

# UNOFFICIAL COPY



Doc#: 0617144012 Fee: \$28.50  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 06/20/2006 09:58 AM Pg: 1 of 3

Property of Cook County Clerk's Office

## COOK COUNTY RECORDING

- DEED
- MORTGAGE
- ASSIGNMENT
- POWER OF ATTORNEY
- RELEASE
- SUBORDINATION AGREEMENT
- OTHER

RETURN TO:

# UNOFFICIAL COPY

## AFFIDAVIT RE DECEASED JOINT TENANT

PIN: 25-08-421-057-0000

PROPERTY ADDRESS: 10151 S. Sangamon St., Chicago, Illinois

I, Douglas Harrison, on oath state:

1. That I reside at 10151 S. Sangamon St, Chicago, IL 60643;
2. That I was married to Willie M. Harrison, who died on April 17, 2003, as evidenced by the attached certified copy of death certificate;
3. That said decedent was one of the owners of land described in the following legal description:

The South 7.34 feet of Lot 28 and all of Lot 27 in Subdivision of Block 2 in Bakers Subdivision of the West half of Block 9 and the East half of Block 10 in Hitt's Subdivision of the Southeast quarter of Section 8, Township 37 North, Range 14, East of the Third Principal Meridian in Cook County, Illinois.

4. That Decedent died without a will.

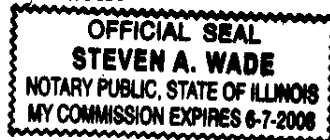
*Douglas Harrison*  
 \_\_\_\_\_  
 Douglas Harrison

STATE OF ILLINOIS

COUNTY OF COOK

SUBSCRIBED & SWORN to before me by the said this 9th day of June, 2006.

*Steven A. Wade*  
 \_\_\_\_\_  
 Notary Public



Prepared by / Mail to:

Steven A. Wade  
 Attorney at Law  
 UAW-Ford Legal Services Plan  
 1579 Huntington Drive  
 Calumet City, IL 60409  
 (708) 868-7520



UNOFFICIAL COPY

REGISTERED NUMBER 1610

MEDICAL CERTIFICATE OF DEATH

NUMBERS 605743

DECEASED NAME: **WILLIE** FIRST: **WILLIE** MIDDLE: **M.** LAST: **HARRISON** SEX: **Female** DATE OF BIRTH: **3 April 17, 2003**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **Chicago** AGE LAST BIRTHDAY (MNS): **5a 71** UNDER 1 YEAR: **1** YEAR: **1** MONTH: **1** DAY: **1** DATE OF BIRTH (MONTH, DAY, YEAR): **3 April 17, 2003**

BIRTH PLACE (CITY AND STATE OR FOREIGN COUNTRY): **Chicago, MS.** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **Ms. Married** NAME OF SURVIVING SPOUSE (MARRIAGE #): **Douglas Harrison**

SOCIAL SECURITY NUMBER: **10 326-28-9831** USUAL OCCUPATION: **11a Trim Stock** NAME OF BUSINESS OR INDUSTRY: **Harrison** EDUCATION (SPECIFY OR LIST HIGHEST GRADE COMPLETED): **12 -12-**

RESIDENCE (STREET AND NUMBER): **10151 South Sangamon** CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **Chicago** OF RESIDENCE (YEAR, MONTH, DAY, YEAR): **13a 13c** INSIDE CITY (YES/NO): **Yes** COUNTY: **Cook**

STATE: **Illinois** ZIP CODE: **13b 60643** RACE (WHITE, BLACK, AMERICAN INDIAN, ALASKAN NATIVE, HISPANIC OR LATINO): **14a Black** MOTHER'S MIDDLE NAME: **Willie** MOTHER'S LAST NAME: **M. Watkins**

FATHER'S NAME: **Daniel J. Marshall** MOTHER'S NAME: **Willie M. Watkins**

15. INFORMANT'S NAME (IF OTHER THAN DECEASED): **Douglas Harrison** RELATIONSHIP: **17a Husband** MAILING ADDRESS (STREET AND NO. OR R.F.D. CITY OR TOWN, STATE, ZIP): **17b 10151 So. Sangamon Chicago, IL 60643**

18. PART I: Includes Cause, Final diagnosis or condition resulting in death. Enter the diagnosis, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Use only one cause on each line.

(a) **Metastatic Lung Carcinoma With Brain Metastases** Months

(b) **Due to OR/ASA CONSEQUENCE OF**

(c) **Due to OR/ASA CONSEQUENCE OF**

PART II: **Malignant Bilectal Effusion**

DATE OF OPERATION, IF ANY: **20a** MAJOR FINDINGS OF OPERATION: **19a** AUTOPOST (YES/NO): **19b** TIME BETWEEN DEATH AND AUTOPSY (HOURS): **19c**

19. I (RD) DID NOT ATTEND THE DECEASED AND LAST KNOWN WHERE ALIVE ON: **21a I did** RECORD DAY, YEAR: **21b April 17, 2003** WAS CEMETERIAL OR MEDICAL EXAMINER NOTIFIED (YES/NO): **21c No**

TO THE BEST OF MY KNOWLEDGE, I WAS OCCUPIED AT THE TIME DATE OF DEATH AND DUE TO THE CAUSE(S) STATED: **21d**

22. SIGNATURE: **Thomas Triantafyllou, MD** NAME AND ADDRESS OF CERTIFIER (TYPE OFFICE): **22a 2929 South Ellis Chicago Illinois 60616**

22b. DATE SIGNED: **22c April 17, 2003** ELIMINE LICENSE NUMBER: **22d 036-106624**

23. BIRTH, ORGANIZATION (REGISTRATION NUMBER): **23a** GENERAL CREMATORIUM NAME: **23b Washington Crematory** LOCATION: **23c Homewood, IL** CITY OR TOWN: **23d** STATE: **23e** DATE (MONTH, DAY, YEAR): **23f 4-23-03**

24. FUNERAL HOME: **24a Gallings's Chapel, Inc.** 10133 So. Balsted Chicago, IL 60628

24b. LOCAL RESIDENT: **24c** DATE (MONTH, DAY, YEAR): **24d 04-21-03**

25. LOCAL RESIDENT: **25a** DATE (MONTH, DAY, YEAR): **25b 04-21-03**

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

042103

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 OBTAINANCE OF SAID LAW AND ORDINANCES.

*John A. Williams, MD*  
LOCAL REGISTRAR

CITY OF CHICAGO  
DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFICATE COPY VALID WHEN SIGNATURE OR SIGNATURE SEAL IS ATTACHED.