

# UNOFFICIAL COPY



Doc#: 1523913042 Fee: \$40.00  
RHSP Fee: \$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 08/27/2015 09:28 AM Pg: 1 of 2

## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS ]  
COUNTY OF ]

Cook

LAURA WILLIAMS

being duly

sworn states that she resides at 3810 West  
Division in the City of Chicago  
Illinois 60651

That he was acquainted

Husband

LAWSON WILLIAMS deceased who, at the time of his  
death, was one of the owners of the land in Cook

County, Illinois, described as: lot 26 and the west of

lot 25 in Block 6 in Thomas J Diven's subdivision of lots  
7 to 11 inclusive in freers subdivision of the west 1/2 of the north  
west 1/4 of section 2 Township 14 north, Range 13 East of the  
third principal in cook county Illinois

P.I.N. 16-02-128-037-0000

That the deceased died FEB - 22 - 2010

as evidenced by a certified copy of death certificate of the  
deceased attached hereto.

Subscribed and sworn to before me by the said

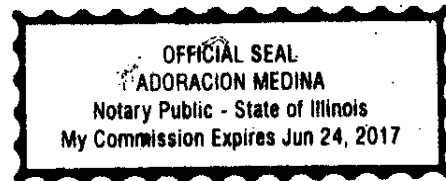
Laura Williams

this 21<sup>st</sup> day of August, A.D.

Adoracion Medina

Notary Public

Laura Williams  
(affiant signature)



Bm

# UNOFFICIAL COPY

## CERTIFICATION OF DEATH RECORD

### CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2010 0014429		DATE ISSUED 03/02/2010	
DECEDENT'S LEGAL NAME LAWSON WILLIAMS JR		SEX MALE	DATE OF DEATH FEBRUARY 22, 2010
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 81 YEARS	DATE OF BIRTH MAY 02, 1928	
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME 3810 WEST DIVISION STREET	
PLACE OF DEATH DECEDENT'S HOME			
BIRTHPLACE JACKSONVILLE, FL	SOCIAL SECURITY NUMBER 256-28-2150	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME LAURA MCGINNIS
RESIDENCE 3810 WEST DIVISION STREET		APT. NO.	CITY OR TOWN CHICAGO
		INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60651	FATHER'S NAME LAWSON WILLIAMS SR
		MOTHER'S NAME PRIOR TO FIRST MARRIAGE ZELMA WILLIAMSON	
INFORMANT'S NAME LAURA WILLIAMS		RELATIONSHIP WIFE	MAILING ADDRESS 3810 WEST DIVISION STREET, CHICAGO, IL, 60651
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION MOUNT HOPE CEMETERY	LOCATION - CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION MARCH 05, 2010
FUNERAL HOME HUDSON FUNERAL HOME, 8745 SOUTH COMMERCIAL AVENUE, CHICAGO, IL, 60617			
FUNERAL DIRECTOR'S NAME DOROTHY HUDSON		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012094	
LOCAL REGISTRAR'S NAME DAVID ORR		DATE FILED WITH LOCAL REGISTRAR FEBRUARY 25, 2010	
<b>CAUSE OF DEATH</b>	<b>PART I. PROSTATE CANCER</b>	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	<b>YEARS</b>
IMMEDIATE CAUSE (Final disease or condition resulting in death)	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 <b>significant conditions contributing to death</b> 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? UNKNOWN	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? YES	DATE LAST SEEN ALIVE FEBRUARY 17, 2010	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED
			TIME OF DEATH 07:15 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED FEBRUARY 25, 2010
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR. RENE VELAZCO, 736 WEST 35TH STREET, CHICAGO, ILLINOIS, 60616			PHYSICIAN'S LICENSE NUMBER 036-070511



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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE