

APPLICANT NO.  
DOCUMENT NO.

ADDRESS

VOLUME AND PAGE  
CERTIFICATE NO. 1157020  
OWNER... FREDDIE LEE WATKINS, ET UX.

95444487



Date Of First Registration

FEBRUARY NINETEENTH (11th), 1905

TRANSFERRED FROM  
CERTIFICATE NO. 1146335

STATE OF ILLINOIS }  
COOK COUNTY } SS.

I Sidney R. Olson, Registrar of Titles in and for said County, in the State aforesaid, do hereby certify that

FREDDIE LEE WATKINS AND MABEL WATKINS  
(Married to each other)  
NOT IN TENANCY IN COMMON, BUT IN JOINT TENANCY

of the VILLAGE OF PHOENIX County of COOK and State of ILLINOIS

ARE the owner of an estate in fee simple, in the following described land situated in the County of Cook and State of Illinois.

DESCRIPTION OF LAND

LOT SIX (except the East 3.5 feet thereof)-----6)

In Block 3, in McMahon's Addition to Harvey, being a Subdivision of Lot Seven (7) of Ravenscroft's Subdivision of Lots 2, 3, 4, 5, 6, 7 and 15 of School Trustees' Subdivision of Section 16, Township 36 North, Range 14, East of the Third Principal Meridian (except that part beginning in the North line of said Lot 7, at a point 3 1/2 feet East of the Northwest corner thereof; thence East along said North line 106 feet; thence South 163.3 feet; thence West 106 feet; thence North 163.3 feet to the place of beginning), in aforesaid Section 16, Township 36 North, Range 14, East of the Third Principal Meridian.

PLM: 27-16-131-080  
CKA: 833 E. 153<sup>rd</sup> St. Phoenix 6826

INTERCOUNTY EXPRESS

AD073427X  
Subject to the Estates, Easements, Incumbrances and Charges noted on the following memorials page of this Certificate.

Witness My hand and Official Seal

this NINETEENTH (19th) day of SEPTEMBER A. D. 1972

9-19-72 PD (X)

*Sidney R. Olson*  
Registrar of Titles Cook County Illinois

95444487

# UNOFFICIAL COPY

## OF ESTATES, EASEMENTS, INCUMBRANCES AND CHARGES ON THE LAND.

| DOCUMENT NO.              | NATURE AND TERMS OF DOCUMENT  | DATE OF DOCUMENT | DATE OF REGISTRATION<br>YEAR-MONTH-DAY-HOUR | SIGNATURE OF REGISTRAR                   |
|---------------------------|---|------------------|---|--|
| 241380-72<br>In Duplicate | Subject to General Taxes levied in the year 1972.<br>Mortgage from Freddie Lee Watkins and Mabel Watkins, to A.L. Grootemaat & Sons, Inc., a corporation of State of Wisconsin, to secure their note in the principal sum of \$23,800.00, payable as therein stated. For particulars see Document. (Affects foregoing premises and other property). | Aug. 1, 1972     | Sept. 19, 1972 11:24AM                      | <i>[Signature]</i>                       |
| 2648853                   |   |                  |   | <i>[Signature]</i>                       |
| 241380-73<br>In Duplicate | General Taxes for the year 1972.<br>Subject to General Taxes levied in the year 1973.<br>Assignment from A. L. Grootemaat & Sons, Inc. a corporation of the State of Wisconsin to Government National Mortgage Association, Chicago, Illinois of Mortgage and Note registered as Document No. 2648853. For particulars see Document.                | Aug. 27, 1973    | Sept. 11, 1973 9:16AM                       | <i>[Signature]</i><br><i>[Signature]</i> |
| 2715904<br>of 6           | Mortgage Duplicate Certificate 542881 issued 9-11-73 on Mortgage 2648853  |                  |   | <i>[Signature]</i><br><i>[Signature]</i> |

| KIND OF INSTRUMENT | DOCUMENT NUMBER | DATE OF INSTRUMENT |
|--------------------|-----------------|--------------------|
| Mortgage           | 2715904         | 9/11/73            |

