

A

STATE OF INDIANA)
) SS
COUNTY OF LAKE)

2004 033675

ESTATE OF)
)
VICKI JACKSON,)
)
Deceased.)

AFFIDAVIT OF HEIRSHIP

WALTER T. JACKSON, being first duly sworn on oath states as follows:

1. That **VICKI JACKSON died intestate on February 18, 2000**, in the City of Chicago, County of Cook and State of Illinois. Vicki Jackson resided at 20525 Parthenon Way, Olympia Fields, Cook County, Illinois 60461.
2. I am the father of the decedent and I reside at 20525 Parthenon Way, Olympia Fields, Cook County, Illinois 60461.
3. **VICKI JACKSON**, was never married, and no children were ever born to or adopted by her.
4. **VICKI JACKSON** parents were Walter T. Jackson and Evelyn L. Jackson. Walter T. Jackson and Evelyn L. Jackson were married once and only once to each other. During the marriage the following child was born and no others were born to or adopted:
VICKI JACKSON – Daughter.
5. Evelyn L. Jackson died intestate on February 25, 2000, in the City of Harvey, Cook County, Illinois.
6. **VICKI JACKSON** was the fee simple owner of the premises commonly known as 3709 Pennsylvania St., in the City of Gary, Lake County, Indiana 46428, and legally described as:

LOTS 3 & 4, BLOCK 4, SECOND SOUTH BROADWAY ADDITION TO GARY, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 7 PAGE 17, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

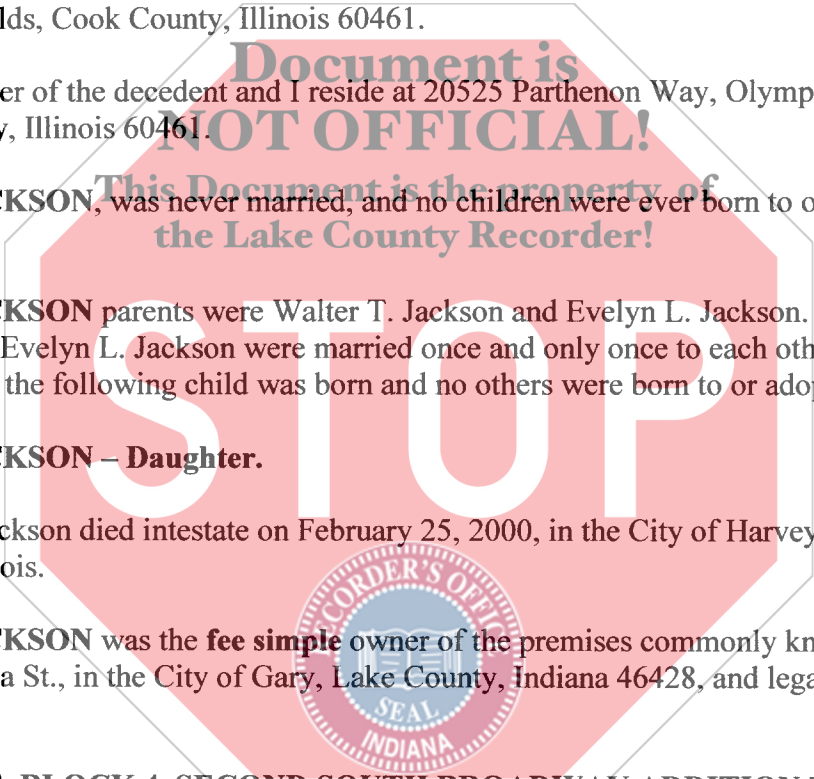
DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

APR 28 2004

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR


002086

15
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cash



7. The value of the decedent's estate for federal tax purposes does not exceed Fifty (\$50,000.00) Thousand Dollars.
8. This affidavit was prepared for title insurance and title clearance purposes.
9. Based upon the foregoing, the decedent left surviving the following adult and competent heir:

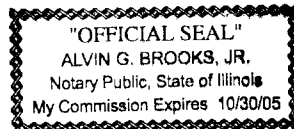
Walter T. Jackson – Father.



