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Doc#: 0900915030 Fee: \$60.25  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 01/09/2009 10:13 AM Pg: 1 of 2

AFFIDAVIT OF FACTS

STATE OF Illinois  
COUNTY OF Cook

§  
§  
§

BEFORE ME, the undersigned authority, on this day personally appeared the undersigned affiant, who swore on oath that the following facts are true:

"1. My name is C. A. Jackson, I am of sound mind, capable of making this affidavit and fully competent to testify to the matters stated herein, and I have personal knowledge of each of the matters stated herein.

"2. That my spouse, Ethel Gavin-Jackson, now deceased, and I were the record title holders of the following described property, as evidenced by that Deed recorded in Instrument No. 95845163, among the land Records of Cook County, Illinois, to wit:

"3. That my spouse and I were married prior to December 5, 1995, the date of our acquisition of title to the property described hereinabove, and we remained continuously married, without interruption by divorce from that date up to the date of my spouse's death, June 22, 1997.

"4. That the value of my spouse's estate was insufficient to necessitate the filing of an estate tax return and that there are no state or federal estate or inheritance tax due as a result of his or her death.

"5. That Affiant gives this Affidavit for the purpose of inducing Chicago Title Insurance Company to issue its policy or policies insuring the title to said property without exceptions(s) to encumbrance(s) or vesting issues which could have possibly arisen in the event of divorce of the Affiant and Affiant's spouse; and said Affiant does hereby agree to indemnify and hold Chicago Title Insurance Company harmless of and from any and all loss, cost, damage and expense of every kind, including Attorneys' fees, which it may suffer or incur or become liable for under its said policy or policies arising directly or indirectly out of or on account of such an intervening divorce, or in connection with its enforcement of its rights under this agreement.

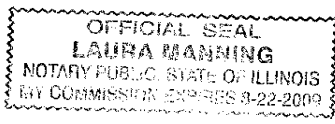
FURTHER THE AFFIANTS SAYETH NAUGHT.

C.A. Jackson (SEAL)  
C.A. Jackson  
\_\_\_\_\_  
(SEAL)

Executed, subscribed and sworn to before me the day and year above written.

Laura Manning  
Notary Public

My Commission expires: 8/22/09



SN  
P2  
MY  
JT

UNOFFICIAL COPY

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

AKA - Ethel Jackson

1. COUNTY OF DEATH: COOK; DATE OF DEATH: JUNE 22, 1997; SEX: FEMALE; DATE OF BIRTH: JUNE 22, 1997

2. UNDERLYING CAUSE OF DEATH: METASTATIC LUNG CANCER

3. DECEASED'S NAME: ETHEL CAVIN; FIRST: ETHEL; MIDDLE: CAVIN; LAST: CAVIN

4. CITY, TOWN, TWP OR ROAD DISTRICT NUMBER: COOK; ADDRESS: WEST SUBURBAN HOSPITAL MEDICAL CENTER; INPATIENT

5. DATE OF DEATH: AUGUST 13, 1939

6. BIRTHPLACE: WEST SUBURBAN HOSPITAL MEDICAL CENTER; NAME: SARAH PERRYMAN

7. MARRIAGE STATUS: MARRIED; USUAL OCCUPATION: LABOR

8. SOCIAL SECURITY NUMBER: 10341-68-9034

9. EDUCATION: 9; NO

10. RESIDENCE: 10341 N. SAYRE; CHICAGO, ILLINOIS 60635

11. FATHER'S NAME: SEBE; MOTHER'S NAME: SARAH PERRYMAN

12. RELATIONSHIP: RECORDS

13. RACE: BLACK

14. ETHNICITY: HISPANIC OR HAITIAN

15. ZIP CODE: 60635

16. SIGNATURE: Daniel J. Dunn MD.

17. SIGNATURE: Daniel J. Dunn MD.

18. SIGNATURE: Daniel J. Dunn MD.

19. SIGNATURE: Daniel J. Dunn MD.

20. SIGNATURE: Daniel J. Dunn MD.

21. SIGNATURE: Daniel J. Dunn MD.

22. SIGNATURE: Daniel J. Dunn MD.

23. SIGNATURE: Daniel J. Dunn MD.

24. SIGNATURE: Daniel J. Dunn MD.

25. SIGNATURE: Daniel J. Dunn MD.

26. SIGNATURE: Daniel J. Dunn MD.

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named on item 3 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.

JUN 26 1997, Oak Park, Il. SIGNED [Signature] LOCAL REGISTRAR

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH in Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health or the local registrar or the county clerk shall be prima facia evidence in all courts and places of the facts therein stated.



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