

UNOFFICIAL COPY



STATE OF
COUNTY OF

Esch
Cook ss.

Doc#: 1109018112 Fee: \$58.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 03/31/2011 04:54 PM Pg: 1 of 2

AFFIDAVIT OF FACTS RELATING TO TITLE

Being first duly sworn according to law, under penalties of perjury, the undersigned (hereinafter "Affiant"), does hereby state as follows:

My full legal name is: Gwendolyn Marshall

By virtue of instrument dated 7-25-1972, recorded 8-31-1972, in Book-Page 22035067 of Cook County, IL Records, title was conveyed to Tommie J. Marshall and Gwendolyn Marshall, his wife in Joint the following described real estate:

THE NORTH 21 FEET OF LOT 25 AND THE SOUTH 21 FEET OF LOT 26 IN BLOCK 28 IN CALUMET TRUSTEES SUBDIVISION IN SECTION 12, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS BOTH NORTH AND SOUTH OF INDIAN BOUNDARY IN TOWNSHIP 37, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, ACCORDING TO THE PLAT THEREOF RECORDED, 12/30/25 AS DOCUMENT 9137462 IN COOK COUNTY, ILLINOIS.

TAX ID NO: 25-12-418-0714

As evidenced by the certified copy of the death certificate attached, Tommie Marshall is now deceased.

The purpose of this Affidavit is to transfer record title of the above described premises to the survivor, Gwendolyn Marshall.

Further, the Affiant sayeth naught.

AFFIANT:

Gwendolyn Marshall
Gwendolyn Marshall

Sworn to before me and subscribed in my presence this 23rd day of

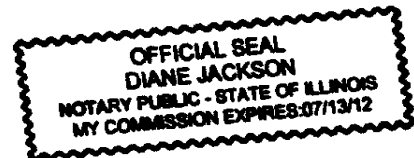
Feb, 2011 by Gwendolyn Marshall

01-11009117-022
WHEN RECORDED BE TURNED
TO OLD REPUBLIC TITLE
ATTN: POST CLOSING
200 SOUTH MAIN STREET
SUITE 1031
AKRON, OH 44311

Diane Jackson
Notary Public

RECORD

1st



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CERTIFICATION OF DEATH RECORD

CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2009 0067197

DATE ISSUED 09/18/2009

DECEDENT'S LEGAL NAME TOMMIE JAMES MARSHALL		SEX MALE	DATE OF DEATH SEPTEMBER 04, 2009	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 82 YEARS	DATE OF BIRTH JUNE 12, 1927		
CITY OR TOWN HAZEL CREST		HOSPITAL OR OTHER INSTITUTION NAME SOUTH SUBURBAN HOSPITAL		
PLACE OF DEATH INPATIENT				
BIRTHPLACE SELMA, AL	SOCIAL SECURITY NUMBER 419-22-4853	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME GWENDOLYN HUMMONS	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 10141 S OGLESBY AVE		APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60617	FATHER'S NAME REUBEN MARSHALL	MOTHER'S NAME PRIOR TO FIRST MARRIAGE IDA BELL
INFORMANT'S NAME GWENDOLYN MARSHALL		RELATIONSHIP MOTHER WIFE	MAILING ADDRESS 10141 S OGLESBY AVE, CHICAGO, IL, 60617	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION OAKLAND MEMORY LANES	LOCATION - CITY OR TOWN AND STATE DOLTON, IL	DATE OF DISPOSITION SEPTEMBER 14, 2009	
FUNERAL HOME SLAUGHTER AND SON FUNERAL DIRECTORS LTD, 2024 E 75TH ST, CHICAGO, IL, 60649				
FUNERAL DIRECTOR'S NAME BENITA SLAUGHTER			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012203	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR SEPTEMBER 15, 2009	
CAUSE OF DEATH PART I: DURAL HEMATOMIA				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		b.		
		c.		
		Due to (or as a consequence of):		
		Due to (or as a consequence of):		
		Due to (or as a consequence of):		
PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I.			WAS AN AUTOPSY PERFORMED? NO	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
DID TOBACCO USE CONTRIBUTE TO DEATH? NO	FEMALE PREGNANCY STATUS NOT APPLICABLE	MANNER OF DEATH NATURAL		
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?	
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED:			IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 07:39 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED SEPTEMBER 04, 2009	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH MIAN, W, 2555 S KING DR, CHICAGO, ILLINOIS, 60616			PHYSICIAN'S LICENSE NUMBER 036054085	



This is to certify that this is a true and correct copy from the official death record filed with Illinois Department of Health.

David Orr
David Orr
Cook County Clerk

