

# UNOFFICIAL COPY



Doc#: 1417045067 Fee: \$48.00  
RHSP Fee:\$9.00 RPRF Fee: \$1.00  
Karen A.Yarbrough  
Cook County Recorder of Deeds  
Date: 06/19/2014 02:14 PM Pg: 1 of 6

STATE OF ILLINOIS                    )  
  )  
COUNTY OF COOK                    )

## AFFIDAVIT OF HEIRSHIP

I, **Georgia M. McLaurin**, first duly sworn on oath, states as follows:

1. That I reside at 101 West 104<sup>th</sup> Street, in the City of Chicago, County of Cook, State of Illinois..

2. That I am the daughter of George H. McLaurin who died October 27, 1995, and Alice A. McLaurin who died January 28, 2012. A copy of their Medical Certificate of Death is attached hereto.

3. That at the time of her death, Alice A. McLaurin was the owner of a parcel of real property commonly known as 101 West 104<sup>th</sup> Street, in the City of Chicago, County of Cook, State of Illinois and more particularly described as follows:

**LOT ONE (1) IN ORRIN A. EAMES' SUBDIVISION OF THE WEST HALF (1/2) OF LOT NINE (9) IN SCHOOL TRUSTEES' SUBDIVISION OF SECTION 16, TOWN 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.**

4. That Alice A. McLaurin was married once in her lifetime to George H. McLaurin.

5. That Alice A. McLaurin died leaving no Last Will and Testament.

6. That eight (8) children were born to George H. McLaurin and Alice A. McLaurin, namely: Georgia M. McLaurin, who is alive, over 18 years old and mentally competent; Doris Allen, who is alive, over 18 years old and mentally competent; Genette McLaurin, who is alive, over 18 year olds and mentally competent; Mary Matthews, who is alive, over 18 years old and mentally competent; Frederick McLaurin, who is alive, over 18 years old and mentally competent; Bernard McLaurin, who is alive, over 18 years old and mentally competent; Robert McLaurin, who is deceased and Virginia McLaurin, who is deceased. Robert McLaurin and Virginia McLaurin did not have any children and a copy of their Death Certificates is attached.

# UNOFFICIAL COPY

7. That no other children were born to or adopted by George H. McLaurin or Alice A. McLaurin.

8. That Robert McLaurin died February 10, 1992, leaving no children. A copy of his Medical Certificate of Death is attached hereto.

9. That Virginia McLaurin died November 13, 2003, leaving no children. A copy of her Medical Certificate of Death is attached hereto.

10. That George H. McLaurin died leaving no Last Will and Testatment.

11. That the heirs of Alice A. McLaurin are as follows:

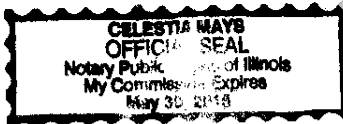
- (a) Doris Allen, Daughter
- (b) Genette McLaurin, Daughter
- (c) Georgia M. McLaurin, Daughter
- (d) Mary Matthews, Daughter
- (e) Frederick McLaurin, Son
- (f) Bernard McLaurin, Son

FURTHER AFFIANT SAYETH NAUGHT

*Georgia M. McLaurin*  
Affiant

SIGNED and SWORN to before me  
this 30<sup>th</sup> day of August, 2013

*[Signature]*  
Notary Public



Prepared by:  
Attorney No. 32845  
Celestia L. Mays, P.C.  
Attorney for Georgia McLaurin  
53 West Jackson Boulevard  
Chicago, Illinois 60604  
(312) 322-1040

