

State of Illinois)
County of Cook)



Doc#: 0722133087 Fee: \$32.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 08/09/2007 01:33 PM Pg: 1 of 5

2/9
8369596 SZ CB

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

1. That the Affiant resides at: 1057 E 161st Street, South Holland, Illinois, 60473.
2. That the Affiant is the daughter-in-law, Bernice Williamson.
3. That the Decedent died on November 15, 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 NORTHEAST 1/4 OF SECTION 39, 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: Maurice Williamson and no others.
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

5/

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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 19th day of July, 2007.

Catherine Williams
Affiant

Given under my hand and official seal
Before me on the 19 day of July, 2007,
by Affiant.

Patricia Butler
Notary Public

My commission expires 11/29, 2009



Property of Cook County Clerk's Office

UNOFFICIAL COPY**CERTIFICATE OF DEATH**

STATE OF CALIFORNIA

USE BLACK INK ONLY

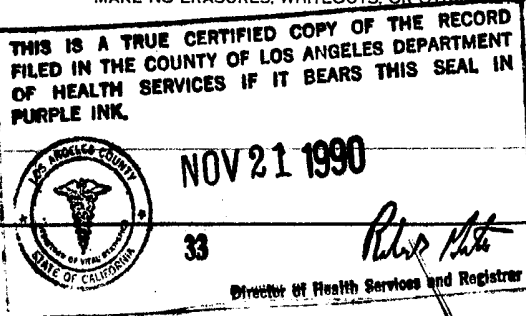
STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF DECEDENT—FIRST (GIVEN) Bernice			1B. MIDDLE --		1C. LAST (FAMILY) Williams on		2A. DATE OF DEATH—MO. DAY, YR November 18, 1990		2B. HOUR 2005	3. SEX Fe	
4. RACE Black			5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		6. DATE OF BIRTH—MO. DAY, YR Oct. 4, 1913		7. AGE IN YEARS 77	IF UNDER 1 YEAR MONTHS 77	IF UNDER 24 HOURS HOURS 77	MINUTES 77	
8. STATE OF BIRTH IL	9. CITIZEN OF WHAT COUNTRY USA		10A. FULL NAME OF FATHER Leonard Marshall			10B. STATE OF BIRTH Unk.	11A. FULL MAIDEN NAME OF MOTHER Mary Chambers		11B. STATE OF BIRTH SC		
12. MILITARY SERVICE? 19__ TO 19__ <input checked="" type="checkbox"/> NONE		13. SOCIAL SECURITY NO. 337-05-3356		14. MARITAL STATUS Widowed		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) --					
16A. USUAL OCCUPATION Domestic			16B. USUAL KIND OF BUSINESS OR INDUSTRY Homemaking		16C. USUAL EMPLOYER Own Home		16D. YEARS IN OCCUPATION 35	17. EDUCATION—YEARS COMPLETED 10			
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 2901 Pennsylvania Avenue							18B. CITY Los Angeles		18C. ZIP CODE 90033		
18D. COUNTY Los Angeles			18E. NUMBER OF YEARS IN THIS COUNTY 29		18F. STATE OR FOREIGN COUNTRY California		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Maurice Williamson-Son 9055 South Oglesby Chicago, Illinois 60617				
19A. PLACE OF DEATH White Memorial Medical Center			19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA IP		19C. COUNTY Los Angeles		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 1720 Brooklyn Avenue			19E. CITY Los Angeles			TIME INTERVAL BETWEEN ONSET AND DEATH	23. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) Cardiopulmonary Arrest ▶ Minutes							24A. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
DUE TO (B) Bacterial Septicemia ▶ Weeks							24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO				
DUE TO (C) Acute Lymphocytic Leukemia ▶ Weeks											
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 Gas gangrene of the left leg, Septicemia						26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. 0-27-90 (L) Above Knee Amputation					
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.			27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR 6-25-87			27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER <i>Daniel Honigman</i>			27C. CERTIFIER'S LICENSE NUMBER 638407		27D. DATE SIGNED 11/19/90
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR 6-25-87			DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR 11-18-90			27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS Daniel Honigman M.D. 326 North Soto Street Los Angeles, Ca 90033					
I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.			28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER ▶			28B. DATE SIGNED					
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 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, Ca.				34C. DATE MO. DAY, YEAR 11-23-90		35A. SIGNATURE OF EMBALMER <i>Godwin Thomas</i>		35B. LICENSE NUMBER 6764	
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Peoples Funeral Home			36B. LICENSE NO. FD741		37. SIGNATURE OF LOCAL REGISTRAR <i>Robert C. Malt...</i>			38. REGISTRATION DATE NOV 21 1990			
A.	B.	C.	D.	E.	F.	CENSUS TRACT					

