



AFFIDAVIT OF HEIRSHIP-
SURVIVING SPOUSE OR DESCENDENT

ESTATE OF:

Jessie M. Johnson
(DECEASED)

Above Space for Recorder's use only

GARY WILSON

on oath says:

1. The decedent, Jessie M. Johnson, died at COOK-COUNTY
on JAN 29, 1999, (place of death)
(date of death)

at the age of 78 years
2. I am of legal age. I reside at 5722 So. Lowe, Chicago, IL, 60629
I am a son of the decedent.
(state relationship)

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

D/W/A

- 3. a. The decedent was never married.
b. The decedent was married _____
(once, twice, etc)

The following is the information with respect thereto:

Name of spouse	Marriage Terminated (by death/divorce)	Predeceased Decedent-P
1. <u>Elo Johnson</u>	<u>death</u>	<u>predeceased</u>
2.		
3.		
4.		

4.			
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- a. No child was born or adopted by decedent.
b. The following children and no others were born to or adopted by decedent:

Name of Child	By Spouse Number	Minor-M Incompetent-I Adopted-A	Predeceased Decedent-P	Spouse's name if married
1. <u>GARY WILSON</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
2.				

02/02/99 Receipt : 5 Employee : JERRY Page : 1

P. I N : 20-16-114-032-0000 Volume : 000421

Address : 2514 W VANBUREN ST/CHICAGO, IL 606122873

Name : JOHNSON JESSIE M

Mailing : 5722 S LOWE ST/CHICAGO, IL 606212813

Legal Description :

Sub-Division Name : TEMPLES SUB E 1/2 SW1/4 NW1/4

Legal : TEMPLES SUB OF THE E 1/2 OF THE SW 1/4 OF THE NW 1/4 OF SEC 16-38
-14 IDENTICAL WITH THE E 1/2 OF OUTLOT 39 OF SCHOOL TRUSTEES SUB
(SEE A) REC DATE: 08/22/1872 DOC NO: 00051256

ST-TN-RG	BLOCK	PT	LOT
16-38-14	0000002		0000009

214 Pkt 20

Prepared By: Mrs. FRANKIE TYUS
5404 So. Justice St.

Gary Wilson
6415 No. Wheeling
Tulsa, Ok.



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3.

4.

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 deceased child (grandchild)	By Spouse Number	Minor-M Incom-potent-I	Predeceased Decedent-P	Grandchild spouse's name if married
1. KENNY WILSON	GRANDSON				
2. _____	_____				
3. _____	_____				
4. _____	_____				

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 deceased grandchild (great-grandchild)	By Spouse Number	Minor-M Incom-potent-I Adopted-A	Pre-deceased Decedent-P	Great-grand-child's spouse's name if married
1. _____	_____				
2. _____	_____				
3. _____	_____				
4. _____	_____				

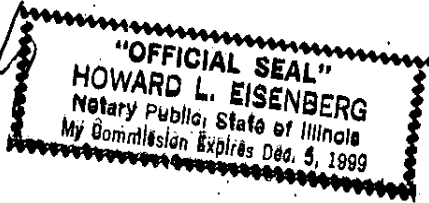
D/N/A

Based on the foregoing, decedent left surviving as his/her only heirs the following, all of whom surviving 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:

X Gary Wilson
(Affiant)

Subscribed and sworn to me by the said GARY WILSON this 2ND day of FEB 1999
(Notary Public) Howard L Eisenberg

My commission expires: _____



REGISTRATION DISTRICT NO. **16.10**
REGISTERED NUMBER

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER **601598**

DECEASED-NAME: **Jessie Mae Johnson** SEX: **Female** DATE OF DEATH: **3 Jan 24 1999**

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: **Chicago Cook** DATE OF BIRTH: **5d February 11, 1920**

BIRTHPLACE: **Chicago, MS** HOSPITAL OR OTHER INSTITUTION-NAME: **Mount Sinai Hospital Medical Center**

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **Widowed** NAME OF SURVIVING SPOUSE: **None**

USUAL OCCUPATION: **Homemaker** KIND OF BUSINESS OR INDUSTRY: **Domestic**

CITY, TOWN, TWP, OR ROAD DISTRICT NO.: **Chicago** INSIDE CITY (YES/NO): **Yes** COUNTY: **Cook**

ZIP CODE: **60621** RACE: **Black** OF HISPANIC ORIGIN? **NO** SPECIFY: **NO**

FATHER-NAME: **Jessie Perkins** MOTHER-NAME: **Vera Mae Johnson**

RELATIONSHIP: **Clerk** MAILING ADDRESS: **1761500 S Fairfield Chicago IL 60608**

IMMEDIATE CAUSE: **Dilated Cardiomyopathy**

CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE: **(a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF**

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH: **(None)**

DATE OF OPERATION: **None** MAJOR FINDINGS OF OPERATION: **None**

DATE OF DEATH: **3 Jan 24 1999** HOUR OF DEATH: **6:12P M.**

NAME AND ADDRESS OF CERTIFIER: **Koyai Pandurangia** DATE SIGNED: **1/25/99**

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: **None** ILLINOIS LICENSE NUMBER: **036089772**

CEMETERY OR CREMATORY-NAME: **Oakridge Cemetery** CITY OR TOWN: **Hillside** STATE: **IL** DATE: **24d Jan. 30, 1999**

FUNERAL HOME: **Gatling's Chapel, Inc. 10133 S. Halsted St. Chicago, IL 60628**

FUNERAL DIRECTOR'S SIGNATURE: **[Signature]** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **034014948**

LOCAL REGISTRAR'S SIGNATURE: **[Signature]** DATE FILED BY: **JAN 28 1999**

LOCAL REGISTRAR: **Sheila Lyne RSM**

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CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

99109299

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STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

JAN 27 1999

I, SHEILA LYNE, RSM, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS 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 OBTAINANCE OF SAID LAWS AND ORDINANCES.

Sheila Lyne RSM
LOCAL REGISTRAR

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

I, DAVID D. ORR, County Clerk of the County of Cook, in the State of Illinois, 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



STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

611420

REGISTRATION DISTRICT NO. 16.10
REGISTERED NUMBER

1. DECEASED—NAME: CLEO JOHNSON
2. SEX: MALE
3. DATE OF DEATH: JUNE 4, 1985

4a. RACE: Black
4b. ETHNICITY: AMERICAN
5a. BIRTHDAY: 63
6. DATE OF BIRTH: November 16, 1921
7a. COUNTY OF DEATH: Cook

7b. CITY, TOWN, TWP. OR ROAD DISTRICT: Chicago
7c. HOSPITAL OR OTHER INSTITUTION: Veterans Administration Medical Center
7d. IF HOSP. OR INST. INDICATE DOA: Inpatient

8. STATE OF BIRTH: Mississippi
9. CITIZEN OF: United States
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married
11. NAME OF SURVIVING SPOUSE: Jessie M. PERKINS

12. SOCIAL SECURITY NUMBER: 427 26 4746
13a. USUAL OCCUPATION: Postal Worker
13b. KIND OF BUSINESS OR INDUSTRY: Post Office
13c. WAS DECEASED EVER IN U.S. ARMED FORCES: YES
13d. WAR OR DATES OF SERVICE: World War Two

14a. RESIDENCE: 5722 South Lowe Street
14b. CITY, TOWN, TWP. OR ROAD DISTRICT: Chicago
14c. INSIDE CITY: Yes
14d. COUNTY: Cook
14e. STATE: Illinois

15. FATHER—NAME: PRESTON JOHNSON
16. MOTHER—MAIDEN NAME: CLASSIE UNAVAILABLE

17a. INFORMANT NAME: MARION M. MAXWELL
17b. RELATIONSHIP: Records
17c. MAILING ADDRESS: 333 East Huron Street, Chicago, Illinois

18. DEATH WAS CAUSED BY: (PART I) IMMEDIATE CAUSE

(a) CARDIORESPIRATORY ARREST
(b) METASTATIC PROSTATE CARCINOMA
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: IMMEDIATE, THREE YEARS

PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I

20a. DATE OF OPERATION, IF ANY
20b. MAJOR FINDINGS OF OPERATION
20c. IF THERE WAS THERE A PREG. NANCY IN LAST THREE MONTHS? NO

21a. I (O) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: JUNE 4, 1985
21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? NO
21c. HOUR OF DEATH: 10:15 P.M.

