

UNOFFICIAL COPY

Subscribed and sworn to before me by the said

Monique Lee

This 16 day of August, A. D. 2020



Walter L. Johnson
WJ
(affiant's signature)

[Handwritten signature]

COOK COUNTY
RECORDER OF DEEDS

COOK COUNTY
RECORDER OF DEEDS

Property of Cook County Clerks Office

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Exhibit A LEGAL DESCRIPTION

Legal Description:

LOT NO. 25 IN LYNWOOD TERRACE UNIT NO. 1 BEING A SUBDIVISION OF THE EAST 1460 FEET OF THE WEST 1710 FEET OF THE SOUTH 1/2 OF THE SOUTHWEST 1/4 OF SECTION 7, AND THE SOUTH 80 FEET OF THE NORTH 535 FEET OF THE WEST 250 FEET OF THE SOUTH 1/2 OF THE SOUTHWEST 1/4 OF SAID SECTION 7, TOWNSHIP 35 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN: 33-312-007¹0000

ADDRESS OF REAL ESTATE: 2026 201st Street, Lynwood, Illinois 60411

Prepared By: Atty James Hardemon

85825 S. Stony Island Ave, Chicago, IL 60617

MAIL TO: CHICAGO TITLE LAND TRUST COMPANY
10 S. LASALLE STREET, SUITE 2750
CHICAGO, IL 60603

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 238702

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Local No 001850

EDR No 00000772991

State No 023928

1. Decedent's Legal Name (First, Middle, Last) MARION L JOHNSON				1a. Maiden Name (If female) LOCKETT		2. Sex FEMALE	3. Time Of Death 08:30 AM	4. Date Of Death (Month/Day/Year) 04/09/2020		
5. Social Security Number [REDACTED]		6a. Age - Yrs 91	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 11/28/1928		8. Birthplace (City and State or Foreign Country) LOUISVILLE, KY	
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival				10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name: (If Not Institution, Give Street and Number) FRANCISCAN HEALTH - DYER					12. City Or Town, State, And Zip Code DYER, IN, 46311			13. County Of Death LAKE		14. Marital Status At Time Of Death: <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown
15. Surviving Spouse's Name WALTER JOHNSON			15a. Last Name Before First Marriage		16. Decedent's Usual Occupation HOMEOWNER		17. Kind Of Business/Industry OWN HOME			
18. Residence - State ILLINOIS		18a. County COOK		18b. City Or Town LYNWOOD			18c. Street And Number 2620 201ST STREET	18d. Apt. No.	18e. Zip Code 60411	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education BACHELOR'S DEGREE (BA, AB, BS)		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race Black or African American						
22. Parent's Name (First, Middle, Last) ALBERT LOCKETT JR			23. Parent's Name (First, Middle, Last) ROSA LOCKETT			23a. Parent's Last Name Before First Marriage SMITH				
24. Informant's Name MARSHA HICKS		24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 20650 CICERO APT 1788, MATTESON, IL 60443						
25a. Method Of Disposition: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) ASSUMPTION CATHOLIC CEMETERY			25c. Location - City, Town, And State GLENWOOD, IL					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility SOLAN-PRUZIN FUNERAL SERVICE INC, 35A SOLAN-PRUZIN, 14 KENNEDY AVENUE, SCHERERVILLE, IN 46375					27a. Funeral Home License Number: FH10200037			
27b. Signature Of Indiana Funeral Service Licensee: JOHN S PRUZIN JR, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD29600100				
<p>THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT</p> <p>JUN 18 2020</p> <p>LAKE COUNTY HEALTH OFFICER</p>										
<p>28. Part I: Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.</p> <p>Immediate Cause (Final Disease Or Condition Resulting In Death) A. METASTATIC BREAST CANCER</p> <p>Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last</p> <p>Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I</p>										
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year		33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined			37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37. Injury At Work?	38. Zip Code	38d. Zip Code	
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number			38c. Apt. No.	38d. Zip Code		
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)				
41. Signature, Of Person Certifying Cause Of Death: CHANDANA VAVILALA, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One): <input type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input checked="" type="checkbox"/> Health Officer				
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: CHANDANA VAVILALA, 2900 W. 93RD STREET, CROWN POINT, IN 46307						44. License Number 01057596A		45. Date Certified 05/04/2020		
46. Additional Funeral Service Provider: ROBEY MANOR FUNERAL HOME						47. Akas: MARION L TIDWELL JOHNSON				
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): MAY 05 2020				
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)										