

UNOFFICIAL COPY



Doc#: 0625747081 Fee: \$42.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 09/14/2006 10:12 AM Pg: 1 of 10

AFFIDAVIT OF OWNERSHIP FOR UNPROBATED ESTATE

I, Samantha Blackman, hereby affirm as follows:

Whereas, the common address, legal description, and permanent index number of the property in question are:

See Attachment A

Whereas, the names of the record owners of this property are:

Dennis Raymond and Ethel Raymond

Whereas, the record owners, Dennis Raymond and Ethel Raymond are now deceased, as evidenced by the death certificates attached to this affidavit as Attachment B and C.

Whereas, the affidavit of heirship attached to this affidavit as Attachment D indicates that the following persons are heirs of the deceased record owner of the property:

Samantha Blackman

Whereas, if the deceased record owners had a will, said will is attached to this affidavit, said will devised the land to the following persons:

Not Applicable

Whereas, if the undersigned affiant own the above-described land by virtue of one or more deeds executed by one or more heirs or legatees under a will, said deed or deeds have been placed of record.

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Therefore, I, the undersigned hereby affirms that I am now the owner of the above described property.

Dated this 23 day of AUGUST, 2006

Samantha M. Blackman

Affiant

SUBSCRIBED and SWORN to before me

This 23 day of AUGUST, 2006

NOTARY PUBLIC

Frank E Toland



Property of Cook County Clerk's Office

UNOFFICIAL COPY

LEGAL DESCRIPTION

EX. A

Lot 5 in Block 1 in McKey's Addition to Eaglewood, being a Subdivision of the East Half of the North West Quarter of the North East Quarter of Section 29, Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

Property of Cook County Clerk's Office

EX. A

UNOFFICIAL COPY

E.B

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

032503

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

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

LAST NAME: DENNIS, FIRST NAME: RAYMOND, SEX: 2 MALE, DATE OF BIRTH: MARCH 20, 2003, DATE OF DEATH: MARCH 20, 2003

AGE: 67, UNDER 1 DAY: 5c, HOURS: 5c, MIN: 5c, DATE OF BIRTH: MARCH 20, 2003, DATE OF DEATH: MARCH 20, 2003

HOSPITAL OR OTHER INSTITUTION: SOUTH MORGAN AVE, NAME OF SURVIVING SPOUSE: (MADENNAME, IF WIFE) 6: HOSPICE

8d. 7110 SOUTH MORGAN AVE, CHICAGO, ILLINOIS 60621

11b. PVT. INDUSTRY, 12. CHICAGO, 13d. COOK

13b. CHICAGO, 13c. YES, 13d. COOK

14a. BLACK, 14b. MORGAN AVE, 14c. YES, 14d. MORGAN AVE CHGO IL 21

15a. METASTATIC, 15b. MORGAN AVE CHGO IL 21

16. UNK, 17c. 7110 S. MORGAN AVE CHGO IL 21

18. METASTATIC, 19. MORGAN AVE CHGO IL 21

20b. 2:50 A.M., 20c. YES, 20d. NO

21b. NO, 21c. 2:50 A.M., 21d. 03/21/03

22a. 036061662, 22b. 036061662

23c. 034-010656, 23d. 032503

24b. THE LAKES CREMATORY, LAKE VILLA, IL, 24c. 3/25/03

24d. 9315 S. ASHLAND AVE CHGO IL 60620

25. JOHN L. WILHELM, M.D., 26. 032503

(BASED ON 128F U.S. STANDARD CERTIFICATE)

