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AFFIDAVIT OF HEIRSHIP

Eugene "Gene" Moore Fee: \$64.50
Cook County Recorder of Deeds
Date: 05/19/2003 01:42 PM Pg: 1 of 4

June Rice, being duly sworn, states that MICHELE STRICKLAND resides at 1832 YORK STREET in the City of BLUE ISLAND.

That MICHELE STRICKLAND was acquainted with JO MARY COPELAND, deceased who at the time of HER death, was the owner of land in COOK County, IL, described as: THE EAST 1/2 OF LOT 34 AND ALL OF LOT 35 AND THE WEST 1/2 OF LOT 36 IN BLOCK 4 IN BRAND'S SUBDIVISION OF BLOCKS 1 AND 2 IN RESUBDIVISION OF BLOCKS 3 AND 4 IN REA'S ADDITION TO BLUE ISLAND IN THE NORTHEAST 1/4 OF SECTION 31, TOWNSHIP 37 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS P. INE 25-31-213-028

That JO MARY COPELAND died SEPTEMBER 21, 2002 intestate (testate and a copy of his/her will is attached) as evidenced by a certified copy of death certificate of the deceased attached hereto.

That decedent was not adopted.

[If the decedent was adopted, the following facts, should be included:

That _____ was adopted on _____ and _____ by _____ at which time the decedent was of the age of _____.)

(If the decedent was 18 or older when adopted, the following facts should be included: Before reaching the age of 18 the decedent (had not lived with his/her adopting parents.) or (had lived with his/her adopting parents from the time he/she was _____ years of age.)

That ~~JO MARY COPELAND~~, deceased, was married but once and then to _____ (state if now living, if not the affiant, or if deceased, date of death).

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That of that marriage the following children were born:

JOSEPH C COPELAND

MICHELE M STRICKLAND

JOHN T. GIBSON JR

BRENDA R COPELAND

(Give age or at least that same is adult under no legal disability—if deceased, date of death and add heirship information of same, spouse, children, etc.)

That no other children were born to or adopted by the deceased.

[If the decedent adopted someone, the following facts, should be included;

The decedent adopted _____ on _____

_____ at which time said adoptee was of the age of _____.
[If the adoptee was 18 years of age or older when adopted, the following facts should be included:

Before reaching the age of 18, _____, the adoptee, (had not resided with his/her adopting parents) or (had resided with his/her adopting parents from the time said adoptee was _____ years of age.)]

That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of \$ 0.

Affiant makes this affidavit for the purpose of inducing Fidelity National Title Insurance Company to issue its Title Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

* Michele Strickland
(Affiant's signature)

this 3RD day of MARCH, A.D. 2003

Jane Rice
(Notary Public)

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INDEMNIFICATION AGREEMENT

IN CONJUNCTION WITH HOME EQUITY TITLE'S COMMITMENT

NO. 12-00012907 MICHELE STRICKLAND, AS PERSONAL

REPRESENTATIVE OF THE ESTATE OF JO MARY COPELAND, ON BEHALF OF

THE ESTATE HEREBY AGREES TO INDMNIFY AND HOLD HARMLESS HOME

EQUITY TITLE, INC. AND FIDELITY NATIONAL TITLE INSURANCE CO. FOR

ANY AND ALL CLAIMS MADE AGAINST SAID ESTATE AS A RESULT OF THE

TRANSFER OF REAL ESTATE.

DATED THIS 3RD DAY OF MARCH, 2003

Michele Strickland
AS PERSONAL REPRESENTATIVE OF THE ESTATE

OF JO MARY COPELAND

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I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death and record for the decedent named in item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths, and deaths.

