

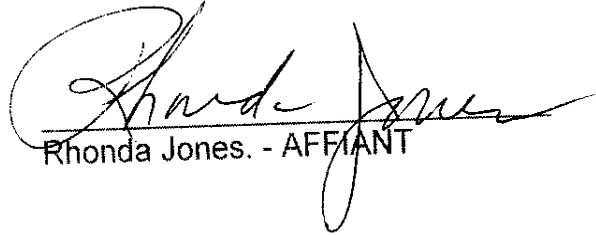
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- b.) Darrell W. Jones, son, who is an adult, living, and married to Statia Jones.
5. Based on the foregoing, decedent left as his only heirs, the following, all of whom survived the decedent and are of legal age and are mentally competent, unless otherwise noted herein to the contrary:
- a.) Rhonda Jones, daughter;
- b.) Darrell W. Jones, son;
6. That no probate estate has been opened nor is contemplated as a result of the death of Ronald W. Jones.
7. That the decedent, Ronald W. Jones, was the owner in joint tenancy with his previously deceased spouse, Bernetta C. Jones, of the following real estate legally described as follows:
- See Exhibit C Legal Description attached hereto and made a part hereof.
- P.I.N.# 25-09-326-020-0000 & 25-09-326-021-0000.
- and commonly known as 10224 S. Lowe, Chicago, IL 60628.
8. That the net value of the decedent's estate is less than the limit allowable under Federal Estate Tax laws and no Federal or Illinois Estate taxes will be due or owing from the estate.
9. That no unpaid claims exist against the estate of Ronald W. Jones, deceased and all claims including funeral bills, all debts, including

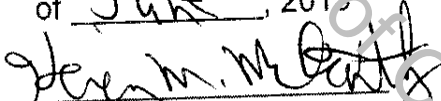
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public and old age assistance advancements, and expenses of last illness of the decedent have been paid.

Affiant further sayeth not.


Rhonda Jones. - AFFIANT

Subscribed and sworn to
before me this 19 day
of June, 2013


Notary Public



Prepared By and Mail To:

KEVIN M. MCCARTHY
Attorney At Law
7903 W. 159th Street, Suite B
Tinley Park, IL 60477
(708) 614-7200
Attorney No. 30219

Property of Cook County Clerk's Office

CERTIFICATION OF DEATH RECORD

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EXHIBIT A

COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH

STATE FILE NUMBER 2013-0010645

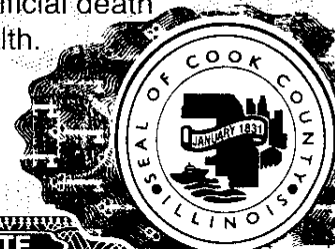
MEDICAL EXAMINER'S CASE NUMBER 551 JAN 13

DATE ISSUED 2/6/2013

DECEDENT'S LEGAL NAME RONALD WILLIAM JONES			SEX MALE	DATE OF DEATH JANUARY 30, 2013	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 74 YEARS	DATE OF BIRTH NOVEMBER 27, 1938		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME 10224 S LOWE			
PLACE OF DEATH DECEDENT'S HOME					
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER 318-32-7154	STATUS AT TIME OF DEATH WIDOWED		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME EVER IN U.S. ARMED FORCES? YES	
RESIDENCE 10224 SLOWE		APT. NO.	CITY OR TOWN CHICAGO		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60628	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION WILLIAM JONES		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MYRA NAILOR
INFORMANT'S NAME RHONDA JONES		RELATIONSHIP DAUGHTER	MAILING ADDRESS 10979 S CHURCH, CHICAGO, IL, 60643		
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION WASHINGTON MEMORY GARDENS	LOCATION - CITY OR TOWN AND STATE HOMWOOD, IL	DATE OF DISPOSITION FEBRUARY 08, 2013	
FUNERAL HOME GATLING'S CHAPEL INC, 10133 S HALSTED ST, CHICAGO, IL, 60628					
FUNERAL DIRECTOR'S NAME RITA ANN JOINTER			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012266		
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR FEBRUARY 6, 2013		
CAUSE OF DEATH PART I. ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ Due to (or as a consequence of)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		b. _____ Due to (or as a consequence of)			
		c. _____ Due to (or as a consequence of)			
		Due to (or as a consequence of)		UNKNOWN UNKNOWN	
PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I. CHRONIC OBSTRUCTIVE PULMONARY DISEASE, PROSTATE CANCER				WAS AN AUTOPSY PERFORMED? NO	
				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
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 TRANSFORMATION INJURY, SPECIFY.	
ATTEND THE DECEASED?	DATE LAST SEEN ALIVE	WAS MEDICAL EXAMINER OR CORONER CONTACTED?	DATE PRONOUNCED JANUARY 30, 2013	TIME OF DEATH 11:40 PM	
CERTIFIER MEDICAL EXAMINER/CORONER				DATE CERTIFIED FEBRUARY 05, 2013	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH STEPHEN J CHINA, M.D., 2121 W HARRISON ST, CHICAGO, IL, 60612				PHYSICIAN'S LICENSE NUMBER	

