

STATE OF ILLINOIS) ) SS.  
COUNTY OF COOK)

AFFIDAVIT

Betty Johnson, being first duly sworn on oath, state as follows:

1. Affiant is more than twenty-one years of age and duly authorized to make this affidavit, and if called as a witnesses, would testify as follows:
2. That Betty Johnson and Robert Townsell are the remaining Heirs at Law of Lillian Tucker.
3. That she was acquainted with Rayfield Tucker and Lillian Tucker the deceased who, at the time of their death, were the owners of the land in Cook County, Illinois, described as:

LOT 35 IN EXECUTOR'S SUBDIVISION OF LOT 3 IN PARTITION OF THE SOUTH EAST 1/4 OF SECTION 22, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

1814 South Komensky, Chicago IL 60623    pin: 16-22-412-028-0000


4. That Lillian Tucker the deceased was married to Rayfield Tucker who predeceased her, as evidenced by certified copies of death certificates of the deceased attached hereto.

5. That the deceased died:

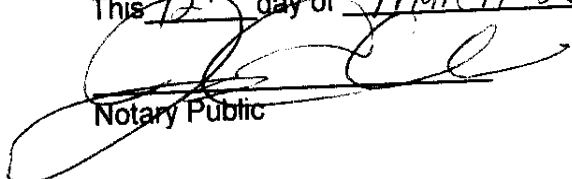
Leaving no Last Will & Testament.

That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of \$50,000 dollars.

6. FURTHER, Affiant sayeth not.

  
Betty Johnson  
Heir of Lillian Tucker

SUBSCRIBED and sworn to before me  
This 12<sup>th</sup> day of March 2007

  
Notary Public

STATE OF ILLINOIS  
County of Cook

# UNOFFICIAL COPY

DAVID ORR, County Clerk

FEB 13 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 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