AFFIANT

Subscribed and sworn to

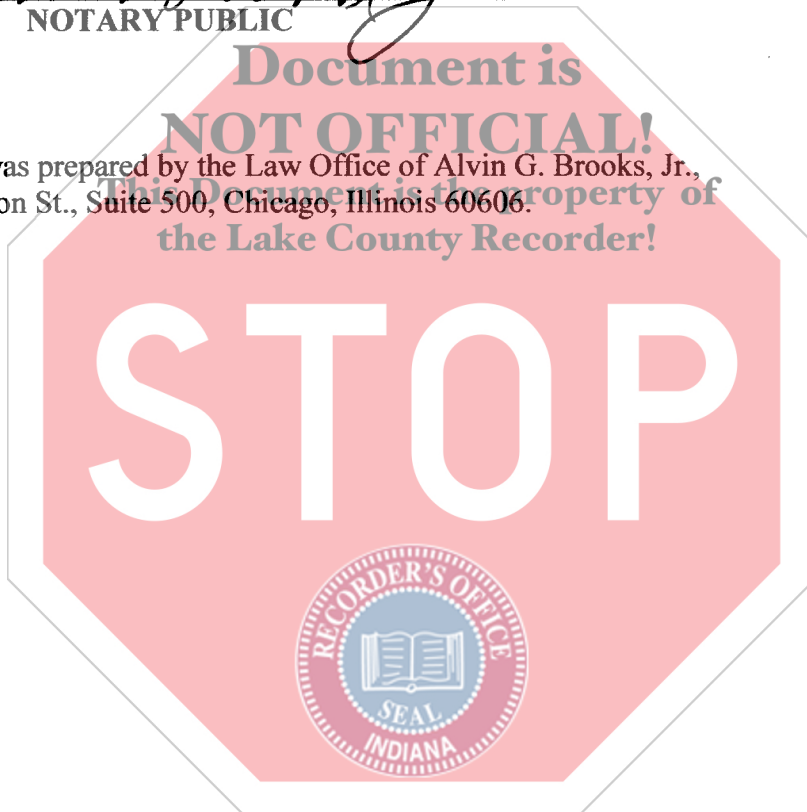
before me this 24th day of April, 2004.





NOTARY PUBLIC

This instrument was prepared by the Law Office of Alvin G. Brooks, Jr.,
309 W. Washington St., Suite 500, Chicago, Illinois 60606.



CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

STATE FILE NUMBER
602963

FEB 22 2000

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **16-10**

PRINT IN INK
DIRECTORS
PHYSICIANS
CLERKS FOR
FUNCTIONS

DECEASED-NAME
FIRST MIDDLE LAST
Vicki Jackson

SEX **Female**

DATE OF DEATH (MONTH, DAY, YEAR)
February 18, 2000

COUNTY OF DEATH
Cook

DATE OF BIRTH (MONTH, DAY, YEAR)
April 18, 1952

HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
Northwestern Memorial Hospital

STATUS
Inpatient

6a. **Chicago**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)
Chicago, Ill.

7. **Never Married**

8a. **Never Married**

8b. **None**

9. **No**

10. **344-42-0665**

11a. **Teacher**

11b. **Education**

12. **12th**

13a. **20525 Parthenon Way**

13b. **Olympia Fields**

13c. **13d.**

13e. **Illinois**

13f. **13160461**

14a. **Black American**

14b. **X**

14c. **NO**

14d. **YES**

15. **Walter T. Jackson**

16. **Evelyn Brown**

17a. **Jackie Smith**

17b. **Medical Records**

17c. **25 E. Huron Chicago, IL 60611**

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, shock, or heart failure. List only one cause on each line.

(a) **Septic Shock**

(b) **Perforated Diverticulum**

(c) **PERFORATED DIVERTICULUM**

19a. **No**

19b. **No**

20a. **20b.**

20c. **YES**

20d. **NO**

21a. **I did last attend February 18, 2000**

21b. **No**

22a. **Julie Sundaram MD**

22b. **Feb 18 2000**

22c. **Julie Sundaram, M.D. 251 E. Huron Chicago, IL 60611**

22d. **125-39837**

23. **NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)**

24a. **St. Mary's Cemetery**

24b. **Evergreen Park Illinois**

24c. **Illinois**

24d. **2-24-2000**

25a. **W.W. Holt Funeral Home**

25b. **175 West 159th Street Harvey Illinois 60426**

25c. **10992**

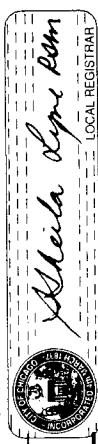
26a. **FEB 22 2000**

26b. **FEB 22 2000**

26c. **FEB 22 2000**

26d. **FEB 22 2000**

26e. **FEB 22 2000**



Sheila Lynne Rasmussen
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

HARVEY, ILLINOIS

DISTRICT 16.34

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

DECEDENT'S BIRTH NO. _____
REGISTRATION DISTRICT NO. **1034**
REGISTERED NUMBER **112**

STATE FILE NUMBER _____

DECEASED

1. DECEASED—NAME FIRST MIDDLE LAST: **EVELYN LEOLA JACKSON** SEX: **FEMALE** DATE OF DEATH (MONTH, DAY, YEAR): **FEBRUARY 26, 2000**

