State of Illinois	
County of Cook	)



Doc#: 0722133086 Fee: \$32.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 08/09/2007 01:32 PM Pg: 1 of 5

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I, Catherine V. ili amson, being duly sworn upon oath, deposes and states:

- 1. That the Affant resides at: 1057 E 161st Street, South Holland, Illinois, 60473.
- 2. That the Afriant is the daughter-in-law, Maurice Williamson Sr.
- 3. That the Deceach died on April 16, 1990, in the County of Los Angeles, in the State of California. (Death Certificate Attached)
- 4. That the Decedent died owning an interest in the property legally described as follows:

LOTS \_\_\_\_, BOTH INCLUSIVE, IN BLOCK 10 IN BUTTERFIELD'S SUBDIVISION OF LOTS 1, 2, 3 AND 6 OF KRUEGEPS SUBDIVISION OF THE EAST 1/2 OF THE NOTHEAST 1/4 OF SECTION 30, FOWNSHIP 37 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

- 5. That the Decedent died leaving no will.
- 6. That the Decedent was married to the following individuals, and no others: Bernice Williamson.
- 7. That the following children were born to, or adopted by the Decedent and no others.

The names, places of residence and relationship of the decedent's heirs, and the portion of the estate to which each heir is entitled under the law where decedent died intestate are as follows:

Name Relation Age Resides Portion of Estate Maurice Williamson Jr. Son Deceased Death Cert Attached 100 %

- 8. That the total value of the estate including taxable interest in the aforesaid property is \$200,000.
- 9. That no claims have been filed against a Descendant and that all expenses of line's and/or funeral expenses have been paid in full; or, that the following claims will be paid in the proceeds of the subject property:
- 10. That the Federal Estate Tax has been paid, that the Illinois Estate Tax has not been paid, that no Federal Estate Tax is due.
- 11. That the Affiant makes this Affidavit to induce Chicago Title Insurance to issue its policy of Title Insurance number 008369596 and show title in: \_\_\_\_\_\_ and with knowledge that Chicago Title Insurance will rely on the representations made and contained herein to insure title.

Box 400-CTCC

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## **UNOFFICIAL COPY**

Further Affiant sayeth not.

THE FOREGOING STATEMENT IS MADE UNDER THE PENALTIES OF PERJURY.

All riders and pages attached are intended to be incorporated in and to be a part of the Affidavit for the purposes stated.

DATED this / day of July, 2007.

Affiant

OFFICIAL SEAL FARA M TAYLOR NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES 12-21-08

