

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)



AFFIDAVIT OF HEIRSHIP

Jimmie Green (Affiant) being first duly sworn on oath deposes and states as follows:

1. That the Affiant resides at: 107-129 E. 126th St. #3E, New York, N.Y. 10035
2. That the Affiant is Sister of Donie Anna Phillippe
(Relationship) (Decedent)
3. That the decedent died on 2-23 in the City of Chicago
County of Cook, State of Illinois as
evidenced by the Death Certificate attached hereto.
4. That the decedent died owning an interest in the property (legally described as follows:) (described in ~~FD~~ STEWART Title Company Commitment No. TM5536.)
5. That the decedent died leaving (a/no) will (which has been filed in the "Unproved Will Box" of _____ County, and a certified copy attached.)
6. That the decedent was married to the following persons, and no others:

<u>NAME:</u>	<u>MARRIAGE TERMINATED BY:</u>	<u>DATE:</u>
<u>Windel Phillippe</u>	<u>Death</u>	<u>1984</u>

7. That the following children and no others were born to, adopted or acknowledged by decedent: Evidence of acknowledgment is attached.

(NOTE: If any are deceased, an affidavit of heirship as to that child must be supplied unless a unmarried minor at death)

NAME	OTHER PARENT	MINOR/DISABLED	ALIVE/DEAD
<u>None</u>			

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8. That, in the event the decedent died without wife or child surviving, to the Affiant's best information and belief, the following represents the decedent's heirship as determined by ILLINOIS REV. STATES., Chap. 1101/2, S2-1. (Trace all lineage.)

Jimmie Green - sister
Mammie Keaton - sister

(NOTE: Determination of the above conclusions may require the assistance of an attorney.)

9. That the total value of the estate of the decedent including the taxable interest in the aforesaid property and all joint tenancy interests is \$ 50,500.00.
10. That all debts of the decedent have been paid in full or will be paid from the proceed of the subject real estate transaction and copies of the paid, final hospital bills and funeral bill are attached hereto.
11. That there is no Federal Estate Tax, Illinois Inheritance (Pickup tax), or Illinois Generation-Skipping Tax as a result of decedent's death, or that they have been paid in full and releases for the subject property are attached hereto.
12. That the Affiant makes this affidavit to induce ^{Stewart} Interecounty Title Company/SAS Division to rely on the representations made herein and to issue ~~Interecounty~~ National Title Insurance Company Policy No. S TM5536. ^{Stewart}
13. The following documents attached hereto are hereby incorporated by reference as part of this Affidavit:

- Death Certificate of Decedent
- Certified copy of last will of Decedent.
- Copy of paid funeral and hospital bills of Decedent.
- Federal Estate Tax Release of Subject Property.
- Copy of Illinois Tax release of subject property.
- Personal Undertaking of Heirs/Devises
-

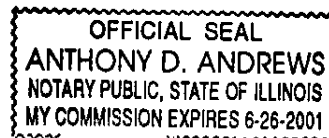
IN WITNESS WHEREOF, the Affiant has affixed his/her signature hereto this

30th day of June, 19 2000

Jimmie Green
Affiant

Subscribed and sworn to before me
this 30th day of June 19 2000

Anthony D. Andrews
Notary Public



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CITY OF CHICAGO

DEPARTMENT OF PUBLIC HEALTH

00649491

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

FEB 26 1998

THE HEALTH, ISM, LOCAL
JUNIOR 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 PURSUANCE OF SAID
LAWS AND ORDINANCES.

