## **UNOFFICIAL COPY**

## AFFIDAVIT OF HEIRSHIP

Affiant being first duly sworn on oath deposes and states as follows:

- That she is the sister of Joseph Ray, who died on December 16, 1999. 1.
- 2. That Joseph Ray was married once. That marriage ended in divorce. No children were born to or adopted by Joseph Ray and his wife.
- That the parents of Joseph Ray, namely David Ray, Sr. and Alma Ray 3. predeceased decedent.
- 4. That the parents of Joseph Ray were married once to each other.
- 5. That the parents of Joseph Ray had 7 children, namely David Ray, Jr., Joseph Ray, Clarence Ray, Raymond Ray, Juanita Williams, Bernice Clark, Gloria Green. That all of the children of the parents of Joseph Ray are living with the exception of decedent Joseph Ray.
- 6. That all of the children of the parents of Joseph Ray are adult, competent and living
- 7. That by virtue of the above and foregoing, the only heirs at law of Joseph Ray are David Ray, Jr., Clarence Ray, Raymond Ray, Juanita Williams, Bernice Clark, and Cloria Green who are adult, competent and living.

SUBSCRIBED AND SWORN to

Before me this 22 day of March 2006

OFFICIAL SEAL MARILYN J MIKKELSEN NOTARY PUBLIC - STATE OF ILLINOIS

MY COMMISSION EXPIRES:09/03/09

Mall to

Doc#: 0608846230 Fee: \$50.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds

Date: 03/29/2006 02:47 PM Pg: 1 of 3

BI// (G/p) Date: 03/ 10540 5 Wesley 405 Chicoso II (064)

Date
Date
OEC 2 1 1999
At Cook County Department of Public Health Official Title Deputy Registrar
1010 Lake Street - Suite 300 Cal Park Himois 60301

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record in my office in accordance with the provisions of Illinois statues relating to the registrar of birth, stillbirth and death.

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VR200 (Rev. 5/89)	1. ≥1.	ERAL DIRECTOR'S SIGNATU	25a Unity Funera	<b>ي</b> ر کرو	કે	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER	NAME A DADDRESS OF CERTIFIER	HEBEST OF WY NOWLEDGE	1(DID) (OID NOT ATTEN TO LEDECEASED AND LAST SAW HIN HER ALIVE ON	20a.	DATE OF OPERATION, IF ANY	PART II. Other significant conditions contribute	IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (c		immediate Cause (Final disease or condition resulting in death)	AHTE	INFORMANTS NAME (TYPE OR PRINT)		FATHER-NAME FIRST	IE ZIPC	921 South	10. 361-22-9820	7 Chicago, III.	ΒŦ	6a Olympia Fields	4. COOK  CITY TOWN, TWP OR ROAD DISTRICT NUMBER	1. JOS	lE .	HEGISTERED NUMBER	DISTRICT NO.	BEGISTRATION /
Illinois Department of Public Health—Division of Vital Hecords	Manual Marke 26b.	FUNER 25c.	Michigan Ave	24c. Glenwood, Illino	COOK	(TYPEORPHINT)	(TYPE OR PRINT)	Sexum Deliver DATE (May DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.	(MONTH, DAY, YEAR)		NDINGS OF OPERATION	Full 1. Lash butrof resulting in the underlying cause given in PART I. (YES/NO). YES/NO). 199	Mrone end stoge rehal disease	E TO, 0	Polymeratial septicemia	Enter the diseases, or complications that an author death. Do not enter the mode of dying, such as cardiac or respiralory arrest, shock, or heart failure. List only one leads on each line.		Ray, Sr. 16 AIMA	MOTHER-NAME FIRST	RACE (WHITE BLACK AMERICAN DE HISPANIC ORIGIN? (SPECIFY) INDIAN (BC) (SPECIFY)  R10 C1  1/h TM/O TYPES	Chicago	118. Retired   11b Post Office   12.   INSIDECIT	BB. DIVOICED BD. AND STAY EDUCATION (SPECIFY LIGHT OF BUSINESS OF IND. STAY EDUCATION (SPECIFY LIGHT OF BUSINESS OF IND. STAY Elementary Secondary (9-15)	MARRIED, NEVER MARRIED. NAME OF WIDOWED, DIVORCED (SPECIFY)	6b Olympia Fields Osteo	HOSPITAL OROTHER INSTITUTION-NAME (IF NOT IT	UNDER 1 VEAR UNDER 1 DAY DATE OF BIRTH (MON	FIRST MIDDLE LAST SEX DATEOFD	UE A		STATE OF ILLINOIS
TO COLUMN TO THE PARTY OF THE P	IEDBYLOCAL REGISTRARIMONTH CA. YEARI	PUMERAL DIRECTOR'S ILLINOIS LICENSE NUMBER  25c. 34-11559	. 111. 80653	24dDec. 22, 1999	MUST BE NOTIFIED.  DATE (MONTH, DAY, YEAR)	NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER	1026-06730/	22b 12/17/99	210	20c. YES□ NO□	z - L	OMPLETION OF CAUSE OF 19 ATM TYES NO.		sup	days	LOTY STEEST, APPROXIMATE INTERVAL	Jgo.	R.F.D., CITYOR TOWN, STATE, ZIP)		S SPECIFY CUBAN, MEXICAN, PUEHTO HICÁN, etc. :		COUNTY	ONLY HIGHEST GR	ABMEDFORCES? (YES NO)	6cEme	1931  IF HOSP, OR INST, INDICATE DO A OPEMER RM INPATIENT (SPECIFY)	EMDER 10, 1999	EATH MONTH DAY		NUMBER	STATE FILE

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## **UNOFFICIAL COPY**

LOT 45 IN BLOCK 2 IN JAMES U. BORDEN'S FIRST ADDITION IN THE SOUTHEAST 1/45 OF SECTION 17, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

5921 S. MAY, CHICAGO, IL

P.I.N. 20-17-401-014

Property of Cook County Clark's Office