

97383145

DEPT-01 RECORDERS \$27.50
T#1004 TRAN 9843 05/30/97 13:25:00
#1652 # JM #-97-383145
COOK COUNTY RECORDER

DATE OF:

REVALOR CRAWFORD
(DECEASED)

Above Space for Recorder's use only

THOMAS P. DANIELS on oath says:
The decedent, REVALOR CRAWFORD, died at CHICAGO, IL.
July 10, 1990 (date of death) (place of death)
The age of 77 years.
I am of legal age. I reside at 1716 WASHINGTON ST. CHICAGO, ILLINOIS 60616
I am a BLOOD RELATIVE (COUSIN) of the decedent.
(state relationship)

I am not related to the decedent, but I have knowledge of the decedent's heirship as a result of the following:

The decedent was never married.
The decedent was married JAMES C. CRAWFORD
(once, twice, etc)

Following is the information with respect thereto:

| Marriage Terminated (by death/divorce) | Predeceased Decedent-P |
|---|---------------------------|
| <u>DEATH AND DIVORCED</u> | <u>YES</u> |

No child was born or adopted by decedent. NONE

The following children and no others were born to or adopted by decedent:

| By Spouse Number | Minor-M Incompetent-I Adopted-A | Predeceased Decedent-P | Spouse's name if married |
|------------------|---------------------------------|------------------------|--------------------------|
| <u>None</u> | <u>D/N/A</u> | | <u>2750</u> <u>A</u> |

241. 97383145

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16-12-425-025

Lot 1 in Subdivision of Lots 6, 7, 8, 9 and 10
in Potvin's Subdivision of South half of Lot 12
and part of Lot 19 in Turner's Subdivision of
Lot 4 in Partition of South half of South East
quarter of Section 12, Township 39 North, Range
13, East of the Third Principal Meridian, in
Chicago, in COOK COUNTY, ILLINOIS, as

16-12-425-025

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JOHN P. DANIELS
1715 WASHINGTON BLVD
MAYWOOD IL 60153

5. The following is the information with respect to each of the above children who predeceased the decedent:

| Deceased child his/her spouse's name or names if married more than once | Name of each child of de- ceased child (grandchild) | By Spouse Number | Minor-M Incom- petent-I | Predeceased Decedent-P | Grandchild spouse's name if married |
|---|--|------------------------|-------------------------------|---------------------------|--|
|---|--|------------------------|-------------------------------|---------------------------|--|

- 1.
- 2.
- 3.
- 4.

D/N/A

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6. The following is the information with respect to each grandchild of the decedent named in paragraph 5 who predeceased the decedent:

| Deceased Grandchild his/her spouse's name or names if married more than once | Name of each child of de- ceased grand- child (great- grandchild) | By Spouse Number | Minor-M Incom- petent-I Adopted-A | Pre- deceased Decedent-P | Great- grand- child's spouse's name if married |
|---|---|------------------------|--|--------------------------------|---|
|---|---|------------------------|--|--------------------------------|---|

- 1.
- 2.
- 3.

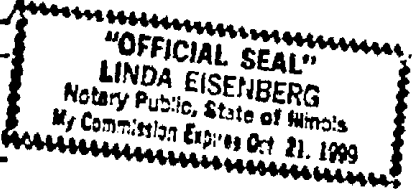
D/N/A

Based on the foregoing, decedent left surviving as his/her only heirs the following, all of whom survived the decedent, and, in the absence of an indication to the contrary, are of legal age, are mentally competent, and, if children, are natural children:

[Signature]
(Affiant)

Subscribed and sworn to me
by the said JOHN P DANIELS
this 30 day of May 1997
Linda Eisenberg
(Notary Public)

My commission expires: Oct 21, 1999



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DAVID D. ORR, County Clerk

DAVID D. ORR, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original record on file, all of which appears from the records and files in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David D. Orr
County Clerk