PIN: 25-16-207-024-0000

EstateOfMcLaurin.AffidavitOfHeirship

Certified Copy of a Death Record  
**UNOFFICIAL COPY**

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <b>16.92</b>		STATE OF ILLINOIS				STATE FILE NUMBER	
		REGISTERED NUMBER <b>1435</b>		<b>MEDICAL CERTIFICATE OF DEATH</b>					
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS		DECEASED—NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)			
		<b>George H MC LAURIN</b>		<b>2. Male</b>		<b>3. October 27, 1995</b>			
1. COUNTY OF DEATH		AGE—LAST BIRTHDAY (YRS)		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (MONTH, DAY, YEAR)	
4. <b>COOK</b>		5a. <b>73</b>		5b. <b>73</b>		5c. <b>73</b>		5d. <b>December 21, 1921</b>	
4. 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 D.O.A. OP/EMER RM. INPATIENT (SPECIFY)	
6a. <b>PROVISO TOWNSHIP</b>		<b>VETERANS ADM. HINES, IL 60141</b>						8c. <b>Inpatient</b>	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (IF PERMANENT WIFE)				WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
7. <b>Pinola, MS</b>		<b>Married</b>		<b>Alice Thompson</b>				9. <b>yes</b>	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)			
10. <b>1232</b>		<b>11a. Mechanic</b>		<b>11b. Sherman Cottage</b>		<b>12. -12- College (1-4 or 5-1) -0-</b>			
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY			
13a. <b>101 West 104th Street</b>		13b. <b>Chicago</b>		13c. <b>Yes</b>		13d. <b>Cook</b>			
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.)			
13a. <b>Illinois</b>		13f. <b>60628</b>		14a. <b>Black</b>		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:			
FATHER—NAME FIRST MIDDLE LAST		MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST							
15. <b>Frank Mc Laurin</b>		16. <b>Annie Knox</b>							
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO OR R.F.D. CITY OR TOWN, STATE ZIP)					
17a. <b>David W. Litner</b>		<b>Hospital 17b. Records</b>		<b>VETERANS ADM. HINES, IL 60141</b>					
18. PART I. Enter the diseases, or complications 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) <b>Malignant Lung Tumor, Probable Carcinoma</b>							
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) <b>(right lower lobe) and Bilateral Pulmonary Congestion.</b>							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause (over PART I).		(c)							
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO)		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)			
20a.		20b.		19a. <b>Yes</b>		19b. <b>Yes</b>			
IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		20c. YES <input type="checkbox"/> NO <input type="checkbox"/>							
21a. (DID ( ) OR ( )) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		21c. HOUR OF DEATH					
21a. <b>October 27, 1995</b>		21b. <b>NO</b>		21c. <b>9:50 A. M.</b>					
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		22a. SIGNATURE		22b. DATE SIGNED (MONTH, DAY, YEAR)		22c. ILLINOIS LICENSE NUMBER			
		<b>Dr. K. Bresky</b>		<b>10/28/95</b>		<b>125-029344</b>			
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.					
<b>VETERANS ADM. HINES, IL 60141</b>									
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE		DATE (MONTH, DAY, YEAR)			
24a. <b>Burial</b>		24b. <b>Mt. Glenwood West</b>		24c. <b>Willow Spring, Illinois</b>		24d. <b>Nov. 4, 1995</b>			
FUNERAL HOME NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE		ZIP			
25a. <b>Gatling's Chapel 10133 So. Halsted Chicago, Illinois 60628</b>									
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER							
25b. <b>Richard J. Billik</b>		25c. <b>034-011948</b>							
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)							
26a. <b>Richard J. Billik</b>		26b. <b>October 31, 1995</b>							

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1 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.

