



# UNOFFICIAL COPY

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

One Hundred Thousand (100,000.<sup>00</sup>) \_\_\_\_\_ dollars.

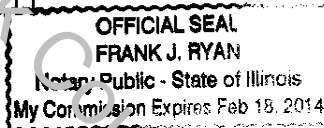
Affiant makes this affidavit for that purpose of inducing a title company to issue its Title Insurance Policy, describing the above mentioned property.

*[Handwritten Signature]*

Subscribed and sworn to before me this

27 day of December, 2011

*[Handwritten Signature]*  
Notary Public



This document prepared by: FRANK J. RYAN, 4849 West 167th Street, Suite #102, Oak Forest, Illinois 60452; (708) 633-9600.

Property of Cook County Clerk's Office

# UNOFFICIAL COPY

## STATE OF ILLINOIS CERTIFICATE OF DEATH

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

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last) **Mildred McGee** 2. SEX **Female** 3. DATE OF DEATH (Month/Day/Year) (Spell Month) **May 18, 2009**  
4. COUNTY OF DEATH **Cook** 5a. AGE AT LAST BIRTHDAY (Years) **74** 5b. UNDER 1 YEAR Months Days 5c. UNDER 1 DAY Hours Minutes 6. DATE OF BIRTH (Month/Day/Year) **December 20, 1934**  
7a. CITY OR TOWN **Chicago** 7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) **4154 W. 19th Street**

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) **Canton, MS.** 9. SOCIAL SECURITY NUMBER **346-36-3072** 10. MARITAL STATUS AT TIME OF DEATH:  Married  Married but separated  Widowed  Divorced  Never Married  Unknown 11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) **None** 12. EVER IN U.S. ARMED FORCES?  Yes  No  
13a. RESIDENCE (Street and Number) **4154 West 19th Street** 13b. APT. NO. 13c. CITY OR TOWN **Chicago** 13d. INSIDE CITY LIMITS?  Yes  No

13e. COUNTY **Cook** 13f. STATE **IL.** 13g. ZIP CODE **60623** 14. FATHER'S NAME (First, Middle, Last) **Charlie Love, Sr.** 15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) **Thelma Marshall**  
16a. INFORMANT'S NAME **Reda LeFlore** 16b. RELATIONSHIP **Daughter** 16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) **203 Early Street Park Forest, IL. 60466**  
17. METHOD OF DISPOSITION:  Burial  Cremation  Donation  Entombment  Other (Specify): 18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) **Washington Cemetery** 19. LOCATION - CITY, TOWN AND STATE **Homewood, Illinois** 20. DATE OF DISPOSITION (Month/Day/Year) **05-23-09**

21a. FUNERAL HOME NAME **W.W. Holt Funeral Home** STREET AND NUMBER **175 West 159th Street** CITY OR TOWN **Harvey, Illinois** STATE **Illinois** ZIP **60426**  
21b. FUNERAL DIRECTOR'S SIGNATURE *W.W. Holt* 21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **034-010992**  
22. LOCAL REGISTRAR'S SIGNATURE *Jerry Mason MD* 23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) **MAY 26 2009**

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 an acute or chronic 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. **Advanced Adenocarcinoma of the Pancreas**  
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. \_\_\_\_\_ Due to (or as a consequence of):  
c. \_\_\_\_\_ Due to (or as a consequence of):  
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH **11 months**

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.  
**Deep Venous Thrombus**  
25. WAS AN AUTOPSY PERFORMED?  Yes  No  
26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH?  Yes  No

27. DID TOBACCO USE CONTRIBUTE TO DEATH?  Yes  Probably  No  Unknown  
28. IF FEMALE:  Not pregnant within past 12 months  Pregnant at time of death  Not pregnant, but pregnant within 42 days of death  Pregnant within one year of death but time unknown  Not pregnant, but pregnant 43 days to 1 year before death  Unknown if pregnant within the past 12 months  
29. MANNER OF DEATH:  Natural  Suicide  Could not be determined  Accident  Homicide  Pending investigation

30. DATE OF INJURY (Month/Day/Year) 31. TIME OF INJURY  A.M.  P.M. 32. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area) 33. INJURY AT WORK?  Yes  No  
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:  Driver/Operator  Pedestrian  Passenger  Other (Specify)

37. I (we) DID (NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON **May 18, 2009** 38. WAS MEDICAL EXAMINER OR CORONER CONTACTED?  Yes  No 39. DATE PRONOUNCED (Month/Day/Year) **May 18, 2009** 40. TIME OF DEATH **16:43**  A.M.  P.M.

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) **Orlando B. Mackie 1901 West Harrison Chicago, IL 60612** 43. PHYSICIAN'S LICENSE NUMBER **036-099299**  
44. TITLE OF CERTIFIER (Verify that this is a true and correct copy of the official death record filed with the Illinois Department of Public Health.) **Medical Doctor** **May 18, 2009**

Illinois Department of Public Health - Division of Vital Records  
VR200 (Rev. 1/08)

CITY OF CHICAGO  
DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFICATE COPY VALID WHEN  
EMBEDDED SEAL IS APPLIED OVER  
REGISTERING SIGNATURE.

JERRY MASON MD

L. TERRY MASON, M.D., LOCAL  
REGISTERED VITAL STATISTICS OFFICER  
CERTIFY THAT I AM THE REGISTERED  
VITAL STATISTICS OFFICER FOR THE  
CITY OF CHICAGO AND THAT THE  
ABOVE INFORMATION IS TRUE AND CORRECT  
TO THE BEST OF MY KNOWLEDGE AND  
FAITH AND THAT I AM A LICENSED  
PHYSICIAN AND THE SIGNATURE OF  
THE CITY OF CHICAGO IS THE  
AUTHORITATIVE CERTIFICATE ON THIS  
MATTER. I AM A MEMBER OF THE  
ILLINOIS MEDICAL BOARD AND  
HOLD MY LICENSE IN GOOD STANDING.

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO  
MAY 26 2009