

# UNOFFICIAL COPY



Doc#: 0728360071 Fee: \$38.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 10/10/2007 12:55 PM Pg: 1 of 8

Property of Cook County Clerk's Office

## Affidavit of Heirship

Permanent Real Estate Index Number(s): 20-17-302-013-0000

Address of Real Estate: 5943 South Laflin Avenue, Chicago, IL 60636

Legal Description attached as Exhibit A

### This Document Prepared by:

G. Gale Roberson, Jr.  
Holland & Knight LLC  
131 S. Dearborn Street  
30<sup>th</sup> Floor  
Chicago, IL 60603  
312-263-3600

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## AFFIDAVIT OF HEIRSHIP

The undersigned, KAREN L. BELL, residing at 5943 South Laflin Avenue, Chicago, IL 60636, being first duly sworn, deposes and says as follows:

1. I am a granddaughter and heir of the late Evans Henderson, my grandfather, and the late Louise Henderson, my grandmother, and make this Affidavit to establish heirship of Evans Henderson and Louise Henderson, the title holders of record of the home at 5943 South Laflin Avenue, Chicago, IL 60636, for record and title insurance purposes.
2. Evans Henderson died on July 1, 1969. A copy of his death certificate is attached hereto as Exhibit 1 and made a part hereof. At that date, he was an owner with Louise Henderson, his wife, of the property commonly known as 5943 South Laflin Avenue, Chicago, Illinois 60636. Evans Henderson died intestate, without a will. The value of Evans Henderson's estate for federal tax purposes was less than the amount required for the filing of a federal estate tax return.
4. Evans Henderson was married once, to Louise Henderson, and the marriage ended by the death of Evans Henderson.
6. Louise Henderson died on September 2, 1992. A copy of her death certificate is attached hereto as Exhibit 2 and made a part hereof. At that date, she was the owner with Evans Henderson of the property commonly known as 5943 South Laflin Avenue, Chicago, IL 60636. Louise Henderson died intestate, without a will. The value of Louise Henderson's estate for federal tax purposes was less than the amount required for the filing of a federal estate tax return.

Louise Henderson was married once, to Evans Henderson. Two children were born to the marriage of Louise Henderson and Evans Henderson. The name of each child, his or her age and marital status is as follows:

Verneice Emmajeane Sally: over 21 years, marital status – married once and widowed; and

Vernon Eugene Evans: age: over 21 years, marital status - married, divorced and ex-wife deceased over 20 years ago.

8. Only the two children listed in paragraph 7 were born of that marriage and were the only children born of Louise Henderson and/or Evans Henderson. Neither Louise Henderson nor Evans Henderson adopted any children.

Verneice Emmajeane Sally died on July 27, 2005. A copy of her death certificate is attached hereto as Exhibit 3 and made a part hereof. Verneice Emmajeane Sally died intestate, without a will. The value of Verneice Emmajeane Sally's estate for federal tax purposes was less than the amount required for the filing of a federal estate tax return.

9. Verneice Emmajeane Sally was married once, to Courtney Sally, Jr. Courtney Sally, Jr. died on January 17, 2005, intestate, without a will. A copy of his death certificate is attached hereto as Exhibit 4 and made a part hereof. The value of Courtney Sally, Jr.'s estate for federal tax purposes was less than the amount required for the filing of a federal estate tax return.

10. Four children were born of the marriage of Verneice Emmajeane Sally and Courtney Sally, Jr. The name of each child, his or her age and marital status are as follows:

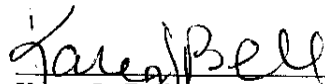
- Jerome Sally, who died on February 28, 1988. A copy of his death certificate is attached hereto as Exhibit 5 and made a part hereof.

# UNOFFICIAL COPY

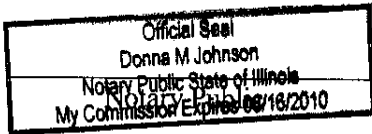
- Alicia Williams: over 21 years, marital status—married.
- Reginald Sally: over 21 years, marital status—married.
- Karen L. Bell: the undersigned, over 21 years, marital status—married.

11. Vernon Eugene Evans, Alicia Williams, Reginald Sally and Karen L. Bell are the heirs of Louise Henderson and have inherited from her the property commonly known as 5943 South Laflin Avenue, Chicago, IL 60636.

Further Affiant sayeth not.

  
 \_\_\_\_\_  
 Karen L. Bell

SUBSCRIBED AND SWORN TO before  
 me this 11<sup>th</sup> day of Aug, 2007.