DATE September 24, 2002 SIGNED Carol R. Compton
 At Cook County Dept. of Public Health Official Title Chief Deputy Registrar
 1010 Lake Street
 Oak Park, IL 60301

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH
 STATE FILE NUMBER

REGISTRATION DISTRICT NO. <u>16.0</u>		REGISTERED NUMBER		DECEASED-NAME		FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)	
1. COUNTY OF DEATH <u>COOK</u>		2. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <u>PALOS HEIGHTS</u>		3. AGE LAST BIRTHDAY (YRS) <u>56.1</u>		4. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <u>PALOS COMMUNITY HOSPITAL</u>		5. DATE OF BIRTH (MONTH, DAY, YEAR) <u>11 1940</u>		6. IF HOSP. OR INST. INPATIENT? (SPECIFY) <u>INPATIENT</u>	
6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <u>CHICAGO IL</u>		6b. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>DIVORCED</u>		7. SOCIAL SECURITY NUMBER <u>334-32-3973</u>		8a. USUAL OCCUPATION <u>11a. HOME MAKER</u>		8b. NAME OF SURVIVING SPOUSE (M.D., N.Y. ME., IF WIFE) <u>NONE</u>		9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) <u>NO</u>	
10. RESIDENCE (STREET AND NUMBER) <u>1832 YORK STREET</u>		11. CITY, TOWN, TWP. OR P.O. DISTRICT NO. <u>CHICAGO</u>		12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) <u>12</u>		13. INSIDE CITY (YES/NO) <u>YES</u>		14. COUNTY <u>COOK</u>		15. ZIP CODE <u>60646</u>	
13a. ILLINOIS STATE		13b. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) <u>WHITE</u>		13c. HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) <u>NO</u>		14a. MOTHER'S MIDDLE LAST		14b. MOTHER'S FIRST MIDDLE LAST		16. MOTHER'S MIDDLE LAST	
15. FATHER'S NAME (TYPE OR PRINT) <u>JOSEPH SPAGNOIA</u>		15. INFORMANT'S NAME (TYPE OR PRINT) <u>JOHN GIBSON</u>		16. RELATIONSHIP <u>SON</u>		17. MOTHER'S NAME (TYPE OR PRINT) <u>FRANCES GUDARA</u>		17. MOTHER'S MIDDLE LAST		18. MOTHER'S FIRST MIDDLE LAST	
17a. 18. PART I. Immediate Cause (Final disease or condition resulting in death) <u>Securus of cuts</u>		(a) DUE TO, OR AS A CONSEQUENCE OF		(b) DUE TO, OR AS A CONSEQUENCE OF		(c) DUE TO, OR AS A CONSEQUENCE OF		19a. AUTOPSY (YES/NO) <u>NO</u>		19b. WERE AUTOPSY PREPARES AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) <u>NO</u>	
20. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION		21. (M.D., DAY, YEAR) <u>9/21/02</u>		21b. WAS CORONER OR MEDICAL EXAMINER (TYPE OR PRINT) <u>YES</u>		21c. HOUR OF DEATH <u>3:15 A.M.</u>		22. DATE SIGNED (MONTH, DAY, YEAR) <u>9/23/02</u>	
22a. SIGNATURE <u>William S. Steady</u>		22b. ILLINOIS LICENSE NUMBER <u>053580</u>		23. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT) <u>William S. Steady</u>		24. ILLINOIS LICENSE NUMBER <u>053580</u>		25. DATE SIGNED (MONTH, DAY, YEAR) <u>9/23/02</u>		26. ILLINOIS LICENSE NUMBER <u>053580</u>	
23. BURIAL CREMATION, REMOVAL, SPECIFIC FUNERAL HOME		24. CEMETERY OR CREMATORY-NAME		24b. CREAL SPRINGS		24c. LOCATION		24d. CITY OR TOWN		24e. STATE	
25a. DONNELLAN FUNERAL HOME 10525 S. WESTERN AV CHICAGO ILLINOIS 60643		25b. DONNELLAN FUNERAL HOME 10525 S. WESTERN AV CHICAGO ILLINOIS 60643		25c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <u>September 24 2002</u>		25d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <u>September 24 2002</u>		25e. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <u>September 24 2002</u>		25f. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <u>September 24 2002</u>	
26a. KAREN L. SCOTT, M.D. REGISTRAR		26b. JOHN E. SCHULTZ REGISTRAR		26c. CAROL R. COMPTON REGISTRAR		26d. CAROL R. COMPTON REGISTRAR		26e. CAROL R. COMPTON REGISTRAR		26f. CAROL R. COMPTON REGISTRAR	

BASED ON 1989 U.S. STANDARD CERTIFICATE