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AFFIDAVIT OF HEIRSHIP1998-04-01 14:15:36  
FBI - Chicago Laboratory

JINNY E DiGREGORIO Executor, being duly  
sworn, states that SHE  
16720 WOOD ST  
of HAZEL CREST, resides at in the City

That JINNY E DiGREGORIO was  
acquainted with John W Frazier, deceased,  
who at the time of his death, was the owner of the land in \_\_\_\_\_ County,  
Illinois, described as: 29-30-201-023-000

Sec. 30 Twp. 36 North Range 14

(Use additional sheet, if necessary)

LOT 2 IN R.A. CORE'S SUBDIVISION OF THE EAST  $\frac{1}{2}$  OF THE  
NORTHWEST  $\frac{1}{4}$  OF THE NORTHEAST  $\frac{1}{4}$  OF SECTION 30 TOWNSHIP  
36 NORTH RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN

That John W Frazier died  
12-19-88 intestate (estate, and a copy of his/her will is attached)  
as evidenced by a certified copy of death certificate of the deceased  
attached hereto.

That decedent was not adopted.

(If the decedent was adopted, the following facts, should be included:

That \_\_\_\_\_ was adopted on \_\_\_\_\_  
by \_\_\_\_\_ and  
at which time the decedent was of  
the age of \_\_\_\_\_. ]

(If the decedent was 18 or older when adopted; the following facts should  
be included:Before reaching the age of 18 the decedent (had not lived with his/her  
adopting parents.) or (had lived with his/her adopting parents from the time  
he/she was \_\_\_\_\_ years of age.)

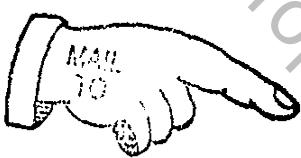
That \_\_\_\_\_ deceased, was married  
but once and then to \_\_\_\_\_ (state if now  
living, if not the affiant, or if deceased, date of death).

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Prepared By:  
NORTH STAR

8438 INDIANA STREET  
MERRILLVILLE, IN. 46410



WOODLEY, JOHN  
1110 W. 14th  
MERRILLVILLE, IN. 46410

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That of that marriage the following children were born:

WENDOLI FRAZIER

WESLEY FRAZIER

ELIZABETH FRAZIER

(Give age or at least that same is adult under no legal disability- if deceased, date of death and add heirship information of same, spouse, children, etc.)

That no other children were born to or adopted by the deceased.

If the decedent adopted someone, the following facts, should be included:

The decedent adopted \_\_\_\_\_ (name) on  
(date) at which time said adoptee was of the age of \_\_\_\_\_.

If the adoptee was 18 years of age or older when adopted, the following facts should be included:

Before reaching the age of 18, \_\_\_\_\_ (name)  
 the adoptee, (had not resided with his/her adopting parents) or (had resided with his/her adopting parents from the time said adoptee was \_\_\_\_\_ years of age.)

That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of \$ 90,000.

Affiant makes this affidavit for the purpose of inducing Chicago Title Insurance Company to issue its Title Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

Danny A. Mergna

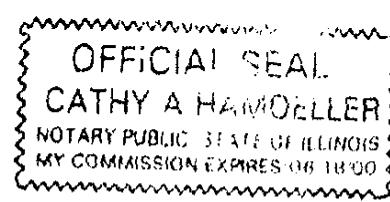
(Affiant's signature)

this 26th day of March, A.D. 1998.