DECEASED'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>0615793</b>	
DECEASED - NAME		FIRST		MIDDLE		LAST		SEX	DATE OF DEATH
1. <b>RAYFIELD</b>		<b>TUCKER</b>						2. <b>MALE</b>	3. <b>JULY 26, 1981</b>
RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY))		ORIGIN OR DESCENT		AGE - LAST BIRTHDAY (YRS)		UNDER 1 YEAR		DATE OF BIRTH (MONTH DAY YEAR) COUNTY OF DEATH	
4a. <b>Black</b>		American		5a. <b>83</b>		5b. <b>5c.</b>		6. <b>Feb. 25, 1898</b> <b>Cook</b>	
CITY, TOWN, VLG. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)						IF HOSP. OR INST. INDICATE DOB OF PATIENT (MAY BE LEFT BLANK)	
7b. <b>Chicago</b>		7c. <b>Mt SINAI HOSPITAL</b>						7d. <b>D.O.A.</b>	
STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY)		CITIZENSHIP OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)			
8. <b>Oklahoma</b>		9. <b>USA</b>		10. <b>MARRIED</b>		11. <b>LILLIAN WARR</b>			
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		U.S. WAR VETERAN (YES/NO)		WAR OR DATES OF SERVICE	
12. <b>340 07 3306A</b>		13a. <b>LABOR</b>		13b. <b>GENERAL</b>		13c. <b>NO</b>		13d. <b>NONE</b>	
RESIDENCE STREET AND NUMBER		CITY, TOWN, VLG. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY		STATE	
14a. <b>1817 So. Komensky</b>		14b. <b>Chicago</b>		14c. <b>Yes</b>		14d. <b>Cook</b>		14e. <b>Illinois</b>	
FATH. NAME		MOTHER MAIDEN NAME		FIRST		MIDDLE		LAST	
15. <b>Harrie Tucker</b>		16. <b>Fannie Durant</b>							
INFORMANT'S SIGNATURE		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D. CITY, COUNTY, STATE, ZIP)					
17a. <i>Lillian Tucker</i>		17b. <b>WIFE</b>		17c. <b>1814 So. Komensky CHGO ILL</b>					
18. DEATH WAS CAUSED BY		PART I. IMMEDIATE CAUSE						A. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		(a) <b>Cardiac Arrest</b>						<b>Immediate</b>	
		DU TO OR AS A CONSEQUENCE OF							
		(b) <b>Atherosclerotic Heart Disease</b>							
		DU TO OR AS A CONSEQUENCE OF							
		(c)							
PART II. OTHER SIGNIFICANT CONDITIONS		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I						AUTOPSY YES/NO	
185. <b>Prostate Carcinoma with mets to Bone, Pleura</b>								<b>NO</b>	
DATE OF OPERATION IF ANY		MAJOR FINDINGS OF OPERATION							
20a.		20b.							
I ATTENDED THE DECEASED FROM		(MONTH DAY YEAR)		(MONTH DAY YEAR)		AND LAST SAW HIM		HOUR OF DEATH	
21a. <b>FEB. 1981</b>		<b>TO</b>		<b>DEATH</b>		21c. <b>6:30 P.</b>		21d. <b>10:55 P. M.</b>	
TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND		TO THE CAUSE(S) STATED						DATE SIGNED (MONTH DAY YEAR)	
22a. SIGNATURE <i>Virginia Ambrosini M.D.</i>		22b. <b>7/27/81</b>							
NAME AND ADDRESS OF CERTIFIER		ILLINOIS LICENSE NUMBER							
22c. <b>1500 S FAIRFIELD CHGO ILL</b>		22d. <b>036-060474</b>							
NAME OF ATTENDING PHYSICIAN (OTHER THAN CERTIFIER) (TYPE OR PRINT)		NOTE IF AN INJURY WAS INVOLVED IN THIS DEATH THE MEDICAL EXAMINER MUST BE NOTIFIED							
23. BURIAL CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY NAME		LOCATION		CITY OR TOWN		STATE	
24a. <b>BURIAL</b>		24b. <b>OAKRIDGE</b>		24c. <b>HILLSIDE, ILLINOIS</b>		24d. <b>AUG. 7, 1981</b>			
FUNERAL HOME NAME		STREET AND NUMBER (OR R.F.D.)		CITY OR TOWN		STATE			
25a. <b>BIGGS &amp; BIGGS F.H.</b>		<b>3246 West Jackson Blvd.</b>		<b>Chicago, Illinois</b>					
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER							
25b. <i>Douglas J. Ambrosini</i>		25c. <b>8402</b>							
LOCAL REGISTRAR'S SIGNATURE		CHICAGO DEPT. OF HEALTH		RICHARD J. DALEY CENTER, ROOM 111		CONCOURSE LEVEL, CHICAGO 60602		DATE RECD BY LOCAL REGISTRAR (MONTH DAY YEAR)	
26a. <i>Stephanie...</i>		26b. <b>JUL 20 1981</b>							

035  
DECEASED  
1925  
9-11  
PARENTS

440  
27  
CAUSE  
185

CERTIFIER  
LOCATION

FEB 23 2007

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I, David Orr, County Clerk of the County of Cook, in the State of Illinois, 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. 16.10
STATE OF ILLINOIS
M. DICAL CERTIFICATE OF DEATH 601031
DECEASED NAME: LILLIAN TUCKER
SEX: FEMALE
DATE OF DEATH: JANUARY 4, 1991
COUNTY OF DEATH: COOK
CITY: CHICAGO
HOSPITAL: MT. SINAI HOSPITAL MEDICAL CENTER
BIRTHPLACE: Chgo, Illinois
MARRIED: Widowed
SOCIAL SECURITY NUMBER: 345-18-8118
RESIDENCE: 1818 S. Komensky
FATHER: Ekriel Horton
MOTHER: Anna Warr
INFORMANT: M. TORRES
CAUSE: Hepatorenal Syndrome, Laeence's Embolus, Chronic alcohol abuse
CERTIFIER: Same
DISPOSITION: Burial at Oakridge Cemetery, Hillside Illinois