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**AFFIDAVIT OF HEIRSHIP AND OF INTESTACY  
OF JOHNNIE KIRKWOOD**

JOHNETTA NICHOLS, being first duly sworn, upon her oath deposes and states as follows:

1. That this affidavit relates to the following described real estate:

DEPT-01 RECORDING \$25.50  
T#2222 TRAN 3896 12/28/94 15:35:00  
#0785 # KB # -04-075652  
COOK COUNTY RECORDER

Lot 28 in Block 27 in Frederick H. Bartlett's Central Chicago, a Subdivision in the Southeast Quarter of Section 4 and the Northeast Quarter and the Southeast Quarter of Section 9, Township 38, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

Commonly known as 4631 South Leamington, Chicago, IL 60638.

Permanent tax number 19-04-425-009.

2. That this affidavit is with regards to her deceased father, JOHNNIE KIRKWOOD, who died on June 5, 1993 in Chicago, Cook County, Illinois.

3. Attached hereto and made a part hereof is a true and correct certified copy of JOHNNIE KIRKWOOD'S death certificate.

4. That she has personal knowledge of the facts contained herein and if called to testify to same in Court could do so competently.

5. That JOHNNIE KIRKWOOD was married one time and one time only, and then to PAULINE KIRKWOOD, who predeceased him, having died on June 12, 1992.

6. That there was one child born as result of the marriage between JOHNNIE KIRKWOOD and PAULINE KIRKWOOD, and none

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were adopted; that child being JOHNETTA NICHOLS; furthermore, JOHNNIE KIRKWOOD never had any other children whether natural born or adopted, and whether in or outside of marriage.

7. That JOHNETTA NICHOLS was still living at the time of the death of JOHNNIE KIRKWOOD, and was adult and competent, and is still alive, adult, and competent.

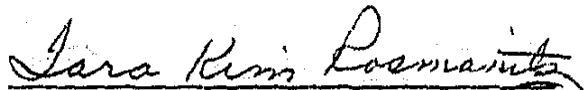
8. That at the time of his death, JOHNNIE KIRKWOOD was intestate.

9. That accordingly, the sole heir of the deceased JOHNNIE KIRKWOOD was his aforementioned only child, JOHNETTA NICHOLS, who was at the time of his death alive, adult and competent, and who accordingly became the sole owner of the aforesaid property upon the death of JOHNNIE KIRKWOOD.

9. Further your affiant sayeth not.

  
JOHNETTA NICHOLS

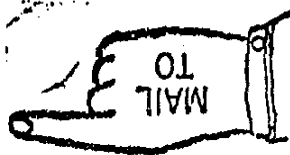
SUBSCRIBED and SWORN to  
before me this 16th day of  
December, 1994.

  
NOTARY PUBLIC



PREPARED BY AND MAIL TO:

Gerald R. Czarobski  
3501 E. 106th St., Ste. 208  
Chicago, IL 60617  
(312) 768-5800



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STATE OF ILLINOIS  
STRANGEOR LIN ABAT  
1800 North LaSalle Street  
Chicago, Illinois 60610

STATE OF ILLINOIS  
County of Cook,

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DAVID D. ORR, County Clerk

I, DAVID D. 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 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 D. Orr  
County Clerk

<input type="checkbox"/> PERMANENT CERTIFICATE	REGISTRATION DISTRICT NO. <b>16.10</b>	<b>MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH</b>		610728	
<input checked="" type="checkbox"/> TEMPORARY CERTIFICATE	REGISTERED NUMBER				
Type of File in Permanent Book for Coroners or Funeral Directors Handbook for Instructions		DATE OF DEATH		MONTH DAY YEAR	
1. DECEASED NAME FIRST MIDDLE LAST		DATE OF BIRTH MONTH DAY YEAR		DATE OF DEATH MONTH DAY YEAR	
2. COUNTY OF BIRTH		AGE LAST BIRTHDAY YEAR		DATE OF DEATH MONTH DAY YEAR	
3. CITY TOWN TW. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION NAME AND ADDRESS (SEE INSTRUCTIONS) ONE STREET ADDRESS ONLY		COUNTY OF DEATH INDICATE BY A CHECK IN THE APPROPRIATE COLUMN	
4. CHICAGO		3338 GILES CHICAGO		COOK	
5. PLACE OF BIRTH (CITY AND STATE) (COUNTRY IF FOREIGN)		MARRIED OR UNMARRIED (INDICATE BY CHECKING APPROPRIATE COLUMN)		NAME OF SURVIVING SPOUSE (GIVEN NAME AND SURNAME)	
6. MISSISSIPPI		Widowed		NONE	
7. SOCIAL SECURITY NUMBER		OCCUPATION		NAME OF BUSINESS OR INDUSTRY	
8. 330-44-6038		LABORER		GENERAL	
9. 3403 S. INDIAN		CHICAGO		CHICAGO	
10. STATE		ZIP CODE		RACE (SEE INSTRUCTIONS)	
11. ILLINOIS		60616		14a. BLACK	
12. FATHER'S NAME FIRST MIDDLE LAST		MOTHER'S NAME FIRST MIDDLE LAST		SPECIFY	
13. LEE KIRKWOOD		EARLENE KNOWELS		YES	
14. JOHNETTA NICHOLS		DANIELA		NO	
15. PART I (This section applies to deaths from causes other than those listed in Part II. It may be used for deaths from natural causes, injuries, and poisonings.)		16. PART II (This section applies to deaths from causes listed in Part II. It may be used for deaths from natural causes, injuries, and poisonings.)		AUTOPSY	
17. Pending toxicology				17a. YES	
18. CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST		(b) (c)		17b. NO	
19. NATIONAL ACCIDENT HAZARDOUS SUBSTANCE LAWN TERMINATED (NATL. ACC. HAZ. SUB. LAWN TERM.)		DATE OF DEATH (MONTH DAY YEAR)		TIME OF DEATH (HOUR MINUTE)	
20a. YES		20b. 5 1993		20c. M 200	
20. PLACE OF INJURY (CITY AND STATE) (COUNTRY IF FOREIGN)		DATE OF INJURY (MONTH DAY YEAR)		HOW INJURY OCCURRED (STATE NATURE OF INJURY IN BRIEF)	
21. CHICAGO		5 1993		21a. YES	
22. I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND ON THE INFORMATION THIS DEATH OCCURRED ON THE DATE AT THE PLACE AND DUE TO THE CAUSE(S) STATED AND THAT		23. SIGNATURE OF MEDICAL EXAMINER OR CORONER		24. DATE SIGNED	
25. SIGNATURE OF PHYSICIAN		ROBERT H. KIRSCHNER, M.D.		4/6/93	
26. FUNERAL HOME		CEMETERY OR CREMATORY NAME		LOCALITY	
27. WESTGATE FUNERAL HOME 4139 W. MARVON, CHICAGO ILL 60624		28. DAKRIDGE CEMETERY THE HILLSIDE ILLINOIS		29. JUNE 11 1993	
30. SIGNATURE OF FUNERAL HOME DIRECTOR		31. LOCAL HEALTH DEPARTMENT SIGNATURE		32. DATE OF DEATH (MONTH DAY YEAR)	
33. SIGNATURE OF LOCAL HEALTH DEPARTMENT		34. SIGNATURE OF LOCAL HEALTH DEPARTMENT		35. DATE OF DEATH (MONTH DAY YEAR)	
36. SIGNATURE OF LOCAL HEALTH DEPARTMENT		37. SIGNATURE OF LOCAL HEALTH DEPARTMENT		38. DATE OF DEATH (MONTH DAY YEAR)	

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