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STATE OF CALIFORNIA)
COUNTY OF LOS ANGELES)

) SS:
98053339

AFFIDAVIT

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

98 JUL 14 AM 9:17

MORRIS W. CARTER

Comes now Marjorie Anderson, and having been duly sworn upon her oath says:

1. That she is the daughter of Rena Wilkinson who died on May 31, 1972, at East Chicago, Indiana. A copy of her death certificate is attached hereto and made a part of this Affidavit.

2. That Rena Wilkinson died intestate.

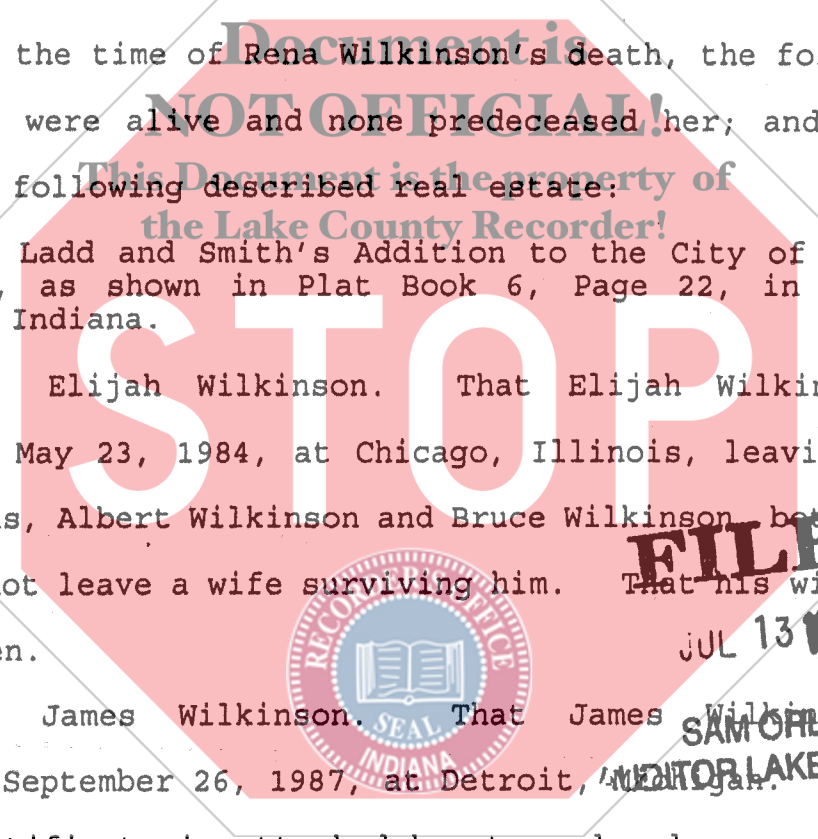
3. At the time of Rena Wilkinson's death, the following of her children were alive and none predeceased her; and she held title to the following described real estate:

Lot 42, Ladd and Smith's Addition to the City of East Chicago, as shown in Plat Book 6, Page 22, in Lake County, Indiana.

A. Elijah Wilkinson. That Elijah Wilkinson died intestate on May 23, 1984, at Chicago, Illinois, leaving as his heirs two sons, Albert Wilkinson and Bruce Wilkinson, both adults. That he did not leave a wife surviving him. That his wife had no other children.

B. James Wilkinson. That James Wilkinson died intestate on September 26, 1987, at Detroit, Michigan. A copy of his death certificate is attached hereto and made a part of this affidavit. That James Wilkinson did not have any children and did not leave a wife surviving him. That his only heirs were Albert Wilkinson, Bruce Wilkinson, Carl Wilkinson, Fred Wilkinson, Lorene Flynn and Marjorie Anderson.

