		13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO		INSIDE CITY (YES/NO) 13c. YES
13c. ZIP CODE 60617		13d. COUNTY COOK		OF HISPANIC ORIGIN? (SPECIFY AND OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. X NO
14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) BLACK		14c. MOTHER-NAME FIRST MIDDLE LAST Johnson		14d. SPECIFY. 13d. COOK
15. INFORMANT'S NAME (TYPE OR PRINT) MARLENE THEODORE		16. RELATIONSHIP REC MED		15. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 2320 E 93RD ST CHICAGO IL 60617
17a. ADM CLERK		17b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO		17c. COUNTY COOK
18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. (a) METASTATIC LUNG CARCINOMA (b) ADULT RESPIRATORY DISTRESS SYNDROME (c) DUE TO, OR AS A CONSEQUENCE OF		18. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. LIVER IN CARCINOMA		18. IMMEDIATE INTERVAL BETWEEN WORST AND DEATH Few days
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION		19b. THESE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (YES/NO) NO
21a. (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON July 3, 2005		21c. HOUR OF DEATH 9:03 P.		20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES NO
22a. SIGNATURE <i>John L. Wilhelm</i>		22b. DATE SIGNED (MONTH, DAY, YEAR) 7/5/05		21d. DATE OF DEATH (MONTH, DAY, YEAR) July 3, 2005
22c. NAME AND ADDRESS OF CERTIFIER MAZZEIA HESSAIA SPANIA 2315 E. 93RD ST #119 CHICAGO		22d. ILLINOIS LICENSE NUMBER 036049259		22e. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		23. LOCATION CITY OR TOWN STATE Homewood Illinois		23. DATE (MONTH, DAY, YEAR) 24. July 8, 2005
24a. BURIAL FUNERAL HOME Doty Nash Funeral Home		24b. CEMETERY OR CREMATORY-NAME Washington Memory Gardens		24. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-011937
25a. FUNERAL DIRECTOR'S SIGNATURE <i>John L. Wilhelm, M.D.</i>		25b. FUNERAL DIRECTOR'S SIGNATURE <i>John L. Wilhelm, M.D.</i>		25c. DATE FILED (MONTH, DAY, YEAR) JULY 06 2005
26a. LOCAL REGISTRAR'S SIGNATURE <i>John L. Wilhelm, M.D.</i>		26b. DATE FILED (MONTH, DAY, YEAR) JULY 06 2005		26c. (BASED ON 1980 U.S. STANDARD CERTIFICATE)