# 4582807\_v2

Property of Cook County Clerk's Office

UNOFFICIAL COPY

STATE OF ILLINOIS  
MEDICAL CERTIFICATE OF DEATH  
619915

July 16, 1969

REGISTRATION DISTRICT NO. 16.10

REGISTERED NUMBER

DECEASED—NAME FIRST MIDDLE LAST  
 Evans Henderson  
 AGE—LAST BIRTHDAY (YRS.) 76 UNDER 1 YEAR 76 UNDER 1 DAY 76 UNDER 1 HOUR 76 UNDER 1 MIN. 76 UNDER 1 SEC. 76  
 SEX male  
 DATE OF DEATH 3 July 1969  
 PLACE OF DEATH 70. Cook County  
 CITY, TOWN, P.O. OR ROAD DISTRICT NUMBER 50. Chicago 70. Cook County Hospital  
 b. PLACE (STATE OR FOREIGN COUNTRY) Chicago 70. Cook County Hospital  
 CITIZEN OF WHAT COUNTRY 70. Cook County  
 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED  
 NAME OF SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) LOUISE EVANS  
 9. SOCIAL SECURITY NUMBER U.S.A. 357055086  
 10. USUAL OCCUPATION 11. WAR VETERAN; WAR OR DATE OF SERVICE  
 130. TAXITER U.S. YES  
 13c. YES  
 13d. KNWT  
 13e. STREET AND NO. 140. YES  
 14a. Chicago 14b. YES  
 14c. 59th St  
 14d. STATIN  
 40. OTHER—NAME FIRST MIDDLE LAST  
 Evans Henderson  
 5. DEFORMANT'S SIGNATURE  
 6. RELATIONSHIP TO DECEASED 16. MOTHER—MAIDEN NAME  
 70. M. Bacteriophan 17c. Cook County Hospital  
 17d. Mailing Address  
 17e. City or Town, State (if not in U.S.)  
 17f. County (if not in U.S.)  
 17g. City or Town, State (if not in U.S.)  
 17h. County (if not in U.S.)  
 17i. City or Town, State (if not in U.S.)  
 17j. County (if not in U.S.)  
 17k. City or Town, State (if not in U.S.)  
 17l. County (if not in U.S.)  
 17m. City or Town, State (if not in U.S.)  
 17n. County (if not in U.S.)  
 17o. City or Town, State (if not in U.S.)  
 17p. County (if not in U.S.)  
 17q. City or Town, State (if not in U.S.)  
 17r. County (if not in U.S.)  
 17s. City or Town, State (if not in U.S.)  
 17t. County (if not in U.S.)  
 17u. City or Town, State (if not in U.S.)  
 17v. County (if not in U.S.)  
 17w. City or Town, State (if not in U.S.)  
 17x. County (if not in U.S.)  
 17y. City or Town, State (if not in U.S.)  
 17z. County (if not in U.S.)  
 18. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE  
 (a) SUGARUTE BACTERIAL ENDOCARDITIS Unknown  
 (b) DUE TO OR AS A CONSEQUENCE OF  
 (c) DUE TO OR AS A CONSEQUENCE OF  
 (d) DUE TO OR AS A CONSEQUENCE OF  
 (e) DUE TO OR AS A CONSEQUENCE OF

ART II. OTHER SIGNIFICANT CONDITIONS; CONDITIONS CONTRIBUTING TO DEATH BUT NOT A DIRECT CAUSE GIVEN IN PART I (a)  
 19a. YES  
 19b. YES  
 19c. YES  
 19d. YES  
 19e. YES  
 19f. YES  
 19g. YES  
 19h. YES  
 19i. YES  
 19j. YES  
 19k. YES  
 19l. YES  
 19m. YES  
 19n. YES  
 19o. YES  
 19p. YES  
 19q. YES  
 19r. YES  
 19s. YES  
 19t. YES  
 19u. YES  
 19v. YES  
 19w. YES  
 19x. YES  
 19y. YES  
 19z. YES  
 20. 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.

