

AFFIDAVIT OF HEIRSHIP

02021317
THE UNDERSIGNED, BEING FIRST
DULY SWORN UPON OATH, DEPOSES
AND STATES AS FOLLOWS:



1. That she/he is the surviving SON of the decedent.
2. That she/he resides at 6832 S. MARSHFIELD CHICAGO IL 60636
3. That attached hereto is a certified copy of the medical certificate of death of the decedent.
4. That the decedent was an owner of the premises described in National Land Title Insurance Corporation Commitment for Title Insurance, Order Number CT021317
5. That the value of the decedent's estate at the date of her/his death was less than 200,000
6. That the decedent died testate/intestate.
7. That the decedent was/was not married ONE time(s) at the time of her/his death.
8. That only ONE child/children was/were born to or adopted by decedent as a result of her/his marriage; namely, the undersigned and NONE
9. That the undersigned is 54 years of age and is married to NOT MARRIED
10. That no children other than those enumerated in paragraph 8 hereof were born to or adopted by the decedent.
11. The decedent died on April 10, 2002 (date), and was, at the time of her/his death, 70 years of age and married to GROVER HOLLIS

The affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold National Land Title Insurance Corporation harmless and to reimburse the Corporation for all loss, costs, damages, suits, attorney's fees and expenses and every kind and nature with which the Corporation may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

1. Claims against the Estate of MIRIAM D. HOLLIS, the decedent;
2. Illinois State Inheritance Tax and Federal Tax which may be charged against the Estate of the decedent;
3. Legacies, if any, created by the Will of said decedent;
4. Rights to contribution.

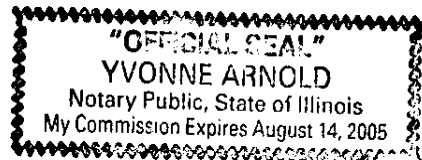
This affidavit is made for the purpose of inducing National Land Title Insurance Corporation to show title in the aforesaid real estate in ANDREW DRAIN
(the names of the heirs), all of whom are competent adults.

FURTHER, AFFIANT SAYETH NOT.

Andrew Drain

SUBSCRIBED and SWORN to before me this 9th day of May 2002

[Signature]
NOTARY PUBLIC



NOTE: If the decedent left a will, it will be necessary that the original or a certified copy thereof be presented to us for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this Affidavit.

Andrew Drain
6832 S. Marshfield
Chicago, IL 60636
MAIL TO

484

UNOFFICIAL COPY

Property of Cook County Clerk's Office

REGISTRATION DISTRICT NO. **16.75**
 REGISTERED NUMBER

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER
606147

DECEASED-NAME **MIRIAM** FIRST **HOLLIS** LAST **FEMALE** SEX **2** DATE OF DEATH (MONTH, DAY, YEAR) **10, 2002**

1. COUNTY OF DEATH **COOK** 4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **MIRIAM**
 5a. BIRTHDAY (MOS.) **70** 5b. UNDER 1 YEAR (MOS.) **0** 5c. UNDER 1 DAY (HOURS) **0** 5d. DATE OF BIRTH (MONTH, DAY, YEAR) **MAY 18, 1931**
 5e. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

6a. CHICAGO 6b. HOLY CROSS HOSPITAL
 BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **Chicago, IL**
 7. SOCIAL SECURITY NUMBER **22-14-7119**
 8a. WIDOWED 8b. NAME OF SURVIVING SPOUSE (Maiden Name, if wife)
 8c. INPATIENT

10. RESIDENCE (STREET AND NUMBER) **1124 Homemaker** 11b. **Chicago** CITY, TOWN, TWP. OR ROAD DISTRICT NO.
 12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
 13a. ZIP CODE **60630** 13b. RACE (WHITE, BLACK, AMERICAN INDIAN etc.) (SPECIFY)
 13c. INSIDE CITY (YES/NO) **YES** 13d. COUNTY **COOK**

15. FATHER'S NAME **JOHN** FIRST **BALLEN** LAST **MINNIE** MOTHER'S NAME **MINNIE** FIRST **MINNIE** MIDDLE **MINNIE** LAST **MINNIE**
 16. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY, TOWN, TWP., STATE, ZIP)

17a. ADDRESS **DRAIN** 17b. **Saul** 17c. **122 E 180th St. Chicago**
 18. PART I
 Immediate Cause (Final disease or condition resulting in death) **Metastatic CA of Uterus**
 Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, stroke, or heart failure. List only one cause on each line.
 (a) **Metastatic CA of Uterus**
 (b) **Due to, or as a consequence of**
 (c) **Due to, or as a consequence of**

CONTRIBUTIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STAYING THE UNDERLYING CAUSE LAST
 PART II - Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

20a. DATE OF OPERATION, IF ANY **20b.** MAJOR FINDINGS OF OPERATION
 21a. (INDENT) I ATTEND THE DECEASED AND I SWEAR UNDER OATH AND TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND ONE TO THE CAUSE(S) STATED.
 21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) **NO**
 21c. DATE SIGNED (MONTH, DAY, YEAR) **05:30 P.M. 2/11/02**
 21d. HOUR OF DEATH

22a. SIGNATURE **Manish Sawlani** (TYPE OR PRINT) NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **MANISH SAWLANI, M.D. 22c. 2701 West 68th Street, Chicago, Illinois 60629**
 22d. ILLINOIS LICENSE NUMBER **036 095781**
 22e. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)

23. BURIAL, CREMATION, REMOVAL (SPECIFY) **24b. MT Hope** CEMETERY OR CREMATORY-NAME
 24a. **Worth, Illinois** LOCATION CITY OR TOWN STATE **ILLINOIS** DATE (MONTH, DAY, YEAR) **APR 19, 2002**
 24c. **63 E. 79th Street Chicago 60619** STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP

25a. **Taylor Evelyn Hope** FUNERAL DIRECTOR'S SIGNATURE
 25b. **John A. Wilhelm, M.D.** LOCAL REGISTRAR'S SIGNATURE
 25c. **036 010652** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
 25d. **APR 19 2002** DATE (MONTH, DAY, YEAR)
 26a. **John A. Wilhelm, M.D.** LOCAL REGISTRAR'S SIGNATURE
 26b. **036 010652** DATE (MONTH, DAY, YEAR)

ILLINOIS DEPARTMENT OF PUBLIC HEALTH - DIVISION OF VITAL RECORDS
 (BASED ON 1989 U.S. STANDARD CERTIFICATE)

STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO
APR 19 2002

JOHN L. WILHELM, M.D., 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 ORDINANCE OF SAID LAW AND ORDINANCES.

John A. Wilhelm, M.D.
 LOCAL REGISTRAR

CITY OF CHICAGO
 DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

REGISTERED NUMBER **349 March 2001** DECEASED NAME **GROVER** FIRST **HOULLIS** MIDDLE **HOULLIS** LAST **HOULLIS** SEX **Male** DATE OF DEATH (MONTH, DAY, YEAR) **3 March 20, 2001**

COUNTY OF DEATH **COOK** COUNTY OF DEATH **COOK** CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **CHICAGO** AGE LAST BIRTHDAY (YRS) **83** UNDER 1 YEAR MOS. DAYS **5d.** UNDER 1 DAY HOURS MIN. **3d.** DATE OF BIRTH (MONTH, DAY, YEAR) **September 26, 1917**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **CHICAGO** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **Widowed** NAME OF SURVIVING SPOUSE (Maiden Name if wife) **MISS MIRIAM GALLEY** HOSPITAL, OR OTHER INSTITUTION, NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **ROSS HOSPITAL** IF HOSP. OR INST. INDICATED (SPECIFY) **OPENER, RM. INPATIENT (SPECIFY)** **D.O.A.**

SOCIAL SECURITY NUMBER **138-14-7119** USUAL OCCUPATION **LABORER** KIND OF BUSINESS OR INDUSTRY **GENERAL** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) **7** ELEMENTARY/SECONDARY (0-12) **7** COLLEGE (1-4 or 5+) **7** WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) **YES**

RESIDENCE (STREET AND NUMBER) **1832 S. MASHFIELD** CITY, TOWN, TWP. OR ROAD DISTRICT NO. **CHICAGO** INSIDE CITY (YES/NO) **YES** COUNTY **COOK** OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) **NO**

FATHER-NAME **OLIVIER** FIRST **HOULLIS** MIDDLE **HOULLIS** LAST **HOULLIS** MOTHER-NAME **JENNIE** FIRST **HANNES** MIDDLE **HANNES** LAST **HANNES**

INFORMANT'S NAME (TYPE OR PRINT) **MIRIAM HOULLIS** RELATIONSHIP **WIFE** MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY, OR TOWN, STATE, ZIP) **1832 S. MASHFIELD, CHICAGO, IL 60614**

18. PART I. Immediate Cause (Final disease or condition resulting in death) **Arteriosclerotic cardiovascular disease** Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as car, fac., respiratory arrest, shock, or heart failure. List only one cause on each line.

19. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) **Arteriosclerotic cardiovascular disease** (b) **OR AS A CONSEQUENCE OF** (c) **OR AS A CONSEQUENCE OF**

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. **(c)**

20. NATURAL ACCIDENT, HOMICIDE, SUICIDE (UNDETERMINED, (SPECIFY)) **NATURAL** DATE OF INJURY (MONTH, DAY, YEAR) **20b.** HOUR **20c.** M. **20d.** HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18) **19a.** YES **19b.** NO

21. I CERTIFY THAT IN MY OPINION, BASED UPON AN INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE, AND DUE TO THE CAUSE(S) STATED, AND THAT **21a.** THE DECEDENT WAS PRONOUNCED DEAD ON **21b.** DATE SIGNED **21c.** AT **21d.** DATE SIGNED

22. CORONER'S PHYSICIAN'S NAME (Type or Print) **DR. J. J. SAUNDERS, MD.** CORONER'S PHYSICIAN'S NAME (Type or Print) **DR. J. J. SAUNDERS, MD.** DATE SIGNED (MONTH, DAY, YEAR) **22a.** DATE SIGNED (MONTH, DAY, YEAR) **22b.** DATE SIGNED (MONTH, DAY, YEAR) **22c.** DATE SIGNED (MONTH, DAY, YEAR) **22d.** DATE SIGNED (MONTH, DAY, YEAR)

23. BURNAL, CREMATION, REMOVAL (SPECIFY) **23a.** CEMETERY OR CREMATORY - NAME **WASHINGTON** LOCATION **23b.** CITY OR TOWN **CHICAGO** STATE **ILLINOIS** DATE (MONTH, DAY, YEAR) **23c.** DATE (MONTH, DAY, YEAR) **23d.** DATE (MONTH, DAY, YEAR)

24. FUNERAL HOME **24a.** NAME **WASHINGTON** STREET AND NUMBER OR R.F.D. **24b.** CITY OR TOWN **CHICAGO** STATE **ILLINOIS** DATE (MONTH, DAY, YEAR) **24c.** DATE (MONTH, DAY, YEAR) **24d.** DATE (MONTH, DAY, YEAR)

25. FUNERAL DIRECTOR'S SIGNATURE **25a.** NAME **THOMAS FUNERAL HOME, LTD** STREET AND NUMBER OR R.F.D. **25b.** CITY OR TOWN **CHICAGO** STATE **ILLINOIS** DATE (MONTH, DAY, YEAR) **25c.** DATE (MONTH, DAY, YEAR) **25d.** DATE (MONTH, DAY, YEAR)

26. LOCAL REGISTRAR'S SIGNATURE **26a.** NAME **JOHN L. WILHELM, M.D.** STREET AND NUMBER OR R.F.D. **26b.** CITY OR TOWN **CHICAGO** STATE **ILLINOIS** DATE (MONTH, DAY, YEAR) **26c.** DATE (MONTH, DAY, YEAR) **26d.** DATE (MONTH, DAY, YEAR)

27. LOCAL REGISTRAR'S SIGNATURE **27a.** NAME **JOHN L. WILHELM, M.D.** STREET AND NUMBER OR R.F.D. **27b.** CITY OR TOWN **CHICAGO** STATE **ILLINOIS** DATE (MONTH, DAY, YEAR) **27c.** DATE (MONTH, DAY, YEAR) **27d.** DATE (MONTH, DAY, YEAR)

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO
MAR 22 2001
JOHN L. WILHELM, M.D., 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 OBLIVANCE OF SAID LAW AND ORDINANCES.

20831031
John L. Wilhelm, MD
LOCAL REGISTRAR

ILLINOIS Department of Public Health—Division of Vital Records
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(BASED ON 1989 U.S. STANDARD CERTIFICATE)

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LOT 14 IN BLOCK 11 IN E. O. LAMPHERE'S ADDITION TO ENGLEWOOD, BEING A SUBDIVISION OF BLOCKS 1 TO 15 INCLUSIVE, AND THE NORTH ½ OF BLOCK 16 IN SEA'S SUBDIVISION OF THE EAST ½ OF THE SOUTHEAST ¼ OF SECTION 19, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

20-19-414-03U

Property of Cook County Clerk's Office

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