C. Carlton Wilkinson. That Carl Wilkinson is presently



Chicago Title Insurance Company

000930

1/8/98

CITY OF EAST CHICAGO, INDIANA
DEPARTMENT OF HEALTH
CITY HALL

000758

Local Record of Death

THIS IS TO CERTIFY, That our records show RENA WILKINSON died

05 31 1972 ST. CATHERINE HOSPITAL STREET. HOSPITAL
MONTH DAY YEAR PLACE

Age at Death 84 0 0 Sex F Married _____ Widowed X
Years Months Days

Birth Date 03 08 1888 Color BLACK Single _____ Divorced _____
Month Day Year

Primary cause of death given was CEREBRO VASCULAR ACCIDENT VASCULAR HYPERTENSION
ARTERIO SCLEROSIS

Signed by DR. E.L.C. BROOMES EAST CHICAGO IN
Physician Address

Place of burial or removal OAK HILL CEMETERY GARY IN
Name of Cemetery

Date of burial 06/06/1972 Funeral Director TOWNS FUNERAL GARY IN
Address

Signed [Signature] Sec'y

at East Chicago, Indiana 06/26/1996
Date

Filed 06/05/1972

Recorded locally in Book No. 1972 Page No. _____ Registered No. 000375

CITY OF DETROIT

Department of Health Vital Records

STATE OF MICHIGAN
DEPARTMENT OF PUBLIC HEALTH



LF _____
CF 10024

STATE FILE NUMBER

0489812 B

CERTIFICATE OF DEATH

15422
IF DEATH OCCURRED IN INSTITUTION, SEE MANUAL REGARDING COMPLETION OF RESIDENCE ITEMS
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STAYING THE UNDERLYING CAUSE LAST
CAUSE OF DEATH
CERTIFIER
DISPOSITION

