

# UNOFFICIAL COPY



RECORDING REQUESTED BY:

Timios, Inc. Timios, Inc.  
5716 Corsa Ave., Suite 102 4955 Steubenville Pike, Suite 305  
Westlake Village, CA 91362 Pittsburgh, PA 15205

Doc# 1934745032 Fee \$88.00

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EDWARD M. HOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 12/13/2019 11:51 AM PG: 1 OF 4

AND WHEN RECORDED MAIL TO:

GAIL E HAMPTON  
5610 S JUSTINE ST  
CHICAGO, IL 60636-1321

Deal No.: 584609

APN: 1

SPACE ABOVE THIS LINE FOR RECORDER'S USE

## AFFIDAVIT - DEATH OF JOINT TENANT

1906503

STATE OF ILLINOIS)

) SS.

COUNTY OF COOK)

GAIL E HAMPTON, AKA GAIL WILLIAMS of legal age, being first duly sworn, deposes and says:

DOROTHY MAE WILLIAMS is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person as DOROTHY WILLIAMS, named as one of the parties in that certain deed dated 09/12/1985, executed by DOROTHY WILLIAMS, A WIDOW, GAIL WILLIAMS, AND KEVIN WILLIAMS TO DOROTHY WILLIAMS AND GAIL WILLIAMS, **IN JOINT TENANCY AND NOT AS TENANTS IN COMMON**, recorded on 9/18/1985, as Instrument No. 86133281, Official Records of COOK County, ILLINOIS describing the following real property:

Legal Description Attached Hereto as Exhibit "A"

Most Commonly Known As: 5610 S JUSTINE ST, CHICAGO, IL 60636-1321

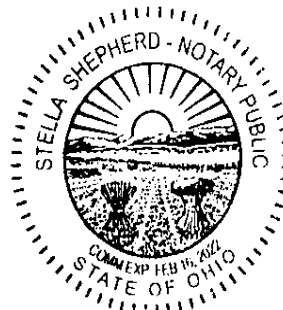
Dated: 7/26/19

Gail E Hampton AKA Gail Williams  
GAIL E HAMPTON, AKA GAIL WILLIAMS

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said State,

this 26 day of July, 2019

Signature Stella Shepherd



(This area for notary stamp)

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law:

DAVID GREENHALGH

# UNOFFICIAL COPY

THIS INSTRUMENT WAS PREPARED BY  
KAYLA AHN

ATTACH CERTIFIED COPY OF DEATH CERTIFICATE

Property of Cook County Clerk's Office  
COOK COUNTY  
RECORDER OF DEEDS  
COOK COUNTY  
RECORDER OF DEEDS

# UNOFFICIAL COPY

## EXHIBIT "A"

### LEGAL DESCRIPTION

File No: 08-01793574

THE FOLLOWING REAL ESTATE IN THE COUNTY OF COOK STATE OF ILLINOIS, TO WIT:

LOT 3 IN BLOCK 12 PLAT OF DR SNOWDONS SUBDIVISION OF THE NORTHWEST 1/4 OF THE NORTHWEST 1/4 OF SECTION 17 TOWNSHIP 38 NORTH RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY ILLINOIS.

PARCEL: 20-17-108-026-0000 AND 20-17-108-027-0000

BEING THE SAME PROPERTY CONVEYED TO DOROTHY WILLIAMS AND GAIL WILLIAMS, IN JOINT TENANCY AND NOT AS TENANTS IN COMMON BY DEED FROM DOROTHY WILLIAMS, A WIDOW, GAIL WILLIAMS, AND KEVIN WILLIAMS RECORDED 09/18/1985 IN DEED INSTRUMENT NO. 86133241, IN THE OFFICE OF THE RECORDER OF DEEDS FOR COOK, ILLINOIS.

COOK COUNTY  
RECORDER OF DEEDS

Property of Cook County Clerk's Office

MEDICAL CERTIFICATE OF DEATH

December 31, 1986.

DECEASED-NAME DOROTHY MAE WILLIAMS SEX FEMALE DATE OF BIRTH AUG. 9 1915 COUNTY OF DEATH COOK

RACE WHITE (SPECIFY) AMERICAN 71 HOSPITAL OR OTHER INSTITUTION THE HOSPITAL OF ENGLEWOOD

CITY, TOWN, TW. OR ROAD DISTRICT NUMBER CHICAGO

STATE OF RESIDENCE TEXAS U.S.A. DATE OF BIRTH (MO., DAY, YEAR) DEC. 25, 1986

SOCIAL SECURITY NUMBER 360-05-0354 USUAL OCCUPATION HOMEMAKER

RESIDENCE STREET AND NUMBER 6810 SO. JUSTINE CHICAGO

WIFE OF WILLIAM LOVE

RELATIONSHIP CLERK MAILING ADDRESS 6001 SO. GREENST. CHGO, ILL. 60621

DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]

IMMEDIATE CAUSE

1a) *Cardiac arrest*  
 1b) *Myocardial infarction*  
 1c) *hypertension*

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE (EN IN PART I b)

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION

20a. (MONTH, DAY, YEAR) DEC. 25, 1986

20b. (MONTH, DAY, YEAR) DEC. 26, 1986

20c. HOUR OF DEATH 6:15 P. M.

21a. (MONTH, DAY, YEAR) DEC. 25, 1986

21b. (MONTH, DAY, YEAR) DEC. 26, 1986

21c. (MONTH, DAY, YEAR) DEC. 30, 1986

21d. (MONTH, DAY, YEAR) DEC. 30, 1986

22a. SIGNATURE OF CERTIFIER [Signature]

22b. NAME AND ADDRESS OF CERTIFIER DR. LITO EVANGELISTA 6433 SO. HAUSTED CHGO, ILL.

22c. ILLINOIS LICENSE NUMBER 36 45653

22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER

23. BURIAL CREATION, REMOVAL, OR REINTERMENT

24a. CEMETERY OR CREMATORIUM NAME LINCOLN

24b. LOCATION WORTH, ILLINOIS

24c. CITY OR TOWN

24d. DATE (MONTH, DAY, YEAR) DEC. 30, 1986

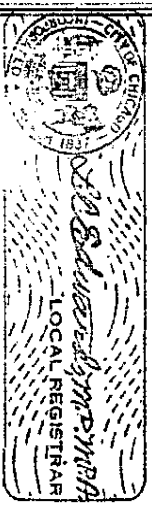
25a. FUNERAL HOME NAME LEAK FUNERAL HOME 7838 SO. COTTAGE GR. CHICAGO, ILLINOIS 60619

25b. FUNERAL DIRECTOR'S SIGNATURE [Signature]

25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 4390

26. LOCAL REGISTRAR'S SIGNATURE [Signature]

26b. DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) DEC 30 1986



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SEAL AND BLUE SIGNATURE ARE AFFIXED

I, LONNIE C. EDWARDS M.D., M.P.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 OF 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 AS A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.