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED AT 9:00 P.M., ON THE DATE, AT THE PLACE AND FROM THE CAUSE(S) STATED  
 ATTENDED THE MONTH 6 DAY 24 YEAR 69 TO MONTH 7 DAY 16 YEAR 69 AND LAST SAW HIM/HER ALIVE ON: 7 16 69  
 18. SIGNATURE 19. DATE SIGNED (MONTH, DAY, YEAR) 20c. 7-2-69 22c. 36-32817  
 21. MAILING ADDRESS—CITY OR TOWN STATE ZIP  
 22. 827 Verde Novato Ind 22b. 7-2-69 22c. 36-32817  
 23. 1835 W. Harrison Chicago Illinois 60612  
 24. CEMETERY OR REPOSITORY—NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)  
 24a. Resvale 24c. Worth Ill 24d. 7 9 69  
 24b. STREET AND NUMBER OR R. F. D.  
 24c. CITY OR TOWN  
 24d. STATE  
 25. A. R. Leak 7838 S. Cottage Grove Chicago Ill 60619  
 25a. GENERAL DIRECTOR'S SIGNATURE  
 25b. FURNAL DIRECTOR'S ILLINOIS LICENSE NUMBER  
 25c. 4390  
 25d. DATE REC'D. BY LOCAL REGISTRAR (NAME AND SIGNATURE)  
 25e. JUL 4 1969  
 25f. LOCAL REGISTRAR'S SIGNATURE  
 25g. LOCAL REGISTRAR'S SIGNATURE  
 25h. LOCAL REGISTRAR'S SIGNATURE  
 25i. LOCAL REGISTRAR'S SIGNATURE  
 25j. LOCAL REGISTRAR'S SIGNATURE  
 25k. LOCAL REGISTRAR'S SIGNATURE  
 25l. LOCAL REGISTRAR'S SIGNATURE  
 25m. LOCAL REGISTRAR'S SIGNATURE  
 25n. LOCAL REGISTRAR'S SIGNATURE  
 25o. LOCAL REGISTRAR'S SIGNATURE  
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 25u. LOCAL REGISTRAR'S SIGNATURE  
 25v. LOCAL REGISTRAR'S SIGNATURE  
 25w. LOCAL REGISTRAR'S SIGNATURE  
 25x. LOCAL REGISTRAR'S SIGNATURE  
 25y. LOCAL REGISTRAR'S SIGNATURE  
 25z. LOCAL REGISTRAR'S SIGNATURE



Morgan J. O'Connell  
LOCAL REGISTRAR

This Certified Copy VALID  
Only When Original BLUE  
SEAL AND BLUE SIGNATURE  
Are Affixed

ALL-STATE LEGAL®  
EXHIBIT

STATE OF ILLINOIS  
County of Cook

**UNOFFICIAL COPY**  
DAVID ORR, County Clerk

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

*David Orr*  
COUNTY CLERK

REGISTRATION DISTRICT NO <b>16.10</b>		STATE OF ILLINOIS		STATE FILE NUMBER <b>6016041</b>	
<b>MEDICAL CERTIFICATE OF DEATH</b>					
DECEASED NAME FIRST MIDDLE LAST <b>Louise Henderson</b>		SEX <b>Female</b>		DATE OF DEATH (MONTH DAY YEAR) <b>September 2, 1992</b>	
COUNTY OF DEATH <b>Cook</b>		AGE - LAST BIRTHDAY (MM/SS) <b>72</b>		DATE OF BIRTH (MONTH DAY YEAR) <b>5d September 17, 1919</b>	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <b>Chicago</b>		HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER GIVE STREET AND NUMBER) <b>Holy Cross Hospital</b>		IF HOSP OR INST INDICATE DOA OR OTHER P.M. INPATIENT (SPECIFY) <b>Inpatient</b>	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>Grenada, Ms.</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Widowed</b>		NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) <b>None</b>	
SOCIAL SECURITY NUMBER <b>343-20-8663</b>		USUAL OCCUPATION <b>Homemaker</b>		KIND OF BUSINESS OR INDUSTRY <b>Home</b>	
RESIDENCE (STREET AND NUMBER) <b>5943 South Laffin</b>		CITY, TOWN, TWP. OR ROAD DISTRICT NO <b>Chicago</b>		INSIDE CITY (YES/NO) <b>Yes</b>	
STATE <b>Illinois</b>		ZIP CODE <b>60616</b>		COUNTY <b>Cook</b>	
FATHER - NAME FIRST MIDDLE LAST <b>Shannon Evans</b>		MOTHER - NAME FIRST MIDDLE (MAIDEN) LAST <b>Mayrona Beck</b>		14b <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
INFORMANT'S NAME (TYPE OR PRINT) <b>Vernon Evans</b>		RELATIONSHIP <b>Son</b>		MAILING ADDRESS (STREET AND NO OR R.F.D. CITY OR TOWN, STATE, ZIP) <b>5943 South Laffin Chgo., IL.</b>	
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.					
Immediate Cause (Final disease or condition resulting in death) <b>Septic shock</b>		(b) <b>Acute Adenitis</b>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>2 Days</b>	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. <b>Acute myocardial infarction, Hypertension</b>		(c)		<b>1 Day</b>	
PART II Other significant conditions contributing to death but not resulting in the underlying cause given in PART I					
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO) <b>No</b>	
1 (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON <b>9/1/92</b>		WAS CORONER'S OR MEDICAL EXAMINER NOTIFIED (YES/NO) <b>No</b>		HOUR OF DEATH <b>2:36 A.M.</b>	
22a. SIGNATURE <i>[Signature]</i>		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>R. SHARIFA MD 4455 Kedzie Phoe Rd. 60637</b>		DATE SIGNED (MONTH DAY YEAR) <b>9-2-1992</b>	
22c. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER)		22d. LICENSE NUMBER <b>49058</b>		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>		CEMETERY OR CREMATORY - NAME <b>Restvale</b>		LOCATION CITY OR TOWN STATE <b>Worth, Illinois</b>	
FUNERAL HOME NAME <b>A.R. Leak Funeral Home</b>		STREET AND NUMBER OR R.F.D. <b>7838 South Cottage Grove Avenue</b>		CITY OR TOWN STATE ZIP <b>Chgo., IL. 60619</b>	
FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>0413-007799</b>		DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR) <b>SEP 4 1992</b>	
LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>		26a.		26b.	

