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KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 09/09/2021 11:03 AM PG: 1 OF 2

DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois)
) SS.
County of Will)

TINY LEE JACKSON, hereinafter called Affiant(s) being duly sworn states that she resides at: 7143 S. Ingleside Ave., Chicago, IL 60619. That Affiant was acquainted with WILLIE B. JACKSON, hereinafter referred to as Deceased, and at the time of Decedent's death, was one of the owners of the land in Cook County, Illinois, described as:

Lot 30 in Block 5 in Cornell a Subdivision in Sections 26 and 35, Township 38 North, Range 14, East of the Third Principal Meridian in Cook County, Illinois.

Permanent Index Number: 20-26-102-015-0000

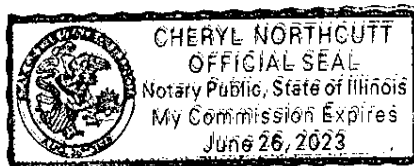
That the Deceased died on May 13, 2020, as evidenced by the Deceased's death certificate attached hereto. That the Deceased, at the time of his death, held his share of the above-mentioned property as a joint tenant.

Subscribed and sworn before me
this May 15, 2021.

Cheryl Northcutt
Notary Public

Tiny Lee Jackson
TINY LEE JACKSON, Affiant

This instrument prepared by and Mail To:
Robert J. Zapolis, Zapolis & Associates, 9991 191st Street, Mokena, IL 60448



REGISTRATION NUMBER **16.10**

STATE OF ILLINOIS

STATE FILE NUMBER **607375**

MEDICAL CERTIFICATE OF DEATH

DECEASED-NAME **WILLIE B. JACKSON** FIRST MIDDLE LAST

SEX **M** DATE OF DEATH (MONTH, DAY, YEAR) **May 13, 2006**

COUNTY OF DEATH **Cook** CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **Chicago**

HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **Warren Barr Pavillion**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **Chicago, IL**

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **Never Married**

NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) **Tiny Hayes**

WAS DECEASED EVER IN U.S. ARMY OR NAVY? (YES/NO) **NO**

SOCIAL SECURITY NUMBER **26-28-2832**

USUAL OCCUPATION **Laborer**

INDUSTRY **Aluminum Plant**

EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)

11a. **11a** 11b. **11b** 11c. **11c**

REFERENCE (STREET AND NUMBER) **7143 S. IngelSIDE**

CITY, TOWN, TWP. OR ROAD DISTRICT NO. **Chicago**

INSIDE CITY (YES/NO) **YES** COUNTY **Cook**

FATHER-NAME **Abraham Jackson** MOTHER-NAME **Estella Fairman**

DECEASED'S NAME (TYPE OR PRINT) **Andrew Leak** RELATIONSHIP **Records**

DECEASED'S ADDRESS (STREET AND NO. OR P.O. BOX) **7838 S. Cottage Grove Chicago, IL 60619**

18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory, all set, shock, or heart failure. List only one cause on each line.

18a. Immediate Cause (Final Cause or condition resulting in death) **Respirate Cancer**

18b. Intermediate Cause (a) **Due to OR AS A CONSEQUENCE OF**

18c. Underlying Cause (a) **SAW HEMORRHAGE**

18d. Other significant conditions contributing to death but not resulting in the underlying cause: (b) **SAW HEMORRHAGE**

DATE OF OPERATION, IF ANY **20b.** MAJOR FINDINGS OF OPERATION

19a. **NO** 19b. **NO**

19c. **NO** 19d. **NO**

20c. **NO** 20d. **NO**

19. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

21a. **NO** 21b. **NO** 21c. **NO**

21d. **NO** 21e. **NO**

22a. SIGNATURE **William Johnson MD** TYPE OR PRINT

22b. **William Johnson MD 1701 W. Monteny Chicago, IL 60643**

22c. **William Johnson MD 1701 W. Monteny Chicago, IL 60643**

22d. **036-080043**

23. BURIAL CREMATION, REMOVAL (SPECIFY) **Lincoln** CEMETERY OR CREMATORY-NAME **Lincoln**

LOCATION **Chicago, Illinois** CITY OR TOWN **Chicago, Illinois** STATE **Illinois**

DATE (MONTH, DAY, YEAR) **5/18/2006**

24. BURIAL HOME **Leak And Sons Funeral Home** STREET AND NUMBER OR R.F.D. **7838 S. Cottage Grove Chicago, Illinois 60619**

25a. **Leak And Sons Funeral Home** STREET AND NUMBER OR R.F.D. **7838 S. Cottage Grove Chicago, Illinois 60619**

25b. **Leak And Sons Funeral Home** STREET AND NUMBER OR R.F.D. **7838 S. Cottage Grove Chicago, Illinois 60619**

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25j. **Leak And Sons Funeral Home** STREET AND NUMBER OR R.F.D. **7838 S. Cottage Grove Chicago, Illinois 60619**

25k. **Leak And Sons Funeral Home** STREET AND NUMBER OR R.F.D. **7838 S. Cottage Grove Chicago, Illinois 60619**

25l. **Leak And Sons Funeral Home** STREET AND NUMBER OR R.F.D. **7838 S. Cottage Grove Chicago, Illinois 60619**

25m. **Leak And Sons Funeral Home** STREET AND NUMBER OR R.F.D. **7838 S. Cottage Grove Chicago, Illinois 60619**

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25o. **Leak And Sons Funeral Home** STREET AND NUMBER OR R.F.D. **7838 S. Cottage Grove Chicago, Illinois 60619**

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25u. **Leak And Sons Funeral Home** STREET AND NUMBER OR R.F.D. **7838 S. Cottage Grove Chicago, Illinois 60619**

25v. **Leak And Sons Funeral Home** STREET AND NUMBER OR R.F.D. **7838 S. Cottage Grove Chicago, Illinois 60619**

25w. **Leak And Sons Funeral Home** STREET AND NUMBER OR R.F.D. **7838 S. Cottage Grove Chicago, Illinois 60619**

25x. **Leak And Sons Funeral Home** STREET AND NUMBER OR R.F.D. **7838 S. Cottage Grove Chicago, Illinois 60619**

25y. **Leak And Sons Funeral Home** STREET AND NUMBER OR R.F.D. **7838 S. Cottage Grove Chicago, Illinois 60619**

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STATE OF ILLINOIS

COUNTY OF COOK

CITY OF CHICAGO

MAY 26 2006

VERBLY MASON M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS FOR THE CITY OF CHICAGO AND DEATHS FOR 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 OF A RECORD KEPT BY ME IN OBDINANCE OF SAID LAW AND ORDINANCES.

Verby Mason M.D. LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.