22a. SIGNATURE: MERYL L. WALKER, M.D.
22b. DATE SIGNED: 6/5/85

22c. NAME AND ADDRESS OF CERTIFIER: Veterans Administration Medical Center Lakeside, 333 East Huron Street, Chicago, Illinois 60611
22d. ILLINOIS LICENSE NUMBER: 16541

23. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

24a. BURIAL, CREMATION, REMOVAL: BURIAL
24b. CEMETERY OR CREMATORY—NAME: OAK RIDGE
24c. LOCATION: HILLSIDE ILLINOIS
24d. DATE: JUNE 10, 1985

25a. FUNERAL HOME: TAYLOR FUNERAL HOME LTD, 63 EAST 79th ST, CHICAGO ILLINOIS 60619
25b. FUNERAL DIRECTOR'S SIGNATURE: Charles B. Taylor

25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 6852

26a. LOCAL REGISTRAR'S SIGNATURE: Edward C. Edwards, M.D., M.P.A.
26b. DATE REC'D. BY LOCAL REGISTRAR: JUN 7 1985

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Property of Cook County Clerk's Office

LAST WILL AND TESTAMENT

OF

JESSIE M. JOHNSON

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LAST WILL AND TESTAMENT

OF

JESSIE M. JOHNSON

I, JESSIE M. JOHNSON of Chicago, Illinois, being of sound and disposing mind and memory do make, publish and declare this to be my LAST WILL and TESTAMENT, hereby revoking any and all former WILLS and CODICILS by me made.

FIRST: I direct that my Executor, hereinafter named, pay all my just debts and obligations, funeral expenses, and charges and costs of administering my Estate as soon after my decease as practicable.

SECOND: I give, devise and bequeath all of the rest, residue and remainder of my estate, both real, personal and mixed, of whatsoever kind and nature, and wheresoever the same may be situated, of which I may die seized and/or possessed, or to which I may be entitled at the time of my death, equally to my son, GARY L. WILSON and my grandson, KENNETH WILSON, or to the survivor of them.

THIRD: I hereby nominate and appoint my son,, GARY L. WILSON as Executor of this my WILL. In the event that said Executor is unwilling or unable to serve, I hereby nominate and appoint my grandson, KENNETH WILSON, as Executor of this my WILL.

UNOFFICIAL COPY

LAST WILL AND TESTAMENT

OF

JESSIE M. JOHNSON

I, JESSIE M. JOHNSON of Chicago, Illinois, being of sound and disposing mind and memory do make, publish and declare this to be my LAST WILL and TESTAMENT, hereby revoking any and all former WILLS and CODICILS by me made.

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THIRD: I hereby nominate and appoint my son,, GARY L. WILSON as Executor of this my WILL. In the event that said Executor is unwilling or unable to serve, I hereby nominate and appoint my grandson, KENNETH WILSON, as Executor of this my WILL.

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FOURTH: I direct that no security be required on the bond of any Executor named herein.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 24TH day of July, 1986 at Chicago, Illinois.

Jessie M Johnson

We, the undersigned, certify that in our presence on the date appearing above, JESSIE M. JOHNSON signed the foregoing instrument and acknowledged it to be his WILL; that at his request and in his presence and in the presence of each other we have signed our names below as witnesses, and we further certify that we believe his to be of sound mind and memory.

Johnnie M Turner

1308 W. 72 St.

Chicago 36 Ill.

Alice Lydon

2154 E. Luomis Blvd

Chicago, Ill. 60620.

Jure Spears

6117 So. Kedzie

Chicago, Ill. 60629

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FOURTH: I direct that no security be required on the bond of any Executor named herein.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this _____ day of _____, 1986 at Chicago, Illinois.

We, the undersigned, certify that in our presence on the date appearing above, JESSIE M. JOHNSON signed the foregoing instrument and acknowledged it to be his WILL; that at his request and in his presence and in the presence of each other we have signed our names below as witnesses, and we further certify that we believe his to be of sound mind and memory.

Property of Cook County Clerk's Office