2. COUNTY OF DEATH: **COOK** AGE—LAST BIRTHDAY (YRS): **2** UNDER 1 YEAR: **5a. 2** UNDER 1 DAY: **5b. 0** DATE OF BIRTH (MONTH, DAY, YEAR): **5d. JANUARY 18, 1928**

3. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **6a. HARVEY** HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): **6b. INGALLS MEMORIAL HOSPITAL** IF HOSP. OR INST. INDICATE D.O.A., OP/EMER. RM., INPATIENT (SPECIFY): **6c. INPATIENT**

4. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **7. CHICAGO, ILLINOIS** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **8a. MARRIED** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): **8b. WALTER JACKSON** WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO): **9. NO**

5. SOCIAL SECURITY NUMBER: **10. 350-22-4724** USUAL OCCUPATION: **11a. POSTAL WORKER** KIND OF BUSINESS OR INDUSTRY: **11b. POST OFFICE** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): **12. 12th** College (1-4 or 5-1): **2**

6. RESIDENCE (STREET AND NUMBER): **13a. 20525 PARTHENON** CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **13b. OLYMPIA FIELDS** INSIDE CITY (YES/NO): **13c. YES** COUNTY: **13d. COOK**

PARENTS

FATHER—NAME FIRST MIDDLE LAST: **15. ANDREW JACKSON BROWN** MOTHER—NAME FIRST MIDDLE LAST: **16. ELVA WASHINGTON**

17a. **WALTER JACKSON** RELATIONSHIP: **HUSBAND** MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): **17c. 20525 PARTHENON OLYMPIA FIELDS, ILLINOIS 60461**

CAUSE

18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

Immediate Cause (Final disease or condition resulting in death): **(a) CAD S/P MI CATH SEPTIS**

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: **(b) ANEMIA RENAL INSUFFICIENCY**

PART II. Other significant conditions contributing to death but not resulting in the underlying cause: use given in PART I: **(c) S/P SIBMOID RESECTION, RUPTURED AORTA**

CERTIFIER

20a. DATE OF OPERATION, IF ANY: _____ MAJOR FINDINGS OF OPERATION: _____ AUTOPSY (YES/NO): **19a. NO** WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO): **19b. NO**

21a. (I) (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: **02/26/2000** (MONTH, DAY, YEAR) WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): **21b. NO** HOUR OF DEATH: **21c. 4:38 P.M.**

22a. SIGNATURE: **[Signature]** TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED. DATE SIGNED (MONTH, DAY, YEAR): **22b. 2/29/2000**

22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): **MUHAMMAD SHAMMUDIN 6701 West 159TH Street Tinley Park IL 60477** ILLINOIS LICENSE NUMBER: **22d. 36-91936**

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): **Akbar Rahmani M.D.** NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

DISPOSITION

24a. BURIAL CEMETERY OR CREMATORY—NAME: **24b. St. Mary Cemetery** LOCATION: **24c. Evergreen Park** CITY OR TOWN: **Illinois** DATE (MONTH, DAY, YEAR): **24d. 03-02-2000**

25a. FUNERAL HOME: **W. W. Holt Funeral Home** STREET AND NUMBER OR R.F.D.: **175 W 159th Street** CITY OR TOWN: **Harvey** STATE: **Illinois** ZIP: **60426**

25b. FUNERAL DIRECTOR'S SIGNATURE: **[Signature]** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: _____

26a. LOCAL REGISTRAR'S SIGNATURE: **[Signature]** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **25c. 10992**

26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **25d. MAR 1 2000**

VR200 (Rev. 5/89) Illinois Department of Public Health—Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)

CERTIFIED COPY OF VITAL RECORDS

I HEREBY CERTIFY THAT THE FOREGOING is a true and correct copy of the DEATH record for the individual named therein and that this record was established and filed in my office in accordance with the provisions of the ILLINOIS STATUTES relating to the registration of BIRTHS, STILLBIRTHS and DEATHS.

DATE ISSUED: **JUN 08 2000**

ISSUED AT: **CITY OF HARVEY
15320 SO. BROADWAY AVE.
ILLINOIS 60426**

[Signature]
GWENPOLYN L. DAVIS
LOCAL REGISTRAR

This copy not valid unless prepared on engraved border displaying seal and signature of Local Registrar.



D1488