Property of Cook County Clerk's Office

My commission expires 12/21, 2008

0722133086 Page: 3 of 5

# **UNOFFICIAL COPY**

CERTIFICATE OF DEATH

		SIAIE C	F CALIFORNIA		
<u> </u>	STATE FILE NUMBER	<del></del>	ACK INK ONLY		TION DISTRICT AND CERTIFICATE NUMBER
	1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DE	EATH-MO, DAY, YR 28. HOUR 3. SEX
	MAURICE	!	WILLIAMSON	APRIL 16.	1990   0526 MALE
		1			IF UNDER 1 YEAR IF UNDER 24 HOURS
	4. RACE	5. SPANISH/HISPANIC-SPECIFY	6. DATE OF BIRTH-M	10, DAY, TR 7. AGE IN	MONTHS DAYS HOURS MINUTES
	BLACK		X No FEB.6,1911	79	!
0=0=0=17	8. STATE OF 9. CITIZEN OF WHA	T 10A. FULL NAME OF FATHE			AME OF MOTHER 11B. STATE OF
DECEDENT PERSONAL	BIRTH COUNTRY	TOA. FOLL NAME OF FATHE	BIRTH	FIR. FOLL MAIDEN IN	BIRTH
DATA	TENN. U.S.A.	ELIJAH WILLIAMS	h — — —	DASIE RENOLD	UNK
DATA	<del></del>				<del></del>
	12 MILITARY SERVICE!	3. SOCIAL SECURITY NO.	14. MARITAL STATUS	15. NAME OF SURVIVING	S SPOUSE (IF WIFE, ENTER MAIDEN NAME)
	19 TO 19 X NONE	354-07-8315	MARRIED	BERNICE MARS	SHALL
	16A. USUAL OCCUPATIO	16B. USUAL KIND OF BUSINESS	16C. USUAL EMPLOYER		17. EDUCATION—YEARS COMPLETED
	TOA: USDAE GCCOPATA	OR INDUSTRY	16C. USUAL EMPLOTER	16D. YEARS IN OCCUPATION	17. EDUCATION—TEARS COMPLETED
	TRUCK DRIVER	SANITATION	CITY OF CHICAG		9
	18A. RESIDENCE-STREET AND NUMBE	,	CIII OI GIIGIO	188. CITY	118C. ZIP CODE
		in on cocarion		· Ibb. Citi	4
USUAL	2901 PENNSYLVANIA	STREET		LOS ANGEL	FS 90033
RESIDENCE	18D. COUNTY	18E. NUMBER OF YEAR	IS . 18F. STATE OR FOREIGN CO		NSHIP, MAILING ADDRESS
	1	IN THIS COUNTY	1	AND ZIP CODE	
	LOS ANGELES	25	CALIFORNIA	BERNICE WI	LLIAMSON-WIFE
	19A. PLACE OF DEATH	198. IF HOSPITAL SPE	CIFY 19C. COUNTY	DEMOTE WE	LILLIA LOCK-WILL
		ONE ID ED/OD (	DOA I	2901 PENNS	ZLVANIA STREET
PLACE	BRIER OAK TERRACE	-V/-C/R	LOS ANGELES	LOS ANGELES	S CALIFORNIA 90033
OF	19D. STREET ADDRESS-STREET AN	NO NUMBER OR LOCATION 19E. C	ITY	TIME INTERVAL   2	2. WAS DEATH REPORTED TO CORONER?
DEATH	E4E/ CUNICETY DIAM	7.00	ANGER TO	BETWEEN ONSET	REFERRAL NUMBER
	5154 SUNSET BLVD		ANGELES	AND DEATH	YES 90-051545 NO
	21. DEATH WAS CAUSED BY: (EN	TER ONLY ONE CAUSE P'LR INE	FOR A. B. AND C)	23	. WAS BIOPSY PERFORMED?
	IMMEDIATE			2.	
	CAUSE (A) CAQBIO	PULMOHARY AR.	W177-	30MIN	YES YO
CAUSE	i	•		24	A. WAS AUTOPSY PERFORMED?
OF	1- 44.13			<b>N</b> i 3	
DEATH	DUE TO (B) ASV 8	*		2485	YES NO
	₹			24	IB. WAS IT USED IN DETERMINING CAUSE
	DUE TO (C)		0,		
		The second secon			L YES NO
	25. OTHER SIGNIFICANT CONDITIONS CO	ON MIBUTING TO DEATH BUT NOT RELA	TED TO CAUSE , WF V 21 26.	. WAS OPERATION PERFORMS IF YES, LIST TYPE OF OPERAT	ED FOR ANY CONDITION IN ITEM 21 OR 25?
	1 .	IONE		No	
	I CERTIFY THAT TO THE BEST OF MY KN	OWI EDGE DEATH 27B SIGNATI	IDE AND DECORE OF THE OF DE		S LICENSE NUMBER   27D. DATE SIGNED
PHYSI-	OCCURRED AT THE HOUR, DATE AND PL		L'II		1
CIAN'S	CAUSES STATED.	·	reskill 1.	A40	018 4-16-901
CERTIFICA-	27A. DECEDENT ATTENDED SINCE DECE	MONTH, DAY, YEAR 27E. TYPE A	TENDING PHYSICIAN'S NAM	- AUD ADDRESS	ARCUEH KERENJI
TION		MOUTH BALL I KAN	FAROUGH KE	RAND ADDRESS	MKCDEH KAKANJI I
		n . n n = 1 / 2/ n		A Value 102 ( ) ( )	
	9-11.89	3-13-90 6360	WILSHITE # 47	WELDS ANGE	201, Ca 90048
	I CERTIFY THAT IN MY OPINION DEATH	OCCURRED AT 28A. SIGNATI	WILSHILL # 47	4 LOS ANGE	287, Ce 40048
	I CERTIFY THAT IN MY OPINION DEATH THE HOUR, DATE AND PLACE STATED F	OCCURRED AT 28A. SIGNATI	WILSHIEL # 47	4 LOS ANGE	
	I CERTIFY THAT IN MY OPINION DEATH	OCCURRED AT 28A. SIGNATI	WILSHILL H 47	4 LOS ANGE	287, Ce 40048
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0722133086 Page: 4 of 5<sub>8</sub>