Cathy A. Hamoeller

(Notary Public)

SEAL



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STATE FILE  
NUMBER

## 429 DECEMBER 1988 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO.	160
REGISTERED NUMBER	

DECEASED - NAME	JOHN W. WHITE	MIDDLE NAME	LAW	SEX	DATE OF DEATH	(MONTH DAY YEAR)	
STATE OR COUNTRY	United States	CITIZEN OF WHAT COUNTRY	AMERICAN	AGE AT DEATH	100	DATE OF DEATH	18 1988
SOCIAL SECURITY NUMBER	12 235-28-24085	RESIDENCE STREET AND NUMBER	148 16720 Wood Street	STATE OR COUNTRY	Illinois	CITY, TOWN, VILLAGE OR ROAD DISTRICT NO.	Hazel Crest
FATHER - NAME	John W. Frazier Sr.	MOTHER - MAIDEN NAME	ROSS	RELATIONSHIP	WIFE	MAILING ADDRESS	16 Georgia
INFORMANT'S NAME (TYPE OR PRINT)	Mrs. Jinny Frazier	INDUSTRY	Diesel Mechanic	INDUSTRY	Transportation	CITY, TOWN, VILLAGE OR ROAD DISTRICT NO.	14b. Hazel Crest
18. DEATH WAS CAUSED BY IMMEDIATE CAUSE	(a) DUE TO: ON A CONSEQUENCE OF (b) DUE TO: ON A CONSEQUENCE OF (c) DUE TO: ON A CONSEQUENCE OF					CAUSE OF DEATH	14c. Yes
PART II. OTHER SIGNIFICANT CONDITIONS CONCERNING DEATH AND NOT RELATED TO CAUSE GIVEN IN PART I					AUTORITY	IF FEMALE WAS PREGNANT IN PAST THREE MONTHS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	DATE OF DEATH
ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH DAY YEAR)	INJUR	MONTH DAY OF OCCURRED (MONTH DAY YEAR)	NAME OF INJURED PERSON	19. YES	19b.	19c.
INJURY AT WORK	PLACE OF INJURY (LABORATORY, OFFICE, HOME, ETC.)	LOCATION	MONTH DAY OF OCCURRED (MONTH DAY YEAR)	NAME OF INJURED PERSON	20.	20b.	20c.
IVORY-101	20d.	20e.	20f.	20g.	20h.	20i.	20j.
I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND FROM THE INFORMATION THIS DEATH OCCURRED AT THE DATE, AT THE PLACE AND DUE TO THE CAUSE AS STATED, AND THAT 21a. MEDICAL EXAMINER'S SIGNATURE					THE DECEDENT WAS PRONOUNCED DEAD ON 21b. DATE DECEASED: 18 1988	AT 21c. 3 : 15 P.M.	21d. DATE SIGNED: 21c. 3 : 15 P.M.
22. FURNERAL DIRECTOR'S SIGNATURE	BARRY J. LIESCHULTZ M.D.	LOCATION	CITY, TOWN, VILLAGE OR ROAD DISTRICT NO.	STATE	DATE (MONTH DAY YEAR)		
24a. BURIAL	24c. Skyline Memorial Park	24d. NAME	24e. ADDRESS	24f. CITY, TOWN, VILLAGE OR ROAD DISTRICT NO.	24g. STATE	24h. DATE (MONTH DAY YEAR)	
25a. FUNERAL HOME	25c. Name	25d. Address	25e. City, Town, Village or Road District No.	25f. State	25g. Date (Month Day Year)		
25b. LOCAL AGENTS	26a. F.I.R.A.R.						
26b. ILLINOIS DEPARTMENT OF PUBLIC HEALTH - Office of Vital Records					26c. ILLINOIS DEPARTMENT OF PUBLIC HEALTH - Office of Vital Records		

ILLINOIS DEPARTMENT OF PUBLIC HEALTH - Office of Vital Records

VH-202 (Rev. 11/82)

hereby certify that the foregoing is true and correct copy of the death record for the deceased named in item 1 and that this record was established and filed in accordance with the provisions of the Illinois Statutes relating to the registration of births, stillbirths and deaths.

ATTE. *Roger R. Frazier, Sub. Dr. Barry J. Lieschultz, M.D.* SIGNED *John W. White*

500 S. Maybrook Drive, Maywood, Illinois 60153

Cook County Department of Public Health Official Title, Chief Deputy Registrar

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