

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

8369596 DZ AB 1/9

I, Catherine Williamson, being duly sworn upon oath, deposes and states:

1. That the Affiant resides at: 1057 E 161<sup>st</sup> Street, South Holland, Illinois, 60473.
2. That the Affiant is the daughter-in-law, Maurice Williamson Sr.
3. That the Decedent 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 KRUEGERS SUBDIVISION OF THE EAST 1/2 OF THE NOTHEAST 1/4 OF SECTION 30, TOWNSHIP 37 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.~~ - SEE ATTACHED

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 illness and/or funeral expenses have been paid in full; or, that the following claims will be paid from 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

1/9

# 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 18 day of July, 2007.

Catherine Williamson  
Affiant



Given under my hand and official seal,  
Before me on the 12 day of July, 2007,  
by Affiant.

Fara M Taylor Notary Public

My commission expires 12/21, 2008

Property of Cook County Clerk's Office

## UNOFFICIAL COPY

## CERTIFICATE OF DEATH

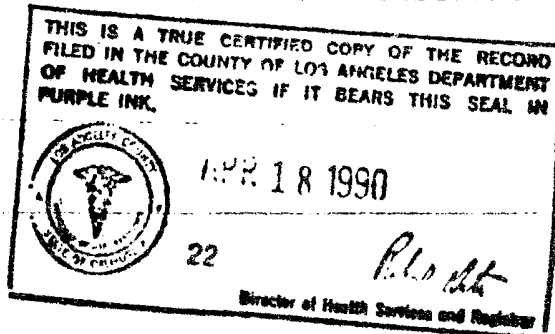
STATE OF CALIFORNIA  
USE BLACK INK ONLY

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST (GIVEN) MAURICE		1B. MIDDLE WILLIAMSON	1C. LAST (FAMILY) WILLIAMSON	2A. DATE OF DEATH—MO. DAY, YR. APRIL 16, 1990	2B. HOUR 0526	3. SEX MALE	
4. RACE BLACK		5. SPANISH/HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		6. DATE OF BIRTH—MO. DAY, YR. FEB. 6, 1911		7. AGE IN YEARS 79	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HOURS HOURS MINUTES	
8. STATE OF BIRTH TENN.		9. CITIZEN OF WHAT COUNTRY U.S.A.		10A. FULL NAME OF FATHER ELIJAH WILLIAMSON		10B. STATE OF BIRTH UNK	11A. FULL MAIDEN NAME OF MOTHER DASIE RENOLD		
11B. STATE OF BIRTH UNK		12. MILITARY SERVICE? 19__ TO 19__ <input checked="" type="checkbox"/> NONE		13. SOCIAL SECURITY NO. 354-07-8315		14. MARITAL STATUS MARRIED		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) BERNICE MARSHALL	
16A. USUAL OCCUPATION TRUCK DRIVER		16B. USUAL KIND OF BUSINESS OR INDUSTRY SANITATION		16C. USUAL EMPLOYER CITY OF CHICAGO		16D. YEARS IN OCCUPATION 20		17. EDUCATION—YEARS COMPLETED 9	
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 2901 PENNSYLVANIA STREET		18B. CITY LOS ANGELES		18C. ZIP CODE 90033		18D. COUNTY LOS ANGELES		18E. NUMBER OF YEARS IN THIS COUNTY 25	
18F. STATE OR FOREIGN COUNTRY CALIFORNIA		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT BERNICE WILLIAMSON—WIFE		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT 2901 PENNSYLVANIA STREET LOS ANGELES CALIFORNIA 90033		19A. PLACE OF DEATH BRIER OAK TERRACE CVT-CTR		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA LOS ANGELES	
19C. COUNTY LOS ANGELES		19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 5154 SUNSET BLVD		19E. CITY LOS ANGELES		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input checked="" type="checkbox"/> YES 90-051545 <input type="checkbox"/> NO		23. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
24. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 NONE		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. NO		27. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS FAROUGH KEREJDI 6360 WILSHIRE # 474 LOS ANGELES, CA 90048	
27A. DECEDENT ATTENDED SINCE: MONTH, DAY, YEAR 9-22-89		27B. DECEDENT LAST SEEN ALIVE: MONTH, DAY, YEAR 3-13-90		27C. PHYSICIAN'S LICENSE NUMBER A40018		27D. DATE SIGNED 4-16-90		27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS FAROUGH KEREJDI 6360 WILSHIRE # 474 LOS ANGELES, CA 90048	
29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined		30A. PLACE OF INJURY		30B. INJURY AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		30C. DATE OF INJURY MONTH, DAY, YEAR		31. HOUR	
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		34A. DISPOSITION(S) BURIAL		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS EVERGREEN CEM. 204 N. EVERGREEN AVE LOS ANGELES CALIFORNIA.		34C. DATE MO. DAY, YEAR APR. 20, 1990	
34D. SIGNATURE OF EMBALMER Werner Werner		34E. LICENSE NUMBER 4586		36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) PEOPLES FUNERAL HOME		36B. LICENSE NO. F-741		37. SIGNATURE OF LOCAL REGISTRAR Robert M. [Signature]	
38. REGISTRATION DATE APR 18 1990		39. STATE REGISTRAR		40. CENSUS TRACT		41. SIGNATURE OF LOCAL REGISTRAR		42. SIGNATURE OF LOCAL REGISTRAR	

7S-11 (REV. 3-89)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS



UNOFFICIAL COPY

HARVEY, ILLINOIS DISTRICT 16.34

Form with sections: DECEASED, PARENTS, CAUSE, CERTIFIER, DISPOSITION. Includes fields for name, date of death, cause of death, and certifier information.

PRINTED BY AUTHORITY OF THE STATE OF ILLINOIS

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...

D38673

DATE ISSUED APR 05 2006

ISSUED AT:

CITY OF HARVEY 15320 SO. BROADWAY AVE. ILLINOIS 60426

Signature of Gwendolyn L. Davis, Local Registrar

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

# 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

11927 S. WOOD, CALUMET PARK, ILLINOIS

Property of Cook County Clerk's Office