

AFFIDAVIT OF HEIRSHIP



COOK COUNTY
RECORDER
EUGENE "DANNY" MOORE
MARKHAM OFFICE

ANDRE C. THOMPSON, being first duly sworn deposes and states as follows:

- 1. That he is the maternal grandson of **SERAPHINE DUNBAR**, who died on June 18, 2002. (a copy of the death certificate is attached hereto)
- 2. That the decedent was married to **CHARLES DUNBAR**, who predeceased her by many years.

3. That the following were the children born to them:

- a. **LORETTA THOMPSON**

and no children were adopted by them and neither was the parent of any other child.

4. That **LORETTA THOMPSON**, predeceased the decedent and died January 27, 2001 (a copy of the death certificate is attached hereto)

5. That **LORETTA THOMPSON**, was the mother of 2 children:

- a. **CHARLES THOMPSON**
- b. **ANDRE C. THOMPSON**

no other children were born to her, and she never adopted any children and was never married.

6. That the decedent solely owned the following described real estate:

Lot 11, (except the North 15 feet thereof) and the North 20 Feet of Lot 12, in Block 87 in Cornell, being a Subdivision of the West 1/2 of Section 26, in the Southeast 1/4 of Section 26 (with the exception of the East 1/2 of the Northeast 1/4 of said Southeast 1/4 of the North

HP

1/2 of the Northwest 1/4 of the South 1/2 of the Northwest 1/4, West of the Illinois Central Railroad and the Northwest 1/4 of the Northeast 1/4 of Section 35 all in Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

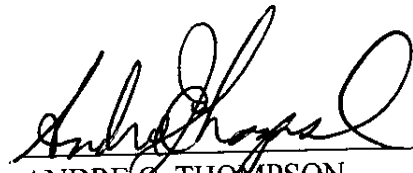
c/k/a/: 7826 South Maryland, Chicago, IL
PIN#: 20-26-317-028-0000

7. That there are no claims against the estate of **SERAPHINE DUNBAR**, no State or Federal inheritance taxes are owed.

8. That based on the foregoing the following are the only heirs of the decedent.

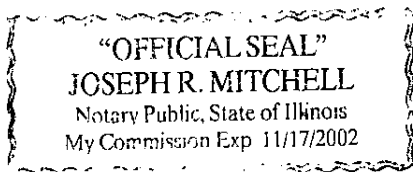
- a. **CHARLES THOMPSON**
- b. **ANDRE C. THOMPSON**

both of whom are adults under no legal disability.


 ANDRE C. THOMPSON

SUBSCRIBED and SWORN TO
before me this 30 day
of OCTOBER, 2002.


 NOTARY PUBLIC



JOSEPH R. MITCHELL-22726
 3501 E. 106TH STREET,
 SUITE 205
 CHICAGO, ILLINOIS 60617
 (773) 734-5062

Andre C Thompson
P.O. Box 19447
Chicago, IL 60619



STATE OF ILLINOIS

STATE FILE NUMBER

609683

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **16.10**
 REGISTERED NUMBER

JUN 25 2002

STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO

I, 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 L. Wilhelm, MD
 LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

1. DECEASED-NAME Seraphine		LAST Dunbar		SEX Female		DATE OF DEATH (MONTH, DAY, YEAR) Tuesday, June 18, 2002	
2. COUNTY OF DEATH Cook		DATE OF BIRTH (MONTH, DAY, YEAR) Sunday, April 21, 1907		IF HOSP. OR INST. INDICATE D.O.A. OPENER, RM, HOSPITAL (SPECIFY) Hospice		3. WAS DECEASED EVER IN U.S. ARMED FORCES (YES/NO) No	
4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Chicago		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7826 S. Maryland		5c. INSIDE CITY (YES/NO) Yes		9. College (1-4 or 5+) Cook	
6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Adeyville, S C		8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED		8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) None		12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary (Specify 10-12) College	
7. SOCIAL SECURITY NUMBER 322-16-7002		8c. USUAL OCCUPATION Bookbinder		11b. KIND OF BUSINESS OR INDUSTRY Printing		13c. CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago	
10. RESIDENCE (STREET AND NUMBER) 7826 S Maryland		13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago		14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) No		15. MOTHER-NAME FIRST MIDDLE LAST Elizabeth Beck	
13a. STATE IL		14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) Black		16. RELATIONSHIP Records		17c. MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY, STATE, ZIP) 7838 S. Cottage Grove Chicago, IL 60619	
13b. FATHER-NAME FIRST MIDDLE LAST George Reid		14b. MOTHER-NAME FIRST MIDDLE LAST Elizabeth Beck		17a. INFORMANT'S NAME (TYPE OR PRINT) Andrew Leak		17b. RELATIONSHIP Records	
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) Coronary Artery Disease (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING 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		19a. AUTOPSY (YES/NO) No		19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE (YES/NO) No	
21a. (CEREMONY DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 6/13/02		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) No		21c. HOUR OF DEATH 7:30 AM		21d. DATE SIGNED (MONTH, DAY, YEAR) 6/18/02	
22a. SIGNATURE DR. J. AWRAH		22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 2925 S. City Ave. Chicago		22c. ILLINOIS LICENSE NUMBER 226 036 102124		22d. DATE (MONTH, DAY, YEAR) 6-18-02	
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER		24a. CEMETERY OR CREMATORY-NAME Burlingame		24b. CITY OR TOWN Chicago		24c. STATE IL	
24a. NAME Leak and Sons Funeral Home		24b. STREET AND NUMBER OR R.F.D. 7838 s Cottage Grove Chicago, Illinois		24c. CITY OR TOWN Chicago		24d. DATE (MONTH, DAY, YEAR) 6-26-02	
25a. FUNERAL DIRECTOR'S SIGNATURE <i>Spence Lb</i>		25b. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031-007489		25c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) JUN 25 2002		26b. DATE (MONTH, DAY, YEAR) JUN 25 2002	