HARVEY, ILLINOIS
DISTRICT 16.34

REGISTRATION DISTRICT NO.

STATE OF ILLINOIS

STATE FILE NUMBER

	NUMBER	MEDICAL CENTIF	ICATE OF I	JEATH	
Type or Print in		FIRST MIDDLE LAS	T SEX	DATEOFORATIO	
PERMANENT INK See Funeral Directors		ce Williamson Jr.	Mal		(MONTH, DAY, YEAR)
lospital, or Physicians Handbook for	OCCUPATION OF STATES	AGE-LAST UNDER 1 YEA	12.	TEOFBIRTH (MONTH, DAY, )	3, 2006
INSTRUCTIONS	4. Cook	BIHTHOAY (YRS) MOS. DAY	S HOUDE LAN	February 2	
	CITY, TOWN, TWP, OR ROAD DISTRIC	TNUMBER HOSPITAL OR OTHER INSTITUTION	5c. 5d		•
A	<sub>6a.</sub> Harvey	6b Ingalls Mer	norial Hosp	ital	IF HOSP, OR INST, INDICATE D.O.A. OP/EMER. RM, INPATIENT (SPECIFY)
DECEASED	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		RVIVING SPOUSE (MAIDEN		6c. D.O.A
DECEASED	7 Chicago, Il.	18a Married Cat	herine Wil		WAS DECEASED EVER IN U.S ARMED FORCES? (YES/NO)
В	SOCIAL SECURITY NUMBER	USUAL OCCUPATION KIND OF BUS			9. <b>N</b> O
C	54-26-8285	l Fireman IChica	ioo Eiro E	DUCATION (SPECIFY ONLY H ementary/Secondary (0-12)	IGHEST GRADE COMPLETED)  College (1-4 or 5 + )
D	RESIDE (CE (STREET AND NUMBER)	CITY, TOWN, TWP	partment 1	1 20 (-11	
Ε	13a. 1057 E. 161st	t Street 13b South H	olland	(YES/NO)	Cook
	STATE ZIP COE	E BACE MANTE BLACK ANEDROWN		13c. Yes	
	[ 13e Illinois   504	473 INDIAN, Inc.) (SPECIFY)		CIFT NO OH YES-IF YES, SPECIF	CUBAN, MEXICAN, PUERTO RICAN, etc.)
DARENTO	FATHER-NAME SIR		14b. ZÜNO □ YE MOTHER-NAME FIRST		\
PARENTS	15. Maurice Wi	illiamson Sr -	Bernia	MIDDLE 4	(MAIDEN) LAST arshall
	INFORMANT'S NAME (TYPEOPINT)	DEL ATIONEUM	10.		
1	<sub>17a</sub> Catherine Wil	liamson Wife	1057 E.	TREET AND NO. OR R.F.D., CITY 61st St. S	OR TOWN, STATE, ZIP)
2	18. PART I. Enter the d	1503° C or compliantions that	17c.	Holland	<u>, 11.60473</u>
3	Immediate Cause (Final	heavitailure is nity one cause on each line.	rice the mode of dying, such as	s cardiac or respiratory arrest,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	disease or condition resulting in death)	Acoto Musson	sirl Fre	~ 510 J	
	DUE	TO, ORAS A CO ISET JENCE OF	163 (41)	11400	
	CONDITIONS, IF ANY WHICH GIVE RISE TO (b)				
CAUSE	IMMEDIATE CAUSE (a) STATING THE UNDERLYING	TO, OR AS A CONSEQUENT, E UF			
	CAUSE LAST. (c)				
4	PART II. Other significant conditions contribute	ng to death but not resulting in the underlying. Tuse given in PART L.	<del></del>	AUTOPSY, I	WERE AUTOPSY FINDINGS AVAILABLE PRIOR YO
5				(YES/NO) N D	COMPLETION OF CAUSE OF DEATH? (YES/NO)
N	DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION		100.	19b. AS THERE A PREGNANCY IN PAST
P	20a.	20b.	7.	OO VE	HS?
	I (QID) (DID NOT) ATTEND THE DECEASE AND LAST SAW HIMHER ALIVE ON	ED (MONTH, DAY, YEAR)	WAS CORONE	RORMEDICAL HOUROF	S NO D
	21a.	11-16-2005	216	21c.	12:41
		HOCCURRED AT THE TIME, DATE AND PLACE AND	DUE TO THE C JUSE(S STA	TED. DATE SIG	NED (MONTH, DAY, YEAR)
CERTIFIER	22a. SIGNATURE ► SIGNATURE NAME AND ADDRESS OF CERTIFIER	me om no		22b	4-5-06
ı		(TYPE OR PRINT)		ILLINOISL	ICENSE NUMBER
j	22c.  NAME OF ATTENDING PHYSICIAN IF OTHER	ED THAN CERTIFICA		220.0	36066062
1	23.	SER THAN CERTIFIER (TYPE OR PRINT)	."	NOTE: IF AN	W II IDV WAS INDISTRIBUTION
5		RYOR CREMATORY-NAME ILOCATI		MUST BE NO	CORONER OR MEDICAL EXAMINER TIFIED.
]		[	on total only		DATE (MONTH, DAY, YEAR)
VISDOSIEION	FUNERAL HOME N	akland Memory Lane24c.	Dolton,		April 8,2006
DISPOSITION	25a. Wallace Broad	view Funeral Home 202	0 W. Roose	velt	
ļ	FUNERAL DIRECTOR'S SIGNATURE		Broadview.	Illinois 6	0155
Ų	25b. Vernon	L 710000		UNERAL DIRECTOR'S ILLINOIS L	ICEN TÉ NUMBERO
	LOCAL REGISTRAP'S SIGNATURE	- 1 1)			C
	26a.	~ diplava		ATEFILED APR TUSTA	RAY, YEAR)
,	VR200 (Rev. 5/89)	The state of the s		6b.	