DATE **OCT 31 1995** SIGNED **Richard J. Billik**

AT **BROADVIEW, ILLINOIS 60153**, Illinois. OFFICIAL TITLE **LOCAL REGISTRAR OF VITAL STATISTICS**

**CERTIFICATION OF DEATH RECORD**

**UNOFFICIAL COPY**

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2012 0008064

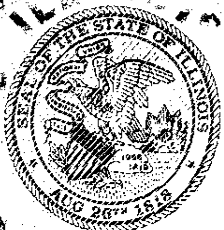
DATE ISSUED 02/22/2012

DECEDENT'S LEGAL NAME ALICE A MC LAURIN		SEX FEMALE	DATE OF DEATH JANUARY 28, 2012																				
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 86 YEARS	DATE OF BIRTH MARCH 03, 1925																					
CITY OR TOWN CHICAGO	HOSPITAL OR OTHER INSTITUTION NAME 101 W 104TH ST																						
PLACE OF DEATH DECEDENT'S HOME																							
BIRTHPLACE FLORA, MS	CITY NUMBER 6930	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO																			
RESIDENCE 101 W. 104TH ST	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 CLEMON THOMPSON	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION LOLA MAE CHAMPION																			
INFORMANT'S NAME GEORGIA MC LAURIN	RELATIONSHIP DAUGHTER	MAILING ADDRESS 101 W 104TH ST, CHICAGO, IL, 60628																					
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION MOUNT GLENWOOD MEMORY GARDENS WEST	LOCATION - CITY OR TOWN AND STATE WILLOW SPRINGS, IL	DATE OF DISPOSITION FEBRUARY 04, 2012																				
FUNERAL HOME GATLING'S CHAPEL INC, 10133 S HALSTED ST, CHICAGO, IL, 60628																							
FUNERAL DIRECTOR'S NAME SHIRLEY L GATLING		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015261																					
LOCAL REGISTRAR'S NAME DAVID ORR		DATE FILED WITH LOCAL REGISTRAR FEBRUARY 2, 2012																					
<table border="1"> <tr> <td rowspan="4">CAUSE OF DEATH - PART I IMMEDIATE CAUSE (Final disease or condition resulting in death)</td> <td colspan="2">PART I BREAST CANCER</td> <td rowspan="4">APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH</td> <td>UNKNOWN UNKNOWN</td> </tr> <tr> <td>a.</td> <td>Due to (or as a consequence of):</td> <td></td> </tr> <tr> <td>b.</td> <td>Due to (or as a consequence of):</td> <td></td> </tr> <tr> <td>c.</td> <td>Due to (or as a consequence of):</td> <td></td> </tr> <tr> <td colspan="5">PART II - Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I</td> </tr> </table>					CAUSE OF DEATH - PART I IMMEDIATE CAUSE (Final disease or condition resulting in death)	PART I BREAST CANCER		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	UNKNOWN UNKNOWN	a.	Due to (or as a consequence of):		b.	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 cause given in PART I				
CAUSE OF DEATH - PART I IMMEDIATE CAUSE (Final disease or condition resulting in death)	PART I BREAST CANCER		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	UNKNOWN UNKNOWN																			
	a.	Due to (or as a consequence of):																					
	b.	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 cause given in PART I																							
FEMALE PREGNANCY STATUS NOT APPLICABLE		WAS AN AUTOPSY PERFORMED? NO WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A MANNER OF DEATH NATURAL																					
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?																				
LOCATION OF INJURY			DESCRIBE HOW INJURY OCCURRED																				
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 02:30 AM																			
CERTIFIER PHYSICIAN			DATE CERTIFIED JANUARY 31, 2012																				
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PAOLA SMITH, 1441 BRANDING LN, DOWNERS GROVE, IL, 60515			PHYSICIAN'S LICENSE NUMBER 036076179																				

NOTE: TACTILE SECURITY HOLOGRAPHIC FOLLS AT BOTTOM

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

UNOFFICIAL COPY

FEB 14 1992

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

I, VIRGINIA L. PARKER, M.B.A. LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

STATE OF ILLINOIS

REGISTRATION DISTRICT NO. 120.1

REGISTERED NUMBER # 218 FEB. 92

602952

DECEASED-NAME **Robert** MIDDLE **McLaurin** LAST **Robert** SEX **Male** DATE OF BIRTH (MONTH, DAY, YEAR) **3. FEBRUARY 10, 1992**

