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Doc#: 0903657111 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 02/05/2009 10:33 AM Pg: 1 of 3

STATE OF ILLINOIS]
]]
COUNTY OF]

Sherry M. Franklin being duly
sworn states that William Ward resides at 9366 S.
Burnside Ave. in the City of Chicago,
Illinois

That I was acquainted with Effie
Byrd (grandmother) deceased who, at the time of
her death, was one of the owners of the land in COOK
County, Illinois, described as:

Section - Township 03-37-14 subdivision Burnside
Lot # 3 Block #8

P.I.N. 25-03-432-016-0000

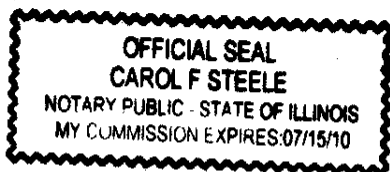
That the deceased died December 31, 2002
as evidenced by a certified copy of death certificate of the
deceased attached hereto.

Subscribed and sworn to before me by the said
Sherry M. Franklin

this 21st day of January, A.D. 19 2009

Carol F Steele
Notary Public

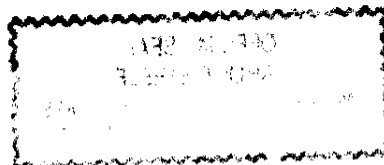
Sherry M. Franklin
(affiant) signature



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Property of Cook County Clerk's Office

Lot 3 in Block 8 in Burnside, a Subdivision of the Southeast 1/4 of the Southeast 1/4 of Section 3, (Exclusive of the Right of way of the Chicago and Western Indiana Railroad, and the Chicago Rock Island and Pacific Railroad) and all that part of the South 1/4 of the West 1/2 of Section 2, West of the Illinois Central Railroad and North of the right of way for a "Y" track, to connect the Illinois Central Railroad, and the Chicago and Western Indiana Railroad, all in Township 37 North, Range 14, East of the Third principal meridian in Cook County, Illinois.



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STATE OF ILLINOIS
County of Cook)

January 6, 2009

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 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 J. Orr
COUNTY CLERK

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 16.10	STATE OF ILLINOIS	STATE FILE NUMBER 620023
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH	
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS A. DECEASED B. SOCIAL SECURITY NUMBER C. RESIDENCE (STREET AND NUMBER) D. STATE E. FATHER-NAME 1. INFORMANT'S NAME 2. IMMEDIATE CAUSE 3. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. 4. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. 5. DATE OF OPERATION, IF ANY 6. SIGNATURE 7. NAME AND ADDRESS OF CERTIFIER 8. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 9. BURIAL, CREMATION, REMOVAL (SPECIFY) 10. FUNERAL HOME	1. DECEASED-NAME FIRST MIDDLE LAST EFFIE WARD BYRD SEX FEMALE DATE OF DEATH (MONTH, DAY, YEAR) December 31 2002		
	2. COUNTY OF DEATH COOK AGE - SEX 18 UNDER 1 YEAR 18 UNDER 1 DAY 18 DATE OF BIRTH (MONTH, DAY, YEAR) August 20 1934		
	3. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER CHICAGO 9366 S BURNSIDE IF HOSP. OR INST. INDICATE O.D.A. OPER. RM. INPATIENT (SPECIFY)		
	4. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) COFFEEVILLE MS WIDOWED (NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)) NO WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)		
	5. SOCIAL SECURITY NUMBER 345-28-2297 CLERICAL Calico Co. 12 13 13c YES 13d COOK		
	6. RESIDENCE (STREET AND NUMBER) 9366 S BURNSIDE CHICAGO INSIDE CITY (YES/NO)		
	7. STATE ILLINOIS ZIP CODE 1360619 RACE (WHITE, BLACK, AMERICAN INDIAN, OR HISpanic) BLACK OF HISPANIC OR LATINO SPECIFY (YES/NO) NO SPECIFY:		
	8. FATHER-NAME FIRST MIDDLE LAST JAMES SMITH MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST FRANKIE BAILLY		
	9. INFORMANT'S NAME (TYPE OR PRINT) ROBERT WARD RELATIONSHIP SON MAILING ADDRESS (STREET, NO., D. GRAF D., CITY OR TOWN, STATE, ZIP) 208 E 90th St Chicago IL 60619		
	10. IMMEDIATE CAUSE (Final disease or condition resulting in death) HEPATIC CARCINOMA		
11. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.			
12. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			
13. DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION			
14. WAS CORONER OR MEDICAL EXAMINER NOTIFIED (YES/NO) NO HOUR OF DEATH 7:21 P.M.			
15. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE INDICATED TO THE CAUSE(S) STATED.			
16. SIGNATURE ROY LACEY DATE SIGNED (MONTH, DAY, YEAR) 22010303			
17. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ROY LACEY, D.O. 80 S WESTERN CHICAGO IL 60662 ILLINOIS LICENSE NUMBER 220365DK2			
18. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)			
19. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL CEMETERY OR CREMATORY-NAME EVERGREEN LOCATION EVERGREEN PARK ILLINOIS DATE (MONTH, DAY, YEAR) Jan 6 2003			
20. FUNERAL HOME			

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