



0010932716

(State of Illinois)
(County of Cook)

Affidavit of Heirship

Jacqueline E. Baldwin, Willie D. Murphy, Paul Baldwin, Sherry Baldwin, Shawn Baldwin, Debra Baldwin and Clarence Baldwin, your affiants being duly sworn upon oath, deposes and states:

1. That the affiants are daughters and sons of Faye Baldwin.
2. That the affiants, Jacqueline E. Baldwin, Willie D. Murphy, Paul Baldwin, Sherry Baldwin, Shawn Baldwin, Debra Baldwin, and Clarence Baldwin reside at 7633 South Union, Chicago, 2nd Floor Apt.
3. That Ricky Baldwin, Faye Baldwin's son, died in 1997. The deceased had no children.
4. That Faye Baldwin was born on July 14, 1941 to the parents of Friedell Carter and Willie Mae Carter.
5. That Friedell Carter died December 24, 1991.
6. That Willie Mae Cater died March 6, 1998.
7. That Faye Baldwin married Eula Baldwin March 9, 1964.
8. That they had four children from the marriage.
9. That they had no other children and none were adopted.
10. That Faye Baldwin and Eula Baldwin separated on July 15, 1971.

11. That Faye Baldwin's mother Willie Mae Carter gave her the property located at 7633 South Union, Chicago, IL.
12. That Eula Baldwin has no claim on the property located at 7633 South Union, Chicago, Ill.
13. That Faye Baldwin died April 20, 2000 in the city of East Chicago, County of Lake, State of Indiana.
14. That Faye Baldwin died owning and interest in the property commonly know as 7633 South Union Street Chicago, Illinois.
15. That the decedent died leaving no will.
16. That the total value of the estate of the decedent including the taxable interest in the aforesaid property is \$35, 000.00.
17. That no Federal Estate Tax or Illinois Inheritance Tax is due.
18. That no claim have been filed against decedent and that all expenses of illnesses and/or funeral expenses have been paid in full.
19. That the following and no others were born to or adopted by the decedent:
 - A. Jacqueline E. Baldwin (a single person never married) (adult and living)
 - B. Willie Dario Murphy (a single person never married) (adult and living)
 - C. Paul Baldwin (a single person never married) (adult and living)
 - D. Sherry Baldwin (married but divorce) (adult and living)
 - E. Shawn Baldwin (a single person never married) (adult and living)
 - F. Debra Baldwin (a single person never married) (adult and living)
 - G. Clarence Baldwin (a single person never married) (adult and living)
20. That the affiants are the sole heir to Faye Baldwin.
21. That the affiants Jacqueline E. Baldwin, Willie D. Murphy, Paul Baldwin and Sherry Baldwin is the owner of the property located at 7633 South Union Chicago, Illinois 60619.

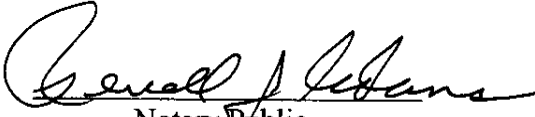
Further Affiance Sayeth Not.

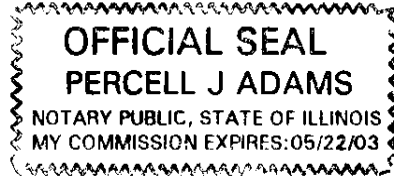
Paul Baldwin
Willie Murphy
Jacqueline Baldwin
Debra Baldwin
Sherry Baldwin Smith
Shawn Baldwin

UNOFFICIAL COPY

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Subscribed and Sworn to Before me this 5th day of Mayth, 2001.


Notary Public



Property of Cook County Clerk's Office

James Lower
818 Braemar Rd
Alossmoor, Ill. 60422

LEGAL DESCRIPTION:

LOT 17 IN BLOCK 10 IN STORKE'S SUBDIVISION OF AUBURN IN THE WEST 1/2
OF THE SOUTHWEST 1/4 OF SECTION 28, TOWNSHIP 38 NORTH, RANGE 14, EAST
OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office

CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

RENTS

FORMANT

POSITION

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1. DECEASED—NAME (First, Middle, Last) Faye Baldwin		2. SEX Female	3a. TIME OF DEATH 8:35 P M	3b. DATE OF DEATH (Month, Day, Year) April 20, 2000
4. *SOCIAL SECURITY NUMBER 346-34-3009	5a. AGE—Last Birthday (Years) 58	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) July 14, 1941
7a. WAS DECEDENT A U.S. VETERAN? NO	7b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	7. BIRTHPLACE (City and State or Foreign Country) Sturgis, Mississippi		
8a. FACILITY NAME (If not institution, give street and number) St. Catherine's Hospital		8b. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		9a. CITY, TOWN, OR LOCATION OF DEATH East Chicago
9b. COUNTY OF DEATH Lake		10. MARITAL STATUS (Specify) Married		
11. SURVIVING SPOUSE (If wife, give maiden name) Eula Baldwin		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker		12b. KIND OF BUSINESS/INDUSTRY Domestic
13a. RESIDENCE—STATE Illinois	13b. COUNTY Cook	13c. CITY, TOWN, OR LOCATION Chicago		13d. STREET AND NUMBER 7633 South Union Street
13e. ZIP CODE 60620	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U S A	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify) Black
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) <input checked="" type="checkbox"/> College (1-4 or 5 +) <input type="checkbox"/> 12th		18. FATHER'S NAME (First, Middle, Last) Will Murphy		
19. MOTHER'S NAME (First, Middle, Maiden Surname) Willie Mae Hunt		20a. INFORMANT'S NAME (Type/Print) Sherry Baldwin-Smith		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3822 Canterbury CT Richton Park, Illinois		20c. Relationship Daughter		
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) April 25, 2000 Mount Hope Cemetery		21c. LOCATION—City or Town, State Chicago, Illinois
22a. EMBALMER'S NAME Roosevelt Allen Jr.		22b. EMBALMER'S LICENSE NO. #01051701	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Carmelita Perry</i>		24b. LICENSE NUMBER (of License) #29700070	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen Funeral Directors, Inc 2959 West 11th Avenue Gary, Indiana 46404 83007704	
26. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. INTRACEREBRAL HEMORRHAGE		
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		b. HYPERTENSION		
		c. DUE TO (OR AS A CONSEQUENCE OF):		
		d. DUE TO (OR AS A CONSEQUENCE OF):		
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.				
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) NO	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)	
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.				
29b. SIGNATURE AND TITLE OF CERTIFIER <i>Anthony A. Anigbo</i>		29c. MEDICAL LICENSE NO. 01031587	29d. DATE SIGNED (Month, Day, Year) 04/28/2000	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Anthony A. Anigbo, M.D. 6111 Harrison St., #252, Merrillville, IN 46410				
31. HEALTH OFFICER'S SIGNATURE <i>Dr. Timothy Ray Kouick</i>				32. DATE FILED (Month, Day, Year) 5-3-00
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)
		34d. DESCRIBE HOW INJURY OCCURRED		34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc (Specify)
		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.		