ALL-STATE LEGAL®  
**EXHIBIT**  
2



ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for failure to disclose.

# INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No. 225

State No. \_\_\_\_\_

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS  
INFORMANT

DISPOSITION

CAUSE OF  
DEATH

CERTIFIER

HEALTH  
OFFICER

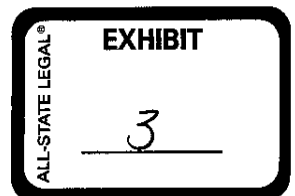


1. DECEASED—NAME (First, Middle, Last) <b>Verneice E. Sally</b>		2. SEX <b>Female</b>	3a. TIME OF DEATH <b>2:40 P M</b>	3b. DATE OF DEATH (Month, Day, Yr) <b>July 27, 2005</b>	
4. *SOCIAL SECURITY NUMBER <b>343-34-3401</b>	5a. AGE—Last Birthday (Years) <b>65</b>	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH (Mo, Day, Yr) <b>January 1, 1940</b>	
7. BIRTHPLACE (City and State or Foreign Country) <b>Chicago, Illinois</b>	8a. WAS DECEDENT A U.S. VETERAN? <b>No</b>				
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>N/A</b>		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) <b>St. Catherine Hospital</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>East Chicago</b>	9d. COUNTY OF DEATH <b>Lake</b>		
10. MARITAL STATUS (Specify) <b>Widow</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>N/A</b>	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Phlebotomist</b>		12b. KIND OF BUSINESS/INDUSTRY <b>Health</b>	
13a. RESIDENCE—STATE <b>Illinois</b>	13b. COUNTY <b>Cook</b>	13c. CITY, TOWN, OR LOCATION <b>Chicago</b>		13d. STREET AND NUMBER <b>5943 S. Laflin</b>	
13e. ZIP CODE <b>60636</b>	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? <b>USA</b>	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify) <b>Black</b>	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>4</b> College (1-4 or 5+) <b>4</b>		18. FATHER'S NAME (First, Middle, Last) <b>Frank Baxton</b>			
19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Louise Evans</b>		20a. INFORMANT'S NAME (Type/Print) <b>Karen Bell</b>			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>7717 S Sangamon Chicago, Illinois 60620</b>		20c. Relationship <b>Daughter</b>			
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>August 2, 2005 Mt. Hope Cemetery</b>		21c. LOCATION—City or Town, State <b>Worth, Illinois</b>	
22a. EMBALMER'S NAME <b>Sherman G. Banks III</b>		22b. EMBALMER'S LICENSE NO. <b>FD01016254</b>	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b. LICENSE NUMBER (of Licensee) <b>FD01016254</b>	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Smith Bizzell &amp; Warner FH19600034 4209 Grant Street Gary, IN 46408</b>		
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, 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. <b>Severe Chronic Obstructive Pulmonary Disease</b> <b>STROKE.</b> b. _____ c. _____ d. _____ Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last					
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I					
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM (Yes or no)		28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)		
29a. CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.					
29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		29c. MEDICAL LICENSE NO. <b>01030852</b>	29d. DATE SIGNED (Month, Day, Year) <b>08/12/05</b>		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Elliott Stokar MD 761 45<sup>th</sup> Ave Munster, Indiana, 46370</b>					
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>			32. DATE SIGNED (Month, Day, Year) <b>8/12/05</b>		
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
34a. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34d. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			