UNOFFICIAL COPY

I, DAVID ORR, County Clerk of the County of Cook, in the State of Illinois, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David Orr
COUNTY CLERK

STATE FILE NUMBER

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH 625328

REGISTRATION DISTRICT NO. **16.10**
REGISTERED NUMBER

DECEASED—NAME FIRST MIDDLE LAST CHARLES DUNBAR		SEX 2 MALE	DATE OF DEATH MONTH, DAY, YEAR DEC 23, 1984
RACE (WHITE, BLACK, AMERICAN INDIAN, OR DESCENT THEREOF) (SPECIFY) WHITE		DATE OF BIRTH (MO., DAY, YEAR) DEC. 15, 1909	COUNTY OF DEATH Cook
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Chicago		HOSPITAL OR OTHER INSTITUTION (GIVE FULL NAME) JACKSON PARK HOSPITAL	
STATE OF BIRTH (NOT U.S.A.) MISSISSIPPI	CITIZEN OF THAT COUNTRY USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. UNMARRIED	NAME OF SURVIVING SPOUSE (Maiden name, if wife) SERAPHINE REID
SOCIAL SECURITY NUMBER 426-09-5457	USUAL OCCUPATION TOOL SETTER	KIND OF BUSINESS OR INDUSTRY INTERNATIONAL HARVESTER	WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) NO
RESIDENCE STREET AND NUMBER 7826 S. MARVIAN	CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago	INSIDE CITY (YES/NO) YES	COUNTY COOK
STATE ILLINOIS		FATHER—NAME FIRST MIDDLE LAST UNAVAILABLE	
MOTHER—Maiden Name FIRST MIDDLE LAST UNAVAILABLE		MARRIAGE ADDRESS (Street and No. or R. F. D., City or Town, State, ZIP) 7826 S. MICHIGAN CHICAGO, ILL	

15. DEATH WAS CAUSED BY: (Circle only one cause per line for (a), (b), and (c))

17a. **SERAPHINE DUNBAR** RELATIONSHIP: **WIFE**

17b. **UNAVAILABLE**

18. DEATH WAS CAUSED BY: (Circle only one cause per line for (a), (b), and (c))

PART I. IMMEDIATE CAUSE

(a) **Cardiovascular arrest**
DUE TO OR AS A CONSEQUENCE OF:

(b) **Pneumonia and Pleural Effusion - Myocarditis**
DUE TO OR AS A CONSEQUENCE OF:

(c) **Multiple Myeloma**

PART II. OTHER SIGNIFICANT CONDITIONS, INCLUDING CONTRIBUTING TO DEATH, BUT NOT RELATED TO CAUSE GIVEN IN PART I

Cerebral atherosclerosis

19a. AUTOPSY (YES/NO) **NO**

19b. IF FEMALE, WAS THERE A PREG. NANY IN PAST THREE MONTHS? **NO**

20a. I (WHO DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON) (MONTH, DAY, YEAR) **12/13/84**

20b. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. (MONTH, DAY, YEAR) **DEC 26, 1984**

21a. SIGNATURE AND ADDRESS OF CERTIFIER (Type or Print)
Howard R. Tegebels, D.O., 5200 S. Ellis Ave Chicago, IL

21b. ILLINOIS LICENSE NUMBER **220 036-066568**

22. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

23. BURIAL CREMATION, REMOVAL (Specify)
BURIAL

24a. CEMETERY OR CREMATORY—NAME **OAK WOODS**

24b. LOCATION CITY OR TOWN STATE DATE (Month, Day, Year)
Chicago ILLINOIS DEC 29, 1984

25a. FUNERAL HOME NAME STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE ZIP
TAYLOR FUNERAL HOME LTD 63 EAST 79TH CHICAGO ILLINOIS 60649

25b. FUNERAL DIRECTOR'S SIGNATURE **Charles B Taylor**

25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **6852**

26a. LOCAL REGISTRAR'S SIGNATURE **Ann C. Edwards, M.D., MPA**

26b. DATE REC'D. BY LOCAL REGISTRAR (Month, Day, Year)
DEC 28 1984