Illinois Department of Public Health - Division of Vital Records

E.B

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH
UNOFFICIAL COPY

Ex. C

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

JUN 2 2006

STATE FILE NUMBER
607626

MEDICAL CERTIFICATE OF DEATH

DISTRICT NO. 10.1V

REGISTERED NUMBER

DECEASED-NAME ETHEL		FIRST		MIDDLE		LAST WATSON		SEX FEMALE	DATE OF DEATH (MONTH, DAY, YEAR) MAY 27, 2006	
COUNTY OF DEATH COOK		AGE-LAST BIRTHDAY (YRS)		UNDER 1 DAY		DATE OF BIRTH (MONTH, DAY, YEAR)				
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER CHICAGO		5a. 71		HOURS		5d. JANUARY 11, 1935		IF LOSS OR INST. INDICATED, DO A OP-EMER OR INPATIENT (SPECIFY)		
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) HELENA, AR		6b. HOLY CROSS HOSPITAL		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		6c. HOSPICE		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)		
7. HELENA, AR		8a. WIDOWED		8b. ...		9. NO		CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILL BIRTHS 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.		
SOCIAL SECURITY NUMBER 329-26-2199		11a. LUNCHROOM ATT		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)		12. 1212 YEARS		College (1-4 or 5-+)		
RESIDENCE (STREET AND NUMBER) 7110 S. MORGAN		13b. CHICAGO		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		13d. COOK		COUNTY		
STATE ILLINOIS		14a. BLACK		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		13c. YES		13d. COOK		
FATHER-NAME FIRST MIDDLE LAST JOHN ALLEN		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		SPECIFY: MIDDLE		14c. YES		14d. COOK		
INFORMANT'S NAME (TYPE OR PRINT) SAMANTHA BLACKMAN		16. UNK		RELATIONSHIP		15. CHICAGO		15d. COOK		
17a. SAMANTHA BLACKMAN		17b. GRANDDAUGHTER		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)		17c. CHICAGO 60612		17d. COOK		
18. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arr. st. shock, or heart failure. List only one cause on each line. END STAGE CARDIOMYOPATHY		(a) END STAGE CARDIOMYOPATHY		DUE TO, OR AS A CONSEQUENCE OF		(b) DUE TO, OR AS A CONSEQUENCE OF		(c) DUE TO, OR AS A CONSEQUENCE OF		
IMMEDIATE CAUSE (Final disease or condition resulting in death)		CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		AUTOPSY (YES/NO) 19a. NO		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b.		
DATE OF OPERATION, IF ANY		20b. 5/25/06		MAJOR FINDINGS OF OPERATION		20c. NO		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>		
19. (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		21a. 5/25/06		21b. NO		21c. 8:55 A.M.		DATE SIGNED (MONTH, DAY, YEAR)		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE ABOVE DUE TO THE CAUSE(S) STATED.		22a. SIGNATURE [Signature]		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		22b. 5/30/06		ILLINOIS LICENSE NUMBER		
22c. 60360210 ROSENSTEIN MD		22d. 036083647		NAME OF ATTENDING PHYSICIAN (OTHER THAN CERTIFIER) (TYPE OR PRINT)		22e. 036083647		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		
23. BURIAL OR CREMATION REMOVAL (SPECIFY)		24a. BURIAL		CEMETERY OR CREMATORIAL NAME		24b. HOMEROOD MEMORIAL		CITY OR TOWN		
24c. CHICAGO, ILL		24d. 6/5/2006		DATE (MONTH, DAY, YEAR)		24e. 6/5/2006		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		
25a. BROOKINS FUNERAL HOME 9315 S. ASHLAND AVE. CHICAGO 60620		25b. [Signature]		FUNERAL DIRECTOR'S SIGNATURE		25c. 034-010656		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		
25d. [Signature]		25e. [Signature]		LOCAL REGISTRAR'S SIGNATURE		25f. JUN 1 2006		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		
25g. [Signature]		25h. [Signature]		LOCAL REGISTRAR'S SIGNATURE		25i. JUN 1 2006		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

(BASED ON 1989 U.S. STANDARD CERTIFICATE)

Illinois Department of Public Health—Division of Vital Records

VR200 (Rev. 5/89)

Ex. C

UNOFFICIAL COPY

Ex. D

STATE OF ILLINOS)
) SS.
 COUNTY OF COOK)

HEIRSHIP AFFIDAVIT

I, Samantha Blackman, being duly sworn under oath, hereby state that:

1. I am 36 years old and reside at 7110 South Morgan St., Chicago, IL 60621.
2. I am the granddaughter of Ethel Raymond, who was a record owner of the property located at 7110 South Morgan St., Chicago, IL 60621, described as:

See Attached Exhibit 1

3. Dennis Raymond and Ethel Raymond owned the property as joint tenants, by deed dated Dec 13, 1998 and recorded with the Cook County Recorder of Deeds as Rec. No. 9828 7093.
4. Dennis Raymond died intestate on March 20, 2003, as evidenced by a copy of his death certificate attached hereto as Exhibit 2, and no estate was probated for him. Upon his death, Ethel Raymond became the sole owner of the property by operation of law. Ethel Raymond died intestate on May 27, 2005, as evidenced by a copy of her death certificate attached hereto as Exhibit 3, and no estate was probated for her. Ethel Raymond had one child, Valerie ~~Sims~~^{Faulkner}, who died intestate on June 24, 1995, as evidenced by Exhibit 4, who was survived by her daughter Samantha Blackman. Samantha Blackman is Ethel Raymond's sole heir. Upon Ethel Raymond's death, Samantha Blackman is the sole owner of the property by operation of law.

Samantha M. Blackman

Affiant

SUBSCRIBED and SWORN to before me
 This 24 day of AUGUST, 2006

Frank E Toland NOTARY PUBLIC



Ex. D

UNOFFICIAL COPY

Ex. 1

LEGAL DESCRIPTION

Lot 5 in Block 1 in McKey's Addition to Eaglewood, being a Subdivision of the East Half of the North West Quarter of the North East Quarter of Section 29, Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

Property of Cook County Clerk's Office

Ex. 1

DEPARTMENT OF PUBLIC HEALTH UNOFFICIAL COPY

283

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

032503

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 OBTAINANCE OF SAID LAW AND ORDINANCES.

John L. Wilhelm, MD
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

LAST FIRST MIDDLE INITIAL SEX DATE OF DEATH (MONTH, DAY, YEAR) DATE OF BIRTH (MONTH, DAY, YEAR)

3. MARCH 20, 2003 4. 2 MALE

5. 67 6. 7110 SOUTH MORGAN AVE. 7. 18, 1935

8. CHICAGO 9. NO

10. 26-58-7218 11. TRUCK DRIVER 12. PVT. INDUSTRY 13. YES

14. CHICAGO 15. COOK

16. UNK 17. FRIEND 18. 7110 S. MORGAN AVE CHGO IL 21

19. METABOLIC 20. 2:50 AM. 21. 032103

22. 6200 S. Ashland Ave Chicago IL 60620

23. 034-010656 24. 3/25/03

25. 032503

(BASED ON 1989 U.S. STANDARD CERTIFICATE)