COUNTY OF DEATH **COOK** DATE OF DEATH (MONTH, DAY, YEAR) **5d. SEPTEMBER 28, 1942**

AGE-LAST BIRTHDAY (YRS) **5a. 49** UNDER 1 DAY HOURS **5b.** MIN. **5c.**

HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **6a. CHICAGO** (IF HOSP. OR INST. INDICATED, O.A. OPERMFR. RN. INPATIENT) (SPECIFY) **6b. Roosevelt Community Hospital** (SPECIFY) **D. O. A.**

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **7. FLORA, MS.** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) **8a. NEVER MARRIED**

SOCIAL SECURITY NUMBER **10349-36-0044** USUAL OCCUPATION **11a. DISABLE** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) **12. 8th** College (1-4 or 5-1) **13d. COOK**

RESIDENCE (STREET AND NUMBER) **13a. 101 WEST 104th STREET** CITY, TOWN, OR ROAD DISTRICT NO. **13b. CHICAGO** COUNTY **13c. YES**

STATE **ILLINOIS** ZIP CODE **60628** OF HISPANIC ORIGIN? (SPECIFY AND YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.)

FATHER-NAME FIRST **GEORGE** MIDDLE **MCLAURIN** LAST **ALICE** THOMPSON MOTHER-NAME FIRST **MIDDLE** LAST

INFORMANT'S NAME (TYPE OR PRINT) **15. GEORGE MCLAURIN** RELATIONSHIP **16. ALICE THOMPSON** MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) **17a. GEORGE MCLAURIN 17c. 101 W. 104th ST CHGO. IL. 60628**

18. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or head failure. List only one cause or each line.

(a) Anterior Septal Myocardial Infarction  
DUE TO, OR AS A CONSEQUENCE OF

(b) DUE TO, OR AS A CONSEQUENCE OF

(c) DUE TO, OR AS A CONSEQUENCE OF

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

NATURAL ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED (SPECIFY) **20a. Natural** DATE OF INJURY (MONTH, DAY, YEAR) **20c. M. 20.** HOUR **20d. 11:59 P. M.**

INJURY AT WORK (YES/NO) **20f.** LOCATION (CITY, VIL. OR TOWN, OR TWP., CR. ID. DIST. NO., COUNTY, STATE) **20g. Willow Spring, IL.** HOW IN, OR, OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I ON PART II, ITEM 18) **20e. M. 20.** WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) **19a. NO** **19b.**

FEMALE: WAS THERE A PREGNANCY IN PAST THREE MONTHS? **20h. YES** **NO**

I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INFORMATION THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT

DATE SIGNED (MONTH, DAY, YEAR) **21b. February 11, 1992** DATE SIGNED (MONTH, DAY, YEAR) **21c. February 11, 1992**

CORONER'S MEDICAL EXAMINER'S SIGNATURE **Robert A. Parker, M.D.** DATE SIGNED (MONTH, DAY, YEAR) **22b. February 11, 1992**

CORONER'S PHYSICIAN'S SIGNATURE **Robert A. Parker, M.D.** DATE SIGNED (MONTH, DAY, YEAR) **22c. February 11, 1992**

BURIAL, CREMATION, REMOVAL (SPECIFY) **23a. BURIAL** CEMETERY OR CREMATORY-NAME **24b. MT. GLENWOOD CEM.** CITY OR TOWN **24c. WILLOW SPRING, IL.** STATE **23b.** DATE (MONTH, DAY, YEAR) **24d. FEB. 15 1992**

FUNERAL HOME NAME **25a. GATLING'S CHAPEL INC. 10133 SO. HALSTED CHICAGO, ILLINOIS 60628** STREET AND NUMBER OR RFD **25b. 34-014179** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **25c. 34-014179**

FUNERAL DIRECTOR'S SIGNATURE **Virginia L. Parker, M.B.A.** DATE FILED BY REGISTRAR (MONTH, DAY, YEAR) **26a. FEB 14 1992**

LOCAL REGISTRAR'S SIGNATURE **Virginia L. Parker, M.B.A.** DATE FILED BY REGISTRAR (MONTH, DAY, YEAR) **26b. FEB 14 1992**

# UNOFFICIAL COPY

STATE FILE NUMBER

STATE OF ILLINOIS

## MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16:33  
 REGISTERED NUMBER 712

DECEASED-NAME FIRST MIDDLE LAST VIRGINIA MCLAURIN		SEX 2 FEMALE	DATE OF DEATH (MONTH, DAY, YEAR) 3 NOVEMBER 13, 2003
1. COUNTY OF DEATH COOK		AGE-LAST BIRTHDAY (YRS) 58 54	DATE OF BIRTH (MONTH, DAY, YEAR) 3 NOVEMBER 13, 2003
4. CITY, TOWN, TWP OR ROAD DISTRICT NUMBER EVERGREEN PARK		UNDER 1 YEAR MOS. DAYS HOURS MIN. 5b 5c 5d	DATE OF BIRTH (MONTH, DAY, YEAR) 3 NOVEMBER 13, 2003
6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MADISON, MS.		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. LITTLE COMPANY OF MARY HOSPITAL	
7. MARITAL STATUS 8a. NEVER MARRIED		NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) 8b. NONE	
8. USUAL OCCUPATION 11a. LIBRARIAN		KIND OF BUSINESS OR INDUSTRY (Specify only highest grade completed) 11b. LIBRARY	
13a. STATE ILLINOIS		CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13b. CHICAGO	
14. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) 14a. BLACK		INSIDE CITY (YES/NO) 13c. YES	
15. INFORMANT'S NAME (TYPE OR PRINT) GEORGE MCLAURIN		CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13d. COOK	
17a. WILLMA D. SANTOS/CLERK		16. INFORMANT'S NAME (MAIDEN) LAST ALICE THOMPSON	
18. PART I. Immediate Cause (Final disease or condition resulting in death) (a) Severe Pulmonary hypertension. (b) DUE TO, OR AS A CONSEQUENCE OF Pulmonary Sarcoidosis. (c) DUE TO, OR AS A CONSEQUENCE OF Pulmonary Sarcoidosis.		17b. ADDRESS (STREET AND CITY, OR TOWN, STATE, ZIP) 2800 WEST 95TH STREET, ILLINOIS 60805	
PART II. Other significant conditions contributing to death, but not resulting in the underlying cause given in PART I.		19. AUTOPSY (YES/NO) NO	
20. DATE OF OPERATION, IF ANY		19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) NO	
21a. (DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 11/13/03)		20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? NO	
21b. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		21c. HOUR OF DEATH 3:00 P.M.	
22a. SIGNATURE OF CERTIFIER Rajnesa Salwan		22b. DATE SIGNED (MONTH, DAY, YEAR) 11-13-03	
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) Rajnesa Salwan, MD, 2800 W. 95th St. Evergreen Park, IL.		22d. ILLINOIS LICENSE NUMBER 36-093899	
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORNER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
24a. BURIAL HOME Gatling's Chapel, Inc. 10133 So. Halsted Chicago, IL. 60628		24b. CEMETERY OR CREMATORY-NAME MT. GLENWOOD WEST	
25a. FUNERAL DIRECTOR'S SIGNATURE Judith J. Gannan Counsel (K.K.)		24c. WILLOWSPRING IL	
25b. LOCAL REGISTRAR'S SIGNATURE		24d. CITY OR TOWN	
26a. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) November 18, 2003		25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014949	
		26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) November 18, 2003	

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD OF THE PERSON IN ITEM # 1 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 BIRTH, STILLBIRTHS, AND DEATHS.

DATE NOVEMBER 18 2003  
 AT EVERGREEN PARK, ILLINOIS

REGISTRAR Lauren M. Casper  
 DEPUTY REGISTRAR