

UNOFFICIAL COPY

7. The affiant makes this affidavit to induce Alliance Title/Patricia Gutierrez Pascual Law, P.C. to issue its policy of title insurance on the above described property.

8. The affiant makes this affidavit to induce Alliance Title/Patricia Gutierrez Pascual Law, P.C. to issue its policy of title insurance on the above described property.

9. The affiant hereby covenants and agrees, individually, and for the affiants, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold Alliance Title/Patricia Gutierrez Pascual Law, P.C. harmless and to reimburse Alliance Title/Patricia Gutierrez Pascual Law, P.C. for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature that Alliance Title/Patricia Gutierrez Pascual Law, P.C. may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

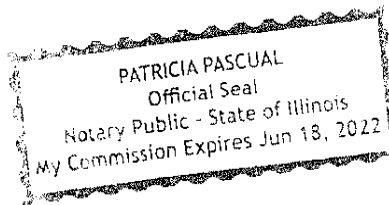
- a. Claims against the estate of Robert Walker (a/k/a Louis E. Dixon), the decedent;
- b. State Estate/Inheritance Tax and Federal Estate Tax that may be charged against the estate of Robert Walker (a/k/a Louis E. Dixon);
- c. Legacies, if any, created by the will of said decedent;
- d. Rights of contribution.

Roberta Dixon (SEAL)
Print name: Roberta Dixon

SUBSCRIBED and SWORN to before me

me this 12th day of February, 2021.

Patricia Pascual
NOTARY PUBLIC



This Affidavit is made under penalty of perjury.

(NOTE: Perjury is defined in Section 32 -2 of the Criminal Code of 2012, and is a Class 3 felony.)

UNOFFICIAL COPY

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH
STATE FILE NUMBER
625879

DECEMBER 17, 1981

STATE OF ILLINOIS }
COUNTY OF COOK }
CITY OF CHICAGO } SS

I, Hugo H. Mauriel, M.D., 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.

I, Hugo H. Mauriel, M.D., 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.

REGISTRATION DISTRICT NO. 16.10
REGISTERED NUMBER
DECEASED - NAME

FIRST MIDDLE LAST SEX DATE OF DEATH MONTH-DAY-YEAR

LOUIS E DIXON MALE 3 DECEMBER 9, 1981

HOSPITAL OR OTHER INSTITUTION - NAME OF NOT IN STATE, GIVE STREET AND NUMBER 74. INPATIENT

76. VETERANS LAKEVIEW MEDICAL CENTER

77. COOK

78. CHICAGO

79. UNITED STATES

80. MARRIED

81. ROBERTA WINSTON

82. YES

83. YES

84. COOK

85. YES

86. YES

87. YES

88. YES

89. YES

90. YES

91. YES

92. YES

93. YES

94. YES

95. YES

96. YES

97. YES

98. YES

99. YES

100. YES

1. NAME (LAST, FIRST, MIDDLE) AND ALIEN STATUS
2. SEX
3. DATE OF BIRTH (MO., DAY, YEAR)
4. COUNTY OF BIRTH
5. HOSPITAL OR OTHER INSTITUTION - NAME OF NOT IN STATE, GIVE STREET AND NUMBER
6. INPATIENT
7. CITY OF BIRTH
8. STATE OF BIRTH
9. UNITED STATES
10. MARRIED
11. ROBERTA WINSTON
12. YES
13. YES
14. COOK
15. YES
16. YES
17. YES
18. YES
19. YES
20. YES
21. YES
22. YES
23. YES
24. YES
25. YES
26. YES
27. YES
28. YES
29. YES
30. YES
31. YES
32. YES
33. YES
34. YES
35. YES
36. YES
37. YES
38. YES
39. YES
40. YES
41. YES
42. YES
43. YES
44. YES
45. YES
46. YES
47. YES
48. YES
49. YES
50. YES
51. YES
52. YES
53. YES
54. YES
55. YES
56. YES
57. YES
58. YES
59. YES
60. YES
61. YES
62. YES
63. YES
64. YES
65. YES
66. YES
67. YES
68. YES
69. YES
70. YES
71. YES
72. YES
73. YES
74. YES
75. YES
76. YES
77. YES
78. YES
79. YES
80. YES
81. YES
82. YES
83. YES
84. YES
85. YES
86. YES
87. YES
88. YES
89. YES
90. YES
91. YES
92. YES
93. YES
94. YES
95. YES
96. YES
97. YES
98. YES
99. YES
100. YES

1. NAME (LAST, FIRST, MIDDLE) AND ALIEN STATUS
2. SEX
3. DATE OF BIRTH (MO., DAY, YEAR)
4. COUNTY OF BIRTH
5. HOSPITAL OR OTHER INSTITUTION - NAME OF NOT IN STATE, GIVE STREET AND NUMBER
6. INPATIENT
7. CITY OF BIRTH
8. STATE OF BIRTH
9. UNITED STATES
10. MARRIED
11. ROBERTA WINSTON
12. YES
13. YES
14. COOK
15. YES
16. YES
17. YES
18. YES
19. YES
20. YES
21. YES
22. YES
23. YES
24. YES
25. YES
26. YES
27. YES
28. YES
29. YES
30. YES
31. YES
32. YES
33. YES
34. YES
35. YES
36. YES
37. YES
38. YES
39. YES
40. YES
41. YES
42. YES
43. YES
44. YES
45. YES
46. YES
47. YES
48. YES
49. YES
50. YES
51. YES
52. YES
53. YES
54. YES
55. YES
56. YES
57. YES
58. YES
59. YES
60. YES
61. YES
62. YES
63. YES
64. YES
65. YES
66. YES
67. YES
68. YES
69. YES
70. YES
71. YES
72. YES
73. YES
74. YES
75. YES
76. YES
77. YES
78. YES
79. YES
80. YES
81. YES
82. YES
83. YES
84. YES
85. YES
86. YES
87. YES
88. YES
89. YES
90. YES
91. YES
92. YES
93. YES
94. YES
95. YES
96. YES
97. YES
98. YES
99. YES
100. YES



This Certified Copy VALID
When MULTICOLOR SEAL
And BLUE SIGNATURE ARE
Affixed.