THIS CERTIFIED COPY VALID WHEN
MILITARY OR SIGNATURE SEAL IS
AFFIXED

CERTIFICATE OF DEATH
NUMBER 10.10

REGISTERED NAME FIRST MIDDLE LAST Dovie COOK		AGE LAST BIRTHDAY (MO/DA/YR) 50 24 1947		SEX Female		DATE OF BIRTH (MONTH, DAY, YEAR) February 23rd 1948	
MARRIAGE HISTORY MARRIED NEVER MARRIED DIVORCED (SPECIFY DATE) WIDOWED		NAME OF SURVIVING SPOUSE (MARRY NAME) NONE		MARRIAGE LICENSE NO. (MO/DA/YR) NONE		DATE OF MARRIAGE (MONTH, DAY, YEAR) NONE	
HOSPITAL OR OTHER INSTITUTION (NAME AND NUMBER) PROVIDENT HOSPITAL		CITY/TOWN/TWP OR ROAD (CITY/TOWN/TWP) CHICAGO		COUNTY COOK		DEPARTMENT OF HEALTH (MO/DA/YR) NONE	
MARRIAGE HISTORY (MARRIED, NEVER MARRIED, DIVORCED, WIDOWED) WIDOWED		MARRIAGE LICENSE NO. (MO/DA/YR) NONE		DATE OF MARRIAGE (MONTH, DAY, YEAR) NONE		MARRIAGE LICENSE NO. (MO/DA/YR) NONE	
USUAL OCCUPATION STRESS		CITY/TOWN/TWP OR ROAD (CITY/TOWN/TWP) CHICAGO		COUNTY COOK		DEPARTMENT OF HEALTH (MO/DA/YR) NONE	
RESIDENCE (STREET AND NUMBER) 4730 SOUTH PRAIRIE		CITY/TOWN/TWP OR ROAD (CITY/TOWN/TWP) CHICAGO		COUNTY COOK		DEPARTMENT OF HEALTH (MO/DA/YR) NONE	
STATE ILLINOIS		CITY/TOWN/TWP OR ROAD (CITY/TOWN/TWP) CHICAGO		COUNTY COOK		DEPARTMENT OF HEALTH (MO/DA/YR) NONE	
FATHER'S NAME (FIRST, MIDDLE, LAST) RUBEN GREENE		MOTHER'S NAME (FIRST, MIDDLE, LAST) FANNIE WALKER		MARRIAGE LICENSE NO. (MO/DA/YR) NONE		DATE OF MARRIAGE (MONTH, DAY, YEAR) NONE	
INFORMANT'S NAME (TYPE OR PRINT) HAMIE KEATON		RELATIONSHIP SISTER		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE) 4730 S. PRAIRIE CHICAGO IL 60606		DATE OF DEATH (MONTH, DAY, YEAR) February 23, 1998	
Enter the disease, injuries, 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. 1) Hypertensive Cardiovascular Disease 2) HYPERTENSIVE CARDIOVASCULAR DISEASE 3) HYPERTENSIVE CARDIOVASCULAR DISEASE		IMMEDIATE CAUSE (Final cause of death) HYPERTENSIVE CARDIOVASCULAR DISEASE		MEDIUM CAUSE (Intermediate cause) HYPERTENSIVE CARDIOVASCULAR DISEASE		UNDERLYING CAUSE (Basic cause) HYPERTENSIVE CARDIOVASCULAR DISEASE	
NATURAL ACCIDENT, POISONING, SUICIDE (UNDETERMINED, SPECIFY) NATURAL		DATE OF INJURY (MONTH, DAY, YEAR) NONE		MANNER OF DEATH (ART. 1 ITEM 3) M		AUTOPSY (YES/NO) NO	
PLACE OF DEATH (AT HOME, EARL STREET, MESSIAH, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY) HOME		LOCATION (CITY, TOWN, OR ROAD, DIST. NO., COUNTY, STATE) CHICAGO, ILLINOIS		CITY/TOWN/TWP OR ROAD (CITY/TOWN/TWP) CHICAGO		COUNTY COOK	
I CERTIFY THAT I AM A PHYSICIAN BASED UPON MY INVESTIGATION AND ON THE INFORMATION RECEIVED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT CORONER'S MEDICAL EXAMINER'S SIGNATURE CORONER'S PHYSICIAN'S NAME (Type of Print) Aldo Fusaro, M.D.		DATE OF DEATH (MONTH, DAY, YEAR) February 23, 1998		DATE SIGNED (MONTH, DAY, YEAR) February 23, 1998		DATE SIGNED (MONTH, DAY, YEAR) February 23, 1998	
BURIAL CEMETERY OR CREMATORY NAME BLICK		CITY OR TOWN Long Island		STATE New York		DATE (MONTH, DAY, YEAR) 2-2-98	
FUNERAL HOME NAME LEAK & SONS, 7838 Cottage Grove		CITY OR TOWN Chicago		STATE IL		FUNERAL DIRECTOR'S LICENSE NUMBER 031-007489	
FUNERAL DIRECTOR'S SIGNATURE Aldo Fusaro		LOCAL REGISTRAR'S SIGNATURE Alicia Lopez		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) FEB 26 1998		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) FEB 26 1998	

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EXHIBIT "A"

Legal Description

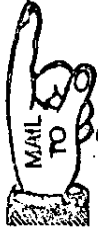
LOT 6 (EXCEPT THE NORTH 40 FEET) AND LOT 7 (EXCEPT THE SOUTH 35 FEET) IN BLOCK 2 IN H.B. BRYANT'S SUBDIVISION OF THE NORTHWEST QUARTER OF THE NORTHEAST QUARTER OF THE NORTHWEST QUARTER OF SECTION 10, TOWNSHIP 30 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

20-10-103-021

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4730 South Prairie

Chicago, Illinois



Property of Cook County Clerk's Office