Property of Cook County Clerk's Office



Household Bank  
577 Lamont Rd.  
Elmhurst, IL 60126

2715904

2715904

UNOFFICIAL COPY

# STANISLAUS COUNTY

## DEPARTMENT OF PUBLIC HEALTH

### CERTIFICATE OF DEATH

STATE OF CALIFORNIA  
USE BLACK INK ONLY

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

|   |  |  |  |   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|---|--|--|--|
| 1A. NAME OF DECEASED<br>Name: <b>Mark</b>   |  | 1B. MIDDLE<br>---  |  | 1C. LAST FAMILY<br><b>Watkins</b>   |  | 18A. DATE OF DEATH—MO, DAY, YR<br><b>May 23 1992</b>   |  | 18B. HOUR<br><b>0746</b>  |  | 18C. SEX<br><b>F</b>   |  |
| 4. RACE<br><b>Black</b>   |  | 5. MARITAL STATUS<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                 |  | 6. DATE OF BIRTH—MO, DAY, YR<br><b>August 1, 1938</b>   |  | 7. AGE IN YEARS<br><b>53</b>   |  | 8. MONTHS<br><b>5</b>   |  | 9. DAYS<br><b>5</b>  |  |
| 8. SEX<br><b>M</b>  |  | 9. CITIZENSHIP OF WHAT COUNTRY<br><b>USA</b>   |  | 10B. FULL NAME OF FATHER<br><b>James Allen</b>  |  | 10C. STATE OF BIRTH<br><b>AL</b>   |  | 11A. FULL MAIDEN NAME OF MOTHER<br><b>Hattie White</b>  |  | 11B. STATE OF BIRTH<br><b>AL</b>   |  |
| 12. MILITARY SERVICE<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |  | 13. SOCIAL SECURITY NO.<br><b>329-32-2923</b>  |  | 14. MARITAL STATUS<br><b>Divorced</b>   |  | 15. NAME OF SURVIVING SPOUSE OR WIFE, EITHER MAIDEN NAME<br><b>None</b>  |  |   |  |  |  |
| 16A. USUAL OCCUPATION<br><b>Bank</b>  |  | 16B. USUAL KIND OF BUSINESS OR INDUSTRY<br><b>Metel</b>  |  | 16C. USUAL EMPLOYER<br><b>Holiday Inn</b>   |  | 16D. YEARS IN OCCUPATION<br><b>5</b>   |  | 17. EDUCATION—YEARS COMPLETED<br><b>12</b>  |  |  |  |
| 18A. RESIDENCE—STREET AND NUMBER OR LOCATION<br><b>3130 Carver Road</b>   |  |  |  |   |  | 18B. CITY<br><b>Modesto</b>  |  | 18C. ZIP CODE<br><b>95350</b>   |  |  |  |
| 18D. COUNTY<br><b>Stanislaus</b>  |  | 18E. NUMBER OF YEARS IN THIS COUNTY<br><b>5</b>  |  | 18F. STATE OR FOREIGN COUNTRY<br><b>California</b>  |  | 19. NAME, RELATIONSHIP, MAKING ADDRESS AND ZIP CODE OF INFORMANT<br><b>Maggie Carr (sister)<br/>1201 Diablo Ave.<br/>Modesto, CA 95351</b> |  |   |  |  |  |
| 19A. PLACE OF DEATH<br><b>Stanislaus Medical Center</b>   |  | 19B. IF HOSPITAL, EMPLOYED OR SERVING, DOA<br><b>IP</b>  |  | 19C. COUNTY<br><b>Stanislaus</b>  |  | 19D. CITY<br><b>Modesto</b>  |  | 20. INTERVAL BETWEEN ONSET AND DEATH<br><input checked="" type="checkbox"/> YES <b>928</b> <input type="checkbox"/> NO  |  | 21. WAS DEATH REPORTED TO CORONER REPRERAL NUMBER<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |  |