### **CERTIFIED COPY OF VITAL RECORDS**

I HEREBY CERTIFY THAT THE FOREGOING is a true and correct copy of the DEATH record for the individual named therein and that this record was established and filed in my office in accordance with the provisions of the ILLINOIS STATUTES relating to the registration of BIRTHS, STILLBIRTHS and DEATHS.

D38673

DATE ISSUED

APR 0 5 2006

ISSUED AT:

15320 SO. BROADWAY AVE. ILLINOIS 60426

WENDOLYN L. DAVIS LOCAL REGISTRAR

This copy not valid unless prepared on engraved border displaying seal and signature of Local Registrar.

CITY OF HARVEY



(BASED ON 1989 U.S. STANDARD CERTIFICATE)

0722133086 Page: 5 of 5

## **UNOFFICIAL COPY**

### LEGAL DESCRIPTION:

LOTS 10 AND 11 IN BRICKMAKER'S SUBDIVISION OF BLOCK 4 IN BUTTERFIELD'S SUBDIVISION OF LOTS 1, 2, 3 AND 6 OF KRUEGER'S SUBDIVISION OF THE NORTHEAST 1/4 OF SECTION 30, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PERMANENT INDEX NUMBER: 25-30-202-011-0000 25-30-202-012-0000

JMET PA.

OP COOK COUNTY CLORES OFFICE 11927 S. WOOD, CALUMET PARK, ILLINOIS