IVBA-20

(5/83)H06-004 State Form 10110 (R4/3-93) Deathcer/PD

VOID IF ALTERED OR ERASED - NOT VALID UNLESS CERTIFIED BY HEALTH DEPARTMENT



STATE OF ILLINOIS  
County of Cook

UNOFFICIAL COPY

DAVID ORR County Clerk

JUN 05 2007

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is the true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

*David Orr*

COUNTY CLERK

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <b>16.10</b>		STATE OF ILLINOIS		STATE FILE NUMBER	
		REGISTERED NUMBER		<b>MEDICAL CERTIFICATE OF DEATH</b>			
				<b>601082</b>			
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Manual for INSTRUCTIONS		DECEASED-NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
A		1. <b>COURTNEY SALLY JR.</b>		2. <b>MALE</b>	3. <b>01-17-05</b>		
B		COUNTY OF DEATH		AGE-LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)
C		4. <b>COOK</b>		5a. <b>68</b>	5b.	5c.	5d. <b>11-2-1936</b>
D		CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			IF HOSP. OR INST. INDICATE OPENER, PM, INPATIENT (SF)
E		6a. <b>CHICAGO</b>		6b. <b>ST. AGNES HEALTH CARE</b>			6c. <b>INPATIENT</b>
DECEASED		BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	
A		7. <b>MISSISSIPPI</b>		8a. <b>MARRIED</b>		8b. <b>VERNEICE EVANS</b>	
B		SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY	
C		10. <b>426-68-0163</b>		11a. <b>CARPENTER</b>		11b. <b>GENERAL</b>	
D		RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	
E		13a. <b>1725 SOUTH 31st AVE</b>		13b. <b>CHICAGO</b>		13c. <b>YES</b>	
A		STATE		ZIP CODE		RACE (WHITE, BLACK, AMERICAN INDIAN, etc. (SPECIFY))	
B		13e. <b>IL</b>		13f. <b>60616</b>		14a. <b>BLACK</b>	
C		FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN)	
D		15. <b>COURTNEY SALLY Sr</b>		16. <b>GENEVA SANDERS</b>		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
E		INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)	
A		17a. <b>CATOYA CARE</b>		17b. <b>RECORDS</b>		17c. <b>1725 SOUTH 31st AVE CHICAGO</b>	
B		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, or any one cause on each line.				APPROPRIATE (NOT BETWEEN REGISTERS)	
C		Immediate Cause (Final disease or condition resulting in death)		DUETO, OR AS A CONSEQUENCE OF			
D		1. <b>Chronic ventilatory failure</b>		<b>meat</b>			
E		CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		DUETO, OR AS A CONSEQUENCE OF			
A		2. <b>Emphysema</b>					
B		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				AUTOPSY (YES/NO)	
C						19a. <b>NO</b>	
D		DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN THREE MONTHS?	
E		20a.		20b.		20c. YES <input type="checkbox"/> NO <input type="checkbox"/>	
A		(DID/DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH	
B		21a. <b>JANUARY 15, 2005</b>		21b. <b>NO</b>		21c. <b>7:20 P.</b>	
C		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)			
D		22a. SIGNATURE <b>Robert Z...</b>		22b. <b>1/22/05</b>			
E		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER			
A		22c. <b>Robert Z...</b>		22d. <b>36-547</b>			
B		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.			
C		23. <b>...</b>		11. 0001			
D		BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY-NAME		LOCATION CITY OR TOWN STATE	
E		24a. <b>BURIAL</b>		24b. <b>RESTVALE</b>		24c. <b>WORTH ILLINOIS</b>	
A		FUNERAL HOME NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE ZIP	
B		25a. <b>TAYLOR FUNERAL HOME LTD</b>		<b>637 E. 79th St.</b>		<b>CHICAGO ILLINOIS 60611</b>	
C		FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER			
D		25b. <b>...</b>		25c. <b>034-01650</b>			
E		LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			
A		26a. <b>John L. Wilhelm, M.D.</b>		26b. <b>JAN 25 2005</b>		<b>3</b>	