Ex. 2

UNOFFICIAL COPY

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

Ex. 3

STATE OF ILLINOIS

DISTRICT NO. 16.10

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

607626

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

JUN 2 2006

DECEASED—NAME ETHEL WATSON		MIDDLE		LAST		SEX FEMALE	DATE OF DEATH (MONTH, DAY, YEAR) 3 MAY 27, 2006
COUNTY OF DEATH COOK		AGE—LAST BIRTHDAY (YRS) 71		UNDER 1 DAY HOURS MIN 5c.		DATE OF BIRTH (MONTH, DAY, YEAR) 5d. JANUARY 11, 1935	
CITY, TOWN, TWP. OR ROAD/DISTRICT NUMBER CHICAGO		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) HOLY CROSS HOSPITAL		IF DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. NO		IF DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. NO	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) HELENA, AR		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. WIDOWED		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b.		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. NO	
SOCIAL SECURITY NUMBER 329-26-2199		USUAL OCCUPATION 11a. LUNCHROOM ATT		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 12 YEARS		College (1-4 or 5+)	
RESIDENCE (STREET AND NUMBER) 7110 S. MORGAN		CITY, TOWN, TWP. OR ROAD/DISTRICT NO CHICAGO		INSURANCE CITY (YES/NO) 13c. YES		COUNTY 13d. COOK	
STATE ILLINOIS		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. BLACK		OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) 14b. NO		SPECIFY: MIDDLE (MAIDEN) LAST	
FATHER—NAME FIRST MIDDLE LAST JOHN ALLEN		MOTHER—NAME FIRST MIDDLE LAST UNK		RELATIONSHIP 17a. Gamantha Blackman		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17b. GRANDDAIR 3021 W. WALNUT CHICAGO 60612	
INFORMANT'S NAME (TYPE OR PRINT) Gamantha Blackman		ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17b. GRANDDAIR 3021 W. WALNUT CHICAGO 60612		18. PART I. Enter the disease, 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) End Stage Cardiomyopathy		19. AUTOPSY (YES/NO) 19a. NO	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b)		DUE TO, OR AS A CONSEQUENCE OF		DUE TO, OR AS A CONSEQUENCE OF		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 20c. YES	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		MAJOR FINDINGS OF OPERATION 20b.		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES		DATE OF DEATH 21c. 8:55 A.M.	
DATE OF OPERATION, IF ANY 5/25/06		DATE (MONTH, DAY, YEAR) 22b. 5/30/06		DATE SIGNED (MONTH, DAY, YEAR) 22c. 5/30/06		ILLINOIS LICENSE NUMBER 22d. 038083647	
NAME AND ADDRESS OF CERTIFIER Gregory Rosenstein MD 5635 S. PULASKI 124th		TYPE OR PRINT Gregory Rosenstein MD		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		DATE (MONTH, DAY, YEAR) 24d. 6/5/2006	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) Gregory Rosenstein MD		TYPE OR PRINT Gregory Rosenstein MD		LOCATION OF BURIAL OR CREMATION (NAME AND ADDRESS) 24b. THE LAYNES HOMERWOOD MEMORIAL HOMERWOOD, ILL		STATE 24c. CHICAGO	
FUNERAL HOME BROOKINS FUNERAL HOME 9315 S. ASHLAND AVE. CHICAGO 60620		STREET AND NUMBER OR R.F.D. 9315 S. ASHLAND AVE. CHICAGO 60620		CITY OR TOWN CHICAGO		ZIP 60620	
FUNERAL DIRECTOR'S SIGNATURE Gregory Rosenstein MD		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-010656		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) JUN 1 2006		LOCAL REGISTRAR'S SIGNATURE Gregory Rosenstein MD	



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

483

REGISTRATION DISTRICT NO. 16.10

STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 6011921

DECEASED-NAME FIRST MIDDLE LAST VALLERIA FAULKNER SEX FEMALE DATE OF DEATH (MONTH, DAY, YEAR) 24, 1995

COUNTY OF DEATH COOK CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 60 CHICAGO AGE-LAST BIRTHDAY (MYS) 42 HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 60, 7112 SOUTH JEFFERY BLVD.

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7 CHICAGO, ILL. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a MARRIED NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) 8b GERALD FAULKNER

SOCIAL SECURITY NUMBER 10344-46-9740 USUAL OCCUPATION 11b MAN POWER KIND OF BUSINESS OR INDUSTRY 12 10 YEARS EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETE) 13c YES INSIDE CITY COUNTY COOK

RESIDENCE (STREET AND NUMBER) 13a 7112 S. JEFFERY BLVD. CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b CHICAGO OR HISPANIC ORIGIN? (SPECIFY) 14b X NO YES SPECIFY: 14c YES MIDDLE ALLEN

FATHER-NAME FIRST MIDDLE LAST ROBERT WATSON RELATIONSHIP 15 MOTHER MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 16 ETHEL ALLEN 172110 S. MORGAN, CHGO., ILL. 60621

17a ETHEL WATSON 18 PART I Immediate Cause (Final disease or condition resulting in death) (a) Acquired Immune Deficiency Syndrome (b) 2 years (c) CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF STATING THE UNDERLYING CAUSE LAST

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION 20a 20b 20c 20d 20e 20f 20g 20h 20i 20j 20k 20l 20m 20n 20o 20p 20q 20r 20s 20t 20u 20v 20w 20x 20y 20z

21a TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 22a SIGNATURE [Signature] 22b ILLINOIS LICENSE NUMBER 22c 036 0692057 22d 036 0692057 23 BURIAL, CREMATION, REMOVAL, OR OTHER 24a RESTVALE 24b 24c ALSIP, ILLINOIS 24d 6/28/95 25a BROOKINGS FUNERAL HOME, LTD. 9315 S. ASHLAND AVE. CHGO., ILL. 60620 25b 034-010656 25c JUN 28 1995 26a [Signature] RSM

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO JUN 28 1995

I, SHEILA LYNE, RSW, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS FOR THE CITY OF CHICAGO 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 PURSUANCE OF SAID LAWS AND ORDINANCES.

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

483