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TENANCY  
AFFIDAVIT

DEPT-01 RECORDING

\$28.50

140013 TRAM 3541 04/03/97 13:35:00

10841 DW \* -97-232676  
COOK COUNTY RECORDER

STATE OF ILLINOIS ]  
COUNTY OF Cook ]

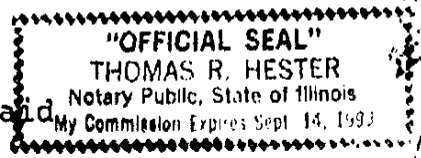
Ardene Baker being duly  
sworn states that she resides at 7622 S. CREGIER AVE.  
CHICAGO in the City of CHICAGO

That she was acquainted with Bill Baker, also known as William Baker, deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

Lots Nine (ex. North 8 feet thereof) (9) and Ten (ex. South 10 feet thereof) (10) in Block Twelve (12) in Stinson's Subdivision of East Grand Crossing being a Subdivision of the Southwest Quarter (1/4) of Section 25, Town 38 North, Range 14 East of the Third Principal Meridian,

P.I.N. 20-25-311-024

That the deceased died March 22, 1997 as evidenced by a certified copy of death certificate of the deceased attached hereto.



Subscribed and sworn to before me by the said Ardene Baker

this 1st day of APRIL, A.D. 19 97

[Signature]  
Notary Public

Ardene Baker  
(affiant signature)

235/10  
24/10  
4/97

5-23-97

5-23-97

COOK COUNTY RECORDER  
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Property of Cook County Clerk's Office

C. Starks

72414 ARQUILLA DR.

Richton Park Ill 60471

MAIL 10

97202576

231

STATE OF ILLINOIS  
 MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **16.10**  
 REGISTERED NUMBER

STATE FILE NUMBER **605098**

DECEASED-NAME: **WILLIAM BAKER** SEX: **2 Male** DATE OF DEATH (MONTH, DAY, YEAR): **3 March 22, 1997**

COUNTY OF DEATH: **Cook** DATE OF BIRTH (MONTH, DAY, YEAR): **54 August 25, 1914**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **Chicago** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT WEATHER, GIVE STREET AND NUMBER): **Princeton Nursing Home**

AGE-LAST BIRTHDAY (YRS): **82** UNDER 1 YEAR: **5c** UNDER 1 DAY: **5d** UNDER 1 HOUR: **5e** UNDER 1 MIN: **5f**

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **8a Married** NAME OF SURVIVING SPOUSE (MAKENAME, IF WIFE): **Ardene Washington**

USUAL OCCUPATION: **1 Messenger** KIND OF BUSINESS OR INDUSTRY: **Western Union** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): **7th**

RESIDENCE (STREET AND NUMBER): **137622 South Gregier** CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **Chicago** COUNTY: **Cook**

STATE: **Illinois** ZIP CODE: **60649** RACE (WHITE, BLACK, AMERICAN INDIAN, etc. (SPECIFY)): **13c Yes**

FATHER-NAME: **Booze Baker** MOTHER-NAME: **Ardene Washington** SPECIFY: **14b X NO**

INFORMANT'S NAME (TYPE OR PRINT): **Booze Baker** RELATIONSHIP: **16 Wife** MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP): **17 Ardene Baker, 179622 S. Gregier, Chicago, 60649**

18. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, or type of failure. List only one cause on each line.  
**(a) Recurrent Cerebrovascular accident**  
 DUE TO, OR AS A CONSEQUENCE OF

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.  
**(b) Atherosclerotic heart disease**  
 DUE TO, OR AS A CONSEQUENCE OF

PART II. Enter the major findings concerning death but not resulting in the underlying cause given in PART I.  
**(c) Major findings of operation**

DATE OF OPERATION, IF ANY: **3-12-97** MAJOR FINDINGS OF OPERATION: **As seen on notes**

20a. (100) (DO NOT) ATTEND THE DECEASED AND LAST SAW/HANDER ALIVE ON: **3-12-97** HOUR OF DEATH: **5:50 A.M.**

21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED: **As seen on notes**

22a. SIGNATURE: **Ali Riazi** (TYPE OR PRINT) ILLINOIS LICENSE NUMBER: **36-46938**

22c. Ali Riazi, M.D., 5720 N. Ashland Ave., Chgo., 60660

23. NAME OF ATTENDING PHYSICIAN (OTHER THAN CERTIFIER) (TYPE OR PRINT): **Restvale Cemetery** CITY OR TOWN: **Alsip, Illinois** STATE: **Illinois** DATE (MONTH, DAY, YEAR): **Mar. 28, 1997**

BURIAL CEMETERY OR CREMATORY-NAME: **Restvale Cemetery** LOCATION: **Alsip, Illinois** CITY OR TOWN: **Alsip, Illinois** STATE: **Illinois** DATE (MONTH, DAY, YEAR): **Mar. 28, 1997**

24a. Calahan Funeral Home, 7030 S. Halsted St., Chicago, IL 60621 FUNERAL DIRECTOR'S SIGNATURE: **Edward Calahan** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **034-012004**

25b. LOCAL REGISTRAR'S SIGNATURE: **William L. Jones** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **MAR 26 1997**

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