VS-11 (REV. 1-90)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS



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HARVEY, ILLINOIS DISTRICT 16.34

DECEASED'S BIRTH NO. REGISTRATION DISTRICT NO. 16.34 STATE OF ILLINOIS STATE FILE NUMBER REGISTERED NUMBER MEDICAL CERTIFICATE OF DEATH DECEASED-NAME FIRST MIDDLE LAST SEX Male DATE OF DEATH (MONTH, DAY, YEAR) 3 April 3, 2006 COUNTY OF DEATH 4. Cook AGE-LAST BIRTHDAY (YRS) 5a. 72 UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR) 5d. February 27, 1934 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. Harvey HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. Ingalls Memorial Hospital IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY) 6c. D.O.A. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Chicago, Il. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (SPECIFY) 8a. Married NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. Catherine Williams WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. No SOCIAL SECURITY NUMBER 10. 354-26-8285 USUAL OCCUPATION 11a. Fireman KIND OF BUSINESS OR INDUSTRY 11b. Department EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 12th Elementary/Secondary (0-12) College (1-4 or 5+) RESIDENCE (STREET AND NUMBER) 13a. 1057 E. 161st Street CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. South Holland INSIDE CITY (YES/NO) 13c. Yes COUNTY 13d. Cook STATE 13e. Illinois ZIP CODE 13f. 60473 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 YES SPECIFY: FATHER-NAME FIRST MIDDLE LAST 15. Maurice Williamson Sr. MOTHER-NAME FIRST MIDDLE LAST (MAIDEN) LAST 16. Bernice Marshall INFORMANT'S NAME (TYPE OR PRINT) 17a. Catherine Williamson RELATIONSHIP 17b. Wife MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 1057 E. 161st St. South Holland, Il. 60473 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. Immediate Cause (Final disease or condition resulting in death) (a) Acute Myocardial Infarction DUE TO, OR AS A CONSEQUENCE OF (b) (c) 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. DATE OF OPERATION, IF ANY 20a. MAJOR FINDINGS OF OPERATION 20b. AUTOPSY (YES/NO) 19a. NO WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b. NO IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES NO DATE OF OPERATION (MONTH, DAY, YEAR) 21a. 11-16-2005 WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. YES HOUR OF DEATH 21c. 12:41 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 22a. SIGNATURE (Type or Print) 22b. DATE SIGNED (MONTH, DAY, YEAR) 4-5-06 NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. ILLINOIS LICENSE NUMBER 22d. 036066062 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23. BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial CEMETERY OR CREMATORY-NAME 24b. Oakland Memory Lane LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR) 24c. Dolton, Illinois April 8, 2006 FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. Wallace Broadview Funeral Home 2020 W. Roosevelt Broadview, Illinois 60475 FUNERAL DIRECTOR'S SIGNATURE 25b. Vernon L. Wallace FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 34-9351 LOCAL REGISTRAR'S SIGNATURE 26a. Jacobyn L. Davis DATE FILED IN LOCAL REGISTRAR'S OFFICE (MONTH, DAY, YEAR) 26b. APR 5 2006

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 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

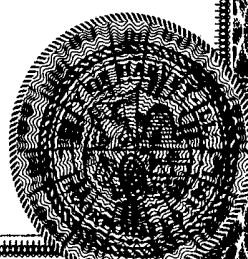
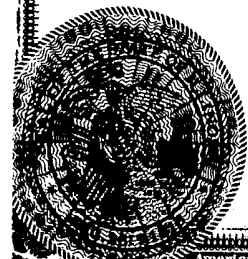
DATE ISSUED APR 05 2006

ISSUED AT:

CITY OF HARVEY 15320 SO. BROADWAY AVE. ILLINOIS 60426

Gwendolyn L. Davis LOCAL REGISTRAR

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



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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

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