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STATE OF ILLINOIS  
County of Cook

# UNOFFICIAL COPY

DAVID ORR, County Clerk

JUN 05 2007

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is the true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

*David Orr*  
COUNTY CLERK

STATE OF ILLINOIS  
STATE FILE NUMBER: 601413

REGISTRATION DISTRICT NO. 16-10  
REGISTERED NUMBER: 601413

**MEDICAL EXAMINER'S CERTIFICATE OF DEATH**

DECEASED - NAME: **JEROME SALLY** SEX: **Male** DATE OF DEATH: **2-28-88**

RACE: **BLACK** ORIGIN OR DESCENT: **AMERICAN** AGE: **32** UNDER 1 YEAR: **5h** UNDER 1 DAY: **5h** DATE OF BIRTH: **6 MAR. 16, 1955** COUNTY OF BIRTH: **COOK**

CITY, TOWN, VIL. OR ROAD DISTRICT NUMBER: **CHICAGO** HOSPITAL OR OTHER INSTITUTION: **MITCHELL HOSPITAL** NAME OF DECEASED: **JEROME SALLY** ADDRESS: **5943 SO. LAFLIN**

STATE OF BIRTH: **MISSOURI** CITIZEN OF WHAT COUNTRY: **U.S.A.** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED: **MARRIED** NAME OF SURVIVING SPOUSE: **MARCHA LAXTON**

SOCIAL SECURITY NUMBER: **333 54 5103** USUAL OCCUPATION: **MECHANIC** KIND OF BUSINESS OR INDUSTRY: **GENERAL** WAS DECEASED EVER IN U.S. ARMED FORCES: **NO** WAR OR DATES OF SERVICE: **NO**

RESIDENCE STREET AND NUMBER: **5943 SO. LAFLIN** CITY, TOWN, VIL. OR ROAD DISTRICT NO.: **CHICAGO** INSIDE CITY: **YES** COUNTY: **COOK** STATE: **ILLINOIS**

FATHER - NAME: **COURTNEY SALLY** MOTHER - MAIDEN NAME: **VERNICE EVANS**

INFORMANT'S NAME (TYPE OR PRINT): **VERNICE SALLY** RELATIONSHIP: **MOTHER** MAILING ADDRESS: **5943 SO. LAFLIN CHICAGO, ILLINOIS**

18. DEATH CAUSED BY: PART I. IMMEDIATE CAUSE: **(a) CRANIO CEREBRAL INJURIES**  
**(b) AUTOMOBILE STRIKING PEDESTRIAN**

PART II. OTHER SIGNIFICANT CONDITIONS: **CONDITIONS CONTRIBUTING TO DEATH BUT NOT HELD TO CAUSE: GIVEN IN P. (a)**

19a. YES  NO  19b. YES  NO

ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED (SPECIFY): **ACCIDENT** DATE OF INJURY (MONTH, DAY, YEAR): **2-28-88** HOUR: **12:45 PM** HOW INJURY OCCURRED (ENTER NATURE OF INJURY AND NUMBER OF PARTS OF BODY INVOLVED): **AVOID PEDESTRIAN**

INJURY AT WORK: **NO** PLACE OF INJURY (FACTORY, OFFICE BUILDING, ET. AL. (SPECIFY)): **EXPRESSWAY** LOCATION (CITY, VIL. OR TOWN, OR TWP. OR RD. ST. NO., COUNTY, STATE): **CHICAGO COOK IL** IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS: **NO**

21a. I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED AND THAT: **21b. 2-28-88** AT: **1:40 PM**

22. MEDICAL EXAMINER'S SIGNATURE: *Robert J. Stein, M.D.* NAME: **MITRA K. ELKAR, M.D.** DATE SIGNED: **2-29-88**

24a. BURIAL, CREMATION, REMOVAL: **BURIAL** CEMETERY OR CREMATORY NAME: **RESTVALE** LOCATION: **WORTH, ILLINOIS** STATE: **ILLINOIS** DATE (MONTH, DAY, YEAR): **MAR. 4, 1988**

25a. FUNERAL HOME: **A.R. LEAK FUNERAL HOME 7838 SO. COTTAGE GR. CHICAGO, ILLINOIS 60619**

25b. FUNERAL DIRECTOR'S SIGNATURE: *A.R. Leak* LICENSE NUMBER: **4390**

26a. LOCAL REGISTRAR'S SIGNATURE: *Thomas E. C... ..* DATE RECD BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **MAR 2 1988**

