



Eugene "Gene" Moore Fee: \$28.50  
Cook County Recorder of Deeds  
Date: 04/25/2003 02:15 PM Pg: 1 of 3

Property of Cook County Clerk's Office

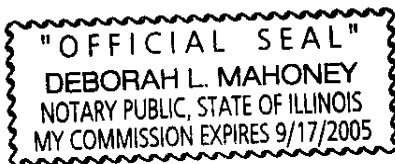
Affidavit of Heirship

I, Barbara K. Lane Hogsette, on oath, depose and say:

1. The decedent, Rena C. Johnson, died in Chicago, Illinois, on March 1, 1995.
2. I am of legal age and mentally competent. I am daughter of the decedent and her sole heir.
3. The Decedent was married one time and then to Walter E. Johnson. Walter E. Johnson predeceased the decedent on April 19, 1986. One child was born to the marriage with Walter E. Johnson, namely the affiant. No other children were born to or adopted by the decedent.
4. Based on the foregoing, the Decedent left the affiant as her only legal heir.

Barbara K. Lane Hogsette  
Barbara K. Lane Hogsette

Subscribed and sworn to before me this 21 day of April, 2003.



Deborah Mahoney  
Notary Public

This document was prepared by Attorney Deborah L. Mahoney, 77 West Washington Street, suite 711, Chicago, Illinois 60602.

After recording, mail to: Attorney Deborah L. Mahoney, 77 West Washington Street, suite 711, Chicago, Illinois 60602.

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## PROPERTY

### PARCEL I:

The North 33 feet of Lot 10 in Block 2 in Hermann's subdivision of the South West Quarter of the North West Quarter of Section 27, Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois

Permanent Index Number(s): 20-27-113-010-0000

Property Address: 7321 S. Wabash Avenue, Chicago, Illinois.

### PARCEL II:

Lot 5 (except the North 33 1/3 feet thereof) in Block 4 in Prescott's subdivision of the East half of the North West Quarter of Section 27, Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Index Number(s): 20-27-109-032-0000

Property Address: 7244 S. Prairie Avenue, Chicago, Illinois.

Property of Cook County Clerk's Office

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APR 17 2003

STATE OF ILLINOIS )  
County of Cook )

DAVID ORR, County Clerk

I, DAVID ORR, County Clerk of the County of Cook, in the State aforesaid, 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 THEREOF, 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

DECEASED'S NAME 1. <b>Rena Johnson</b>		SEX 2. <b>Female</b>	DATE OF DEATH (MONTH, DAY, YEAR) 3. <b>March 1, 1995</b>
COUNTY OF DEATH 4. <b>Cook</b>	AGE - LAST BIRTHDAY (YRS) 5a. <b>95</b>	UNDER 1 YEAR 5b. <b></b>	UNDER 1 DAY 5c. <b></b>
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. <b>Chicago</b>	HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. <b>LakeShore Nursing Home</b>	IF HOSP. OR INST. INDICATE D.O.A. OR/EMER. RM. INPATIENT (SPECIFY) 6c. <b>Inpatient</b>	
BIF. PLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. <b>Lafayette, La.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. <b>Widowed</b>	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. <b>None</b>	
SOCIAL SECURITY NUMBER 10. <b>725-16-0599</b>	USUAL OCCUPATION 11a. <b>Homemaker</b>	KIND OF BUSINESS OR INDUSTRY 11b. <b>At Home</b>	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. <b>4th</b>
RESIDENCE (STREET AND NUMBER) 13a. <b>7321 South Wabash</b>		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. <b>Chicago</b>	INSIDE CITY (YES/NO) 13c. <b>Yes</b>
STATE 13e. <b>Illinois</b>	ZIP CODE 13f. <b>60619</b>	RACE (WH, E, & ADL. AMERICAN INDIAN, OR ISL. OR O.P.) 14a. <b>Black</b>	OF HISPANIC ORICIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:
FATHER - NAME FIRST MIDDLE LAST 15. <b>Julian Gathe</b>	MOTHER - NAME FIRST MIDDLE (MAIDEN) LAST 16. <b>Martha Mudd</b>	INFORMANT'S NAME (TYPE OR PRINT) 17a. <b>Ms. Barbara Hogsette</b>	
RELATIONSHIP 17b. <b>daughter</b>		MAILING ADDRESS (STREET AND NO. OR R.F.D. CITY OR TOWN, STATE, ZIP) 17c. <b>7244 South Prairie, Chgo., Ill.</b>	
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) <b>Atherosclerotic Heart Diseases</b>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) <b></b>			
(c) <b></b>			
PART II. Other significant conditions contributing to death but not falling in the underlying cause (as in PART I).			
DATE OF OPERATION, IF ANY 20a. <b></b>		MAJOR FINDINGS OF OPERATION 20b. <b></b>	AUTOPSY (YES/NO) 19a. <b>No</b>
FEMALE: WAS THERE A PREGNANCY IN PAST (SEE MONTHS?) 20c. <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>		WAS AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)	
(M.D.) (DO NOT ATTEND THE DECEASED AND MUST SAW HIM/HER ALIVE ON) (MONTH, DAY, YEAR) 21a. <b>2/25/95</b>		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. <b>Yes</b>	HOUR OF DEATH 21c. <b>10:25p.</b>
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. <b>3/2/95</b>
SIGNATURE 22a. <i>Parish Kumar</i>		ILLINOIS LICENSE NUMBER 22c. <b>036-060604</b>	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22a. <b>PARISH KUMAR D JANI MD 3414 W. Peterson Chicago, Ill. 60641</b>		NOTE: IF AFFIDAVIT WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 22c. <b></b>			
BURIAL CREATION, REMOVAL (SPECIFY) 24a. <b>Burial</b>	CEMETERY OR CREMATORY - NAME 24b. <b>St. Mary Cemetery</b>	LOCATION CITY OR TOWN STATE 24c. <b>Evergreen Park, Ill</b>	DATE (MONTH, DAY, YEAR) 24d. <b>03/04/95</b>
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. <b>A.A. Rayner &amp; Sons 318 E. 71st Street Chicago Illinois 60619</b>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. <b>009357</b>	
FUNERAL DIRECTOR'S SIGNATURE 25b. <i>Shanku Rayner</i>		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 23b. <b>MAR 3 1995</b>	
LOCAL REGISTRAR'S SIGNATURE 25a. <i>Shanku Rayner, RSM</i>			