DECEDENT NAME FIRST MIDDLE LAST 1 James Wilkinson			SEX 2 Male	DATE OF DEATH (Mo., Day, Yr.) 3 September 26, 1987	
RACE - (a) White Black American Indian or Alut. (Specify) 4 Black	AGE - Last Birthday (Yrs.) 5a 74	UNDER 1 YEAR Wks Days 5b	UNDER 1 DAY Hours Mins 5c	DATE OF BIRTH (Mo., Day, Yr.) 6 October 14, 1912	COUNTY OF DEATH 7a Wayne
LOCATION OF DEATH (Check one and specify) <input checked="" type="checkbox"/> INSIDE CITY LIMITS OF Detroit <input type="checkbox"/> INSIDE VILLAGE LIMITS OF <input type="checkbox"/> TWP OF			HOSPITAL OR OTHER INSTITUTION - Name, if not in a care give street and no. 7c Sinai Hospital		
STATE OF BIRTH (If not in U.S. give country) 8 Alabama	CITIZEN OF WHAT COUNTRY 9 USA	MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Widowed	SURVIVING SPOUSE (If wife, give maiden name) 11.		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12. Yes
SOCIAL SECURITY NUMBER 13 378-05-2243	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a Engineer	KIND OF BUSINESS OR INDUSTRY 14b Michigan Consolidated			
CURRENT RESIDENCE - STATE 15a Michigan	COUNTY 15b Wayne	LOCALITY (Check one and specify) <input checked="" type="checkbox"/> INSIDE CITY LIMITS OF Detroit <input type="checkbox"/> INSIDE VILLAGE LIMITS OF <input type="checkbox"/> TWP OF	STREET AND NUMBER 15d 15377 Ferguson		
FATHER - NAME FIRST MIDDLE LAST 16 Elijah Wilkinson		MOTHER - MAIDEN NAME FIRST MIDDLE LAST 17 Rena Hankins			
INFORMANT 18a (Signature) Carl C. Wilkinson		MAILING ADDRESS 18b 3741 Lincoln Gary Indiana 46408			
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			Interval between onset and death		
(a) Cardiopulmonary Arrest.			1 Hour		
(b) Advanced metastatic Carcinoma of Lung.			1 Year		
(c) Severe chronic obstructive pulmonary disease.			3-4 Years		
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributory to death but not stated to cause death in Part I Hypertension, Diabetes, Renal Failure			AUTOPSY (Specify Yes or No) 20. NO		WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No) 21. NO
PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulance, (Specify) 22a HOSPITAL	IF HOSP. OR INST., Specify DOA, OF Emer. Rm., Inpatient (Specify) 22b ROOM 11P.	24a. <input type="checkbox"/> This case reviewed and determined not to be a medical examiner's case (Check one box) <input checked="" type="checkbox"/> On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the causes stated			
23a. To the best of my knowledge, death occurred at the time, date and place and due to the causes stated					
CERTIFYING PHYSICIAN (Signature and Title) M. G. Natni, M.D.	DATE SIGNED (Mo., Day, Yr.) 23b Sep 30 1987	HOUR OF DEATH 23c 7:25 P. M.	MEDICAL EXAMINER (Signature and Title) Edna J. Harper	DATE SIGNED (Mo., Day, Yr.) 24b	HOUR OF DEATH 24c
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 23d M. G. NATNI, M.D. 6001 Mt Carmel Prof. Bldg. #390 Det, MI. 48235		24a ON	24e AT	24d PRONOUNCED DEAD (Mo., Day, Yr.) 24d	
NAME AND ADDRESS OF CERTIFIER, PHYSICIAN OR MEDICAL EXAMINER (Type or Print)		24e PRONOUNCED DEAD (Hour)			
ACC. SUICIDE HOW NATURAL OR PENDING INQUEST (Specify) 26a NATURAL	DATE OF INJURY (Mo., Day, Yr.) 26b	HOUR OF INJURY 26c	DESCRIBE HOW INJURY OCCURRED 26d		
INJURY AT WORK (Specify Yes or No) 26e	PLACE OF INJURY - At home, farm, street, factory, office, building, etc (Specify) 26f	LOCATION 26g	STREET OR R.F.D. NO.	CITY, VILLAGE, OR TOWNSHIP	STATE
BURIAL CREMATION REMOVAL OTHER (Specify) 27a Burial	CEMETERY OR CREMATORY - NAME 27b Woodlawn Cemetery		LOCATION 27c Detroit	CITY, VILLAGE OR TOWNSHIP Michigan	STATE
DATE (Mo., Day, Yr.) 27d October 2, 1987	NAME OF FACILITY 28a Thompson Funeral Home, Inc.		ADDRESS OF FACILITY 28b 7643 Dexter Detroit, Michigan		
FUNERAL SERVICE LICENSEE (Signature) 28c Edna J. Harper	REGISTRAR (Signature) 29a	DATE RECEIVED BY REGISTRAR 29b SEP 30 1987			

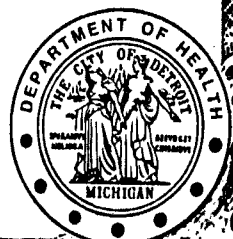
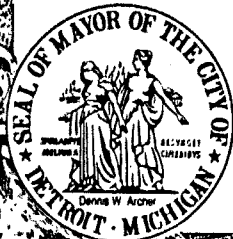
THIS CERTIFIES THAT THE ABOVE IS A TRUE COPY OF FACTS RECORDED ON THIS RECORD OF THE PERSON NAMED HEREON, AS FILED AT THE DETROIT DEPARTMENT OF HEALTH.

SEP 27 1987

DATED

Gloria J. Harper

GLORIA J. HARPER
REGISTRAR, VITAL RECORDS
DETROIT DEPARTMENT OF HEALTH
1151 TAYLOR
DETROIT, MI 48202



That the heirs of Fred Wilkinson are: Robert S. Wilkinson, Carlton F. Wilkinson, Kathleen Wilkinson, Jeffrey Wilkinson, and Dawn M. Wilkinson and they are all competent adults. These are the only heirs of Fred Wilkinson. That Fred Wilkinson did not leave a surviving spouse.