97383145

REGISTRATION DISTRICT NO. 10
REGISTERED NUMBER

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH
DATE TIME PLACE

DECEASED'S BIRTH NO. 613151

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH MONTH DAY YEAR
ARVALOR ORANFORD FEMALE JULY 10, 1990

COUNTY OF DEATH AGE LAST BIRTHDAY MONTH DAY YEAR SEX RACE HEIGHT IN FEET INCHES WEIGHT IN POUNDS COLOR OF HAIR EYES COLOR OF EYES COLOR OF SKIN
COOK 77 F Black 5 11 120 B Blue B Blue

CITY TOWN TWP OR ROAD DISTRICT NO. HOSPITAL OR PLACE OF DEATH NAME OF SURVIVING SPOUSE (MARRIAGE NAME IF DIFF.) INITIALS OF DECEASED'S SPOUSE
CHICAGO ST. SINAI HOSPITAL NONE

EDUCATION (SCHOOL OR COLLEGE) DEGREE (S) COMPLETED
HIGH SCHOOL GRADUATED

DECEASED'S SOCIAL SECURITY NUMBER OCCUPATION REASON FOR DEATH (SPECIFY) ICD-9 CODE
436-28-0722 HOMEMAKER HOME 12 12 2

RESIDENCE (STREET ADDRESS) CITY TOWN TWP OR ROAD DISTRICT NO. INSIDE CITY COUNTY
2711 W. Warren Blvd Chicago Cook

STATE ZIP CODE RACE (SPECIFY) SEX (SPECIFY) YES SPECIFY OF HYPOSPADIAS (YES OR NO) YES YES SPECIFY CLEAN BLEMISH PLEURO PNEUMONIA
IL 60612 Black F

FATHER'S NAME FIRST MIDDLE LAST MOTHER'S NAME FIRST MIDDLE LAST (MARRIAGE) LAST
Jessie E. Stephens Rena Miller

INFORMANT'S NAME (PRINT) RELATIONSHIP MAILING ADDRESS (STREET ADDRESS OR P.O. BOX) CITY OR TOWN STATE ZIP
James Stephens Brother 3215 S. Richmond

13 PART I
Enter the one or more conditions that caused the death. Do not enter the date of onset, such as cardiac or respiratory arrest, unless it is a contributing factor to the death.
1a) Congestive Cardiac Failure 9 months
2a) Ischemic Heart Disease 7 months

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE OF STATING THE UNDERLYING CAUSE LAST

PART II (For organ donor, transfusion recipient, or donor of organs or tissues, also see PART I)
Chronic Renal failure

DATE OF OPERATION IF ANY INITIALS AND SIGNATURE OF OPERATOR IF POSSIBLE, HAS THERE A PRE-CALCIFY IN PAST (SPECIFY MONTHS) YES NO

16a) I WOULD NOT ATTEND THE DECEASED AND LAST SURVIVAL DATE ON July 8 1990 17a) WAS CO-WOMAN OR MEDICAL EXAMINER NOTIFIED? YES 18a) HOUR OF DEATH 7:05 PM

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

19a) SIGNATURE OF CLERK Arthur G. James M.D. 20a) DATE TIME PLACE OF DEATH July 12 1990

NAME AND ADDRESS OF CLERK Arthur G. James 3860 W. Ogden Ave Chicago, Ill. 21a) ILLINOIS LICENSE NUMBER 036061904

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CLERK 22a) WHERE IF AN AUTOPSY WAS REQUESTED IN THIS DEATH THE CORPSE BEING MEDICALLY EXAMINED SHALL BE RECORDS

23a) FUNERAL HOME WALLACE WESTEND FUNERAL 217 N. CICERO CHIC, IL 60644

24a) FUNERAL DIRECTOR'S SIGNATURE Wallace 25a) FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 6023

26a) LOCAL HEALTH OFFICER'S SIGNATURE 27a) DATE TIME PLACE OF LOCAL HEALTH OFFICER'S SIGNATURE

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11/11/11

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