| 19E. STREET ADDRESS—STREET AND NUMBER OR LOCATION<br><b>810 Scenic Drive</b>  |  | 19F. CITY<br><b>Modesto</b>  |  | 22. IMMEDIATE CAUSE<br><b>(a) Congestive Heart Failure</b>  |  | 23. MINUTES<br><b>Minuted</b>  |  | 24. WASopsy PERFORMED?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                           |  | 25. WAS AUTOPSY PERFORMED?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                        |  |
| 26. INTERMEDIATE CAUSE<br><b>(b) Hypertension</b>   |  | 27. YEARS<br><b>Years</b>  |  | 28. WAS IT USED BY DETERMINING CAUSE OF DEATH?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |  | 29. OTHER SIGNIFICANT CONDITIONS (NOT CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE OF DEATH)<br><b>Obesity</b>                           |  | 30. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 27? IF YES, LIST TYPE OF OPERATION AND DATE.<br><b>None</b> |  |  |  |
| 31. OCCURRED AT THE SITE OF THE HOSPITAL OR HEALTH CARE FACILITY AT THE HOUR, DATE AND PLACE RELATED FROM THE NUMBER SATED.<br><b>5-22-92</b> |  | 32. DECEASED ATTENDED WHERE DECEASED LAST NIGHT ALIVE<br><b>5-23-92</b>                                  |  | 33. SIGNATURE AND TITLE OF PHYSICIAN<br><b>Paul Murrieta, M.D., 830 Scenic Dr., Modesto, CA 95353</b>                 |  | 34. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER<br><b>[Signature]</b>   |  | 35. DATE SIGNED<br><b>5-26-92</b>   |  |  |  |
| 36. TIME OF DEATH—With or without a clock, with or without a watch or by other means<br><b>[Blank]</b>  |  | 37A. PLACE OF INJURY<br><b>[Blank]</b>   |  | 37B. INJURY AT WORK<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                            |  | 37C. DATE OF INJURY<br>MONTH, DAY, YEAR  |  | 37D. HOUR   |  |  |  |
| 38. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)   |  |  |  |   |  | 39. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)   |  |   |  |  |  |
| 39A. FUNERAL DIRECTION<br><b>CR. REN</b>  |  | 39B. PLACE OF FUNERAL DISPOSITION—NAME AND ADDRESS<br><b>Residence:<br/>830 E. 153rd St, Phoenix, IL</b> |  | 39C. DATE<br>MO, DAY, YEAR<br><b>5-28-92</b>  |  | 39D. SIGNATURE OF FUNERAL HOME<br><b>[Signature]</b>   |  | 39E. LICENSE NUMBER<br><b>7193</b>  |  |  |  |
| 39F. NAME OF FUNERAL HOME (IF IN BUSINESS AS SUCH)<br><b>Brothers Chapel, Modesto</b>   |  | 39G. LICENSE NO.<br><b>782</b>   |  | 39H. SIGNATURE OF LOCAL REGISTRAR<br><b>W. E. Forney, M.D.</b>  |  | 39I. SIGNATURE OF REGISTRAR<br><b>[Signature]</b>  |  | 39J. REGISTRATION DATE<br><b>MAY 27 1992</b>  |  |  |  |
| STATE   |  | C.   |  | D.  |  | E.   |  | F.  |  | CENSUS TRACT   |  |

2 CERTIFY THIS INSTRUMENT TO BE A TRUE COPY OF THE RECORD IN THIS DISTRICT DATE ISSUED: **MAY 27 1992**

**W. E. Forney, M.D.**  
LOCAL REGISTRAR OF VITAL STATISTICS OF STANISLAUS COUNTY

95444187

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