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

David Orr
David Orr
Cook County Clerk



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EXHIBIT B

HARVEY, ILLINOIS DISTRICT 16.34

STATE OF ILLINOIS

STATE FILE
NUMBER

MEDICAL CERTIFICATE OF DEATH

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 16.34			REGISTERED NUMBER		
DECEASED						
DECEASED-NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. BERNETTA		CARLENE		JONES	2. FEMALE	3. NOVEMBER 2, 2006
COUNTY OF DEATH		AGE—LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	
4. COOK		5a. 62	5b. 0 5c. 0	5d. 0 5e. 0	6. FEBRUARY 23, 1944	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			IF HOSP. OR INST. INDICATE O.O.A. OP/EMER. RM. INPATIENT (SPECIFY)	
8a. HARVEY		8b. INGALLS MEMORIAL HOSPITAL			6c. Inpatient	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
7. CHICAGO ILLINOIS		8a. MARRIED	8b. RONALD JONES		9. NO	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)		
1. 0597		ACCOUNTANT	11b. QUAKER OATS	12. 12	College (1-4 or 5+)	
RESIDENCE—STREET AND NUMBER		CITY, TOWN, TWP. OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	COUNTY		
13a. 10224 SOUTH LOWE AVENUE		13b. CHICAGO	13c. YES	13d. COOK		
STATE		ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)		
13e. ILLINOIS		13f. 60628	14a. BLACK	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
PARENTS						
FATHER—NAME FIRST MIDDLE LAST		MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST				
15. Carl ELMO Hevis		16. Essie Louise Little				
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP CODE)			
17a. RONALD JONES		17b. HUSBAND	17c. 10224 SOUTH LOWE AVENUE CHICAGO ILLINOIS 60628			
18. PART I.		Enter the diseases, or conditions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Immediate Cause (Final disease or condition resulting in death)		(a) cardiac arrest				
		DUE TO, OR AS A CONSEQUENCE OF				
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) coronary artery disease				years
		(c) renal failure				years
PART II. Other significant conditions contributing to death but not resulting in the underlying cause, or in IFA I1.		AUTOPSY (YES/NO)				WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)
		19a. YES				19b.
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		
20a.		20b.		20c. <input type="checkbox"/> YES <input type="checkbox"/> NO		
(DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		(MONTH, DAY, YEAR)	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH	
21a. 10/3/06			1b.		21c. 4:29 P. M.	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED (MONTH, DAY, YEAR)				
22a. SIGNATURE		DATE SIGNED				
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER				
22c. Mark Kozloff 71 W 156th St Suite 401 Harvey IL 60446		22d. IL 036-047581				
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.				
23.						
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN	STATE	DATE (MONTH, DAY, YEAR)
24a. BURIAL		24b. Washington Memory Gardens	24c. Homewood	IL		24d. 11-9-06
FUNERAL HOME		NAME	STREET AND NUMBER OR R.F.D.	CITY OR TOWN	STATE	ZIP
25a. Gatling's Chapel Inc 10133 S Halsted St Chicago IL 60628		FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		
25b. Shelome Broadwater		25c. 034-015037				
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)				
26a. Gwendolyn L. Davis		26b. NOV 09 2006				

CERTIFIED COPY OF VITAL RECORDS

I HEREBY CERTIFY THAT THE FOREGOING is a true and correct copy of the DEATH record for the individual named therein 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.

D42530

DATE ISSUED

NOV 09 2006

ISSUED AT:

CITY OF HARVEY
15320 SO. BROADWAY AVE.
ILLINOIS 60426

Gwendolyn L. Davis
GWENDOLYN L. DAVIS
LOCAL REGISTRAR

This copy not valid unless prepared on engraved border displaying seal and signature of Local Registrar.

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EXHIBIT "C"

Legal Description

Pin # 25-09-326-021-0000 & 25-09-326-020-0000

LOTS 11 AND 12 IN BLOCK 43 IN EAST WASHINGTON HEIGHTS, BEING A SUBDIVISION OF THE WEST $\frac{1}{2}$ OF THE NORTH WEST $\frac{1}{4}$ AND THE SOUTH WEST $\frac{1}{4}$ OF SECTION 9, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

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