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Doc#: 0908629061 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 03/27/2009 04:22 PM Pg: 1 of 3

STATE OF ILLINOIS)
)
COUNTY OF COOK) SS

AFFIDAVIT OF HEIRSHIP

I, David Parker, on oath, state as follows:

1. That I am the son of the decedent, Mattie Jackson, who died on September 16, 2008 at Chicago, IL owning the property commonly known as 7916 South Escanaba, Chicago, IL and legally described as follows:

All of Lot 42 and the South ½ of Lot 43 in Newbury and Culver's Subdivision of Block 3 of the Circuit Court Partition of the Northeast ¼ of the Northwest ¼ and the Northwest ¼ of the Northeast ¼ of Section 31, Township 38 North, Range 15, East of the Third Principal Meridian, in Cook County, IL 21-31-201-019

2. That Mattie Jackson was married twice during her lifetime.

3. That Mattie Jackson's first marriage was to Knowledge Parker. This marriage was terminated by the death of Knowledge Parker.

4. Ten children were born to the marriage of Mattie Jackson and Knowledge Parker, namely: David Parker, Pauline Parker-Burton, Claudine Parker-Haynes, Knowledge Parker, Jr., Joe Edward Parker, Diane Parker, Jimmy Parker, Rickey Parker, Stanley Parker and Derrick Parker.

5. Mattie Jackson's second marriage was to Charles Jackson. This marriage was terminated by the death of Charles Parker on August 13, 2002.

6. Two children were born to the marriage of Mattie Jackson and Charles Jackson, namely: Charlynn Jackson and Charles Jackson, Jr.

7. No other children were born to or adopted by Mattie Jackson during her lifetime.

8. Based upon the foregoing, Mattie Jackson left surviving as her only heirs at law, the following, all of whom are living competent adults: David Parker, a son; Pauline Parker-Burton, a daughter; Claudine Parker-Haynes, a daughter; Knowledge Parker, Jr., a son; Joe Edward Parker, a son; Diane Parker, a daughter; Jimmy Parker, a son; Rickey Parker, a son;

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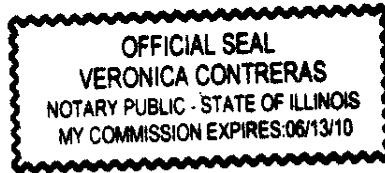
Stanley Parker, a son; Derrick Parker, a son; Charlynn Jackson, a daughter; and Charles Jackson, Jr., a son.

David Parker

SUBSCRIBED AND SWORN TO BEFORE ME THIS 28 DAY OF February 2009

Veronica Contreras
NOTARY PUBLIC

Hunter & Hunter, P.C.
439 East 31st Street
Suite 208
Chicago, IL 60616
312 567-9981



Property of Cook County Clerk's Office

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REGISTRATION DISTRICT NO. **16.10**
LOCAL FILE NUMBER **612792**

STATE OF ILLINOIS CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (include AKA's if any): (First, Middle, Last) MATTIE JACKSON		2. SEX FEMALE	3. DATE OF DEATH (Month/Day/Year) (Spell Month) SEPTEMBER 16, 2008
4. COUNTY OF DEATH COOK	5a. AGE AT LAST BIRTHDAY (Years) 81	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____
7a. CITY OR TOWN CHICAGO		7b. HOSPITAL OR OTHER INSTITUTION NAME (if not in either, give street and number) THE UNIVERSITY OF CHICAGO MEDICAL CENTER	

7c. PLACE OF DEATH (Check only one; see instructions)
 IF DEATH OCCURRED IN A HOSPITAL Inpatient Emergency Room/Outpatient Dead on Arrival
 IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL Hospice facility Nursing Home/long-term care facility Decedent's home Other (Specify): _____

8. BIRTHPLACE (City and State or Foreign Country) Arkansas	9. SOCIAL SECURITY NUMBER 344-22-6842	10. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married but separated <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) None	12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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13a. RESIDENCE (Street and Number) 7916 S. Escalante	13b. APT. NO.	13c. CITY OR TOWN Chicago	13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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13a. COUNTY Cook	13i. STATE IL	13j. ZIP CODE 60617	14. FATHER'S NAME (First, Middle, Last) Sam Oliver	15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Dora Oliver
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18a. INFORMANT'S NAME MAYBLEINE GIGGERS	18b. RELATIONSHIP HOSPITAL RECORDS	16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 5841 SOUTH MARYLAND CHICAGO, ILLINOIS 60637
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17. METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): _____	18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) St. Oak	19. LOCATION - CITY, TOWN AND STATE Alsip, IL	20. DATE OF DISPOSITION (Month/Day/Year) 9/22/2008
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21a. FUNERAL HOME NAME Leak And Sons Funeral Home	STREET AND NUMBER 7838 s. Cottage Grove Chicago, Illinois 60619	CITY OR TOWN Chicago	STATE Illinois	ZIP 60619
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21b. FUNERAL DIRECTOR'S SIGNATURE <i>Jerry Mason MD</i>	21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031-007489
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22. LOCAL REGISTRAR'S SIGNATURE <i>Jerry Mason MD</i>	23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) SEP 23 2008
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CAUSE OF DEATH (See instructions and examples)
 24. PART I. Enter the chain of events - diseases, injuries or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a primary related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. **HEMORRHAGE**
 Due to (or as a consequence of): _____

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST
 b. **PULSELESS ELECTRICAL ACTIVITY - ARREST**
 Due to (or as a consequence of): _____

c. _____
 Due to (or as a consequence of): _____

PART II. Enter other significant conditions contributing to death but not resulting in the underlying causes given in PART I.

25. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No
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27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	28. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Pregnant within one year of death but time unknown <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past 12 months	29. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation
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30. DATE OF INJURY (Month/Day/Year) N/A	31. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	32. PLACE OF INJURY (e.g. Decedent's home; construction site; residential; wooded area)	33. INQUIRY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No
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34. LOCATION OF INJURY Street and Number Apartment Number City or Town State ZIP Code

35. DESCRIBE HOW INJURY OCCURRED:	36. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify): _____
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37. (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON 9/16/2008	38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	39. DATE PRONOUNCED (Month/Day/Year) SEPTEMBER 16, 2008	40. TIME OF DEATH 5:10 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.
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41. CERTIFIER (Check only one):
 Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated.
 Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated.
 Medical Examiner/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 stated.

42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) ETHAN MOLITCH-HOU, MD - 5841 SOUTH MARYLAND CHICAGO, ILLINOIS 60637	43. PHYSICIAN'S LICENSE NUMBER 125-054504
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44. TITLE OF CERTIFIER MD	45. DATE CERTIFIED (Month/Day/Year) SEPTEMBER 17, 2008	46. SIGNATURE OF CERTIFIER <i>Ethan Molitch-Hou</i>
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Illinois Department of Public Health Division of Vital Records (Based on the 2003 U.S. Standard Certificate) VR200 (Rev 1/08)

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFICATE COPY VALID WHEN
EMPOWERED SEAL IS AFFIXED OVER
REGISTRAR'S SIGNATURE.

Jerry Mason MD

I, JERRY MASON, M.D., STATE OF ILLINOIS, COUNTY OF COOK, CITY OF CHICAGO, DO HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM A PHYSICIAN IN CHARGE OF PATIENT CARE AT THE TIME OF DEATH AND I AM A LICENSED PHYSICIAN IN THE STATE OF ILLINOIS. I AM NOT PROVIDING THIS INFORMATION FOR ANY OTHER PURPOSE.

SEP 23 2008

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO