## **UNOFFICIAL COPY**

STATE OF ILLINOIS COUNTY OF DuPage DECEASED JOINT TENANCY

Doc#: 1425134078 Fee: \$40.00 RHSP Fee:\$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds Date: 09/08/2014 01:37 PM Pg: 1 of 2

**AFFIDAVIT** 

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Alicia E. Winters being duly sworn states that she restors at 1916 E. 72nd Street, Chicago, Illinois 60549.

That she was acquainted with Eugene Winters, deceased, who, at the time of n's death, was one of the owners of the land in Cook County, Illicois, described as:

LOT 8 IN BLOCK 13 IN COMMUNITY RESUBDIVISION OF CERTAIN LOTS AND PARTS OF LOTS IN SCHOOL TRUSTEE'S SUBDIVISION OF THE NORTH PART OF SECTION 16, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Address of Property:

Jackson, Chicago, Illinois, 5241 W.

60644

P.I.N.:

16-16-123-006-0000

That the deceased died April 20, 2014, as evidenced by a certified copy of death certificate of the deceased attached hereto.

Alicia E. Winters

SUBSCRIBED and SWORN TO before me by the said AUCIA E. WINTERS this 25 day of AVOVET, 2014

Official Seal Kellie C Bowers Notary Public State of Illinois My Commission Expires 05/30/2018

Prepared by: Kathryn L. Harry & Associates, P.C. 1200 Harger Rd, Ste 706, Oak Brook, IL 60523 Mail to: Kathryn L. Harry & Associates, P.C. 1200 Harger Rd, Ste 706, Oak Brook, IL 60523

Attorneys' Title Guaranty Fund, Inc. 1 S. Wacker Rd., STE 2400 Chicago, IL 60606-4650 Attn: Search Department

## 425134078 Page: 2 of 2...

## CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2014 00	31109		<b>○ (T) ( 3 = 1 7</b> 4/29/201
DECEDENT'S LEGAL NAME EUGENE'S WINTERS		SEX MALE	DATE OF JEAN APRIL 20: 2014
COUNTY OF DEATH	AGE AT LAST BIRTHDAY 70 YEARS	DATE OF BIRTH JUNE 19, 1943	
CITYOR TOWN CHICAGO	HC	DSPITAL OR OTHER INSTITUTION NAME 5241 W JACKSON	
PLACE OF DEATH DECEDENT'S HOME		icts yy undiscon	
BIRTHPLACE GREENVILLE, MS	SOCIAL SECURITY NUMBER STATUS AT TIME OF WIDOWED	DEATH SUBYIVING SPOUSE/CIVIL UNIÓN F	PARTNER'S MAIDEN NAME   EVER IN U.S. ARMED FÖRCES? YES
RESIDENCE 5241 W JACKSON	APT.NO.	CITY OR TOWN	INSIDE CITY LIMITS?
COUNTY SINTE COOK IL	ZIP CODE FATHER/CO:PARENTS NAME PRIOR 1 50644 ELZIE WINTERS JR	TO FIRST MARRIAGE/CIVIL UNION MOTHER/CO-PA	YES  GENT'S NAME PRIOR TO FRET MARRIAGE/CIVIL UNION  WINFREY
INFORMANT'S NAME ALICIA E WINTERS	RELATIONSHIP DAUGHTER	MAILING ADDRESS 1916 E 72ND ST, CHIE	The state of the second of the
METHOD OF: DISPOSITION BURIAL	LAGE OF DISPOSITION  OF RIDGE CEMETERY	LOCATION - CITY OR TOWN AI HILLSIDE AL	ND STATE DATE OF DISPOSITION
FÜNERAL HOME WALLACE BROADVIEW F	UNERAL HOME, 2020 ROOSEVELT RO	The second secon	APRIL 26, 2014
RORY JAMES MOMON			RECTOR'S ILLINGIS LICENSE NUMBER
LOCAL BEGISTRAR'S NAME DAVID ÖRR		The state of the s	WITH LOCAL REGISTRAR
	LUNG CANCER	<u> 18 augustus 18 a</u>	3, 2014
IMMEDIATE CAUSE a. (Final disease or condition			SEAS 3.5 YEARS
resulting in death) D	Due to (crasia o	or equen e off	SXIMA NE D
	Dissin Green		APFIOX INTERVAL OWSET AND
c.	Dinas to (oras a co	xisequence ( )	至
	- Philip to April 2		
PART II. Enter other significant coridit	Due to (or as a co ions contributing to death but not resulting in the und	toribing course of the Party	AS AN AUTOPSY PERFORMED? NO
	- # 1945 19 19 1991 Final H. H. H. H. J.		ERE AUTOPSY FINDINGS USED TO
FEMALE PREGNANCY STATUS		C	OMPLETE CAUSE OF DEATH? N/A
NOT APPLICABLE			ANNER OF DEATH IATURAL
DATE OF INJURY	TIME OF INJURY PLAC	EOF INJURY	INJURY AT WORK?
LOCATION OF INJURY			
DESCRIBE HOW INJURY OCCURRED.			IF TRANSPORT, TION INJURY SPECIFY:
YES. J	E LAST SEEN ALIVÉ WAS MEDICAL EXAMIN UNE 06, 2013 CORONER CONTACTE		TIME OF DEATH D6:57 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED APRIL 21, 2014
NAME, ADDRESS AND ZIP CODE OF P	ERSON COMPLETING CAUSE OF DEATH		PHYSICIANIS LICENSE NUMBER



JAMES WINGER, 1211 ROOSEVELT RD, MAYWOOD, ILLINGIS, 60153

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.





PHYSICIAN'S LICENSE NUMBER

036117038