

State of Illinois)
County of Cook)



Doc#: 0722133088 Fee: \$30.00
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 08/09/2007 01:34 PM Pg: 1 of 4

3/8
8369596 82 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 widow of Maurice Williamson Jr.
3. That the Decedent died on April 3, 2006, in the County of Cook in the State of Illinois. (Death Certificate Attached)
4. That the Decedent died owning an interest in the property legally described as follows:
~~LOTS 1, 2, 3 AND 6 OF KRUEGER'S 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: Catherine Williamson at the time of his death, and Sheila Pamon which ended in divorce in the year 1974
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	PortEst.
Catherine Williamson	Wife	61	1057 E. 161 st Street, South Holland, IL 60473	1/4
Kurt Williamson	Son	28	1020 Grand Concourse, Bronx, NY 10451	1/20
Maureen Williamson	Daughter	24	1057 E. 161 st Street, South Holland, IL, 60473	1/20
Shaune S. Ofori-Amanfo	Daughter	49	15655 Mutual Terrace, South Holland, IL 60473	1/20
Ingrid Williamson	Daughter	48	Guardian Sheila Pamon, 9432 Darwell Drive, Las Vegas, NV, 89117	1/20
Tamara Robinson	Daughter	46	5208 S. Ingleside, Chicago, IL, 60615	1/20

8. That the total value of the estate including taxable interest in the aforesaid property is \$250,000.
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/has not) been paid; that no (Federal Estate Tax/Illinois 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.

Handwritten mark

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 12 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

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HARVEY, ILLINOIS

DISTRICT 16.34

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. <u>16.34</u>	STATE OF ILLINOIS	STATE FILE NUMBER	
	REGISTERED NUMBER	MEDICAL CERTIFICATE OF DEATH		
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED—NAME FIRST MIDDLE LAST 1. Maurice Williamson Jr.		SEX 2. Male	
	COUNTY OF DEATH 4. Cook		DATE OF DEATH (MONTH, DAY, YEAR) 3. April 3, 2006	
	AGE—LAST BIRTHDAY (YRS) 5a. 72	UNDER 1 YEAR 5b.	UNDER 1 DAY 5c.	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	
	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
	SOCIAL SECURITY NUMBER 10. 34-26-8285		USUAL OCCUPATION 11a. Fireman	KIND OF BUSINESS OR INDUSTRY 11b. Chicago Fire Department
	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
	STATE 13d. Illinois	ZIP CODE 13e. 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. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:
	FATHER—NAME FIRST MIDDLE LAST 15. Maurice Williamson Sr.		MOTHER—NAME FIRST MIDDLE (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 diseases, 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.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
Immediate Cause (Final disease or condition resulting in death) (a) Acute Myocardial Infarction				
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) _____ (c) _____				
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	
IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b.		
1 (C/D) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 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.		DATE SIGNED (MONTH, DAY, YEAR) 22b. 4-5-06		
22a. SIGNATURE [Signature]		ILLINOIS LICENSE NUMBER 22d. 036066062		
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c.		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		
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 24 April 8, 2006	
FUNERAL HOME 25a. Wallace Broadview Funeral Home 2020 W. Roosevelt		FUNERAL DIRECTOR'S SIGNATURE 25b. Vernon L. Wallace		
FUNERAL DIRECTOR'S SIGNATURE 25b. Vernon L. Wallace		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 34-9351		
LOCAL REGISTRAR'S SIGNATURE 26a. Gwendolyn L. Davis		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. APR 05 2006		

VR200 (Rev. 5/89)

Illinois Department of Public Health—Division of Vital Records

(BASED ON 1989 U.S. STANDARD CERTIFICATE)

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
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

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