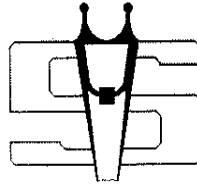


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Doc#: 0410601054
Eugene "Gene" Moore Fee: \$54.00
Cook County Recorder of Deeds
Date: 04/15/2004 08:57 AM Pg: 1 of 4



Sanctity of Contract

STEWART TITLE OF ILLINOIS
2 N. LA SALLE STREET
SUITE 1920
CHICAGO, IL 60602

STEWART TITLE OF ILLINOIS
2 N. LA SALLE STREET
SUITE 1920
CHICAGO, IL 60602

324090

Stewart Title Company of Illinois AFFIDAVIT OF HEIRSHIP

STATE OF ILLINOIS)
COUNTY OF Cook) ss

ESTATE OF Ireland, May, Deceased.

And now on this 8 day of Aug, 2003, Linda Burgess, after



being first duly sworn under oath, testifies and deposes as follows, to wit:

1. My name is Linda Burgess, I am over the age of twenty-one (21) years of age and, to my understanding, am otherwise competent to give testimony.

2. I reside at _____.

3. I Am DAUGHTER (state relationship to deceased) and knew him/her in his/her lifetime.

4. MAY Ireland, owner of the property commonly known as 5 E Conroyway, (see legal description attached) died on Sept 20, 2002 in the City of HAZEL CREST, County of Cook, State of Illinois.

5. The decedent was married one (1) time(s), to Theodore Ireland

6. ONE (1) children were born to the decedent and None adopted as follows, and are assumed to be of majority age, unless otherwise noted:

Linda Burgess

UNOFFICIAL COPY

7. No persons were adopted by the decedent.

8. The parents of the decedent were Mary Ireland and
FRED L Burgess, both said parents are now deceased.

9. a) Pursuant to the Last Will and Testament of _____, the decedent herein, left his/her entire estate, both real and personal, to _____.

b) The decedent died intestate.

10. 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 34,000.00 dollars.

11. The foregoing is based upon my own personal knowledge and belief, is true, and if called upon as a witness I would competently and consistently testify thereto.

FURTHER AFFIANT SAYETH NOT.

Mary Ireland POA for
Fred L Burgess
AFFIANT

SUBSCRIBED AND SWORN TO
BEFORE ME THIS 27 DAY
OF August 2007

[Signature]
NOTARY PUBLIC

"OFFICIAL SEAL"
Deborah L. Cato
Notary Public, State of Illinois
My Commission Exp. 02/23/2006



L. Burgess.
5. E. CARRIAGE WAY
HAZEL CREST, IL. 60439

UNOFFICIAL COPY

Affidavit
of Heirship

I, Ernest Ponce, attorney and
Power of Attorney for Linda Burgess,
state the following:

Theodore J Ireland and May E.
Ireland were married to each other
and no child was born to or adop-
ted by them.

Linda J. Burgess is the child of
May E. Ireland formerly known as
May E. Barnett this child being born
to her prior to her marriage to Theodor
J. Ireland. Linda Burgess' father was
Fred Leander Burgess and she was
born on Jan 29, 1944. Theodore J. Ire-
land was her stepfather.

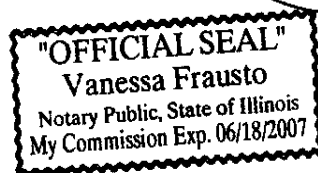
May Ireland (Barnett) had no
other child or children born or adopted
by her during her life time.

Therefore Linda Burgess is the only
heir of Mary E. Ireland.

Further Official Court sought.

Ernest Ponce

Subscribed & sworn to
this 8th day of August 2003
Vanessa Frausto



STATE OF ILLINOIS
County of Cook)

UNOFFICIAL COPY

DAVID ORR, County Clerk

JAN 14 2003

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

PERMANENT CERTIFICATE
 TEMPORARY CERTIFICATE

REGISTRATION DISTRICT NO. **570 SEP 02**
16202
REGISTERED NUMBER

MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

STATE FILE NUMBER

Type, or Print in PERMANENT INK See Coroner's Handbook for INSTRUCTIONS

1. **MARY AKA (MARY) IRELAND** **FEMALE** DATE OF DEATH (MONTH, DAY, YEAR) **SEPTEMBER 30, 2002**

2. **COOK** COUNTY OF DEATH

3. **HAZEL CREST** CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER

4. **5. E. CARRIAGEWAY** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

5. **HAZEL CREST** BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)

6. **CAIRO, IL** BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)

7. **5. E. CARRIAGEWAY** RESIDENCE (STREET AND NUMBER)

8. **HAZEL CREST** CITY, TOWN, TWP, OR ROAD DISTRICT NO.

9. **IL** STATE

10. **60429** ZIP CODE

11. **WHITE** RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)

12. **NO** OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)

13. **WARD BARNETT** FATHER-NAME FIRST MIDDLE LAST

14. **LENDY MAE PICKLE** MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST

15. **LINDA T. BURGESS** INFORMANT'S NAME (TYPE OR PRINT)

16. **DAUGHTER** RELATIONSHIP

17. **2703 CARLSON MELBOURNE FL 32901** MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)

18. **PART I** Enter the diseases, injuries, 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.

19. **(a) ARTEROSCLEROTIC CARDIOPULMONAR DISEASE** IMMEDIATE CAUSE (Final disease or condition resulting in death)

20. **(b) DUE TO, OR AS A CONSEQUENCE OF** CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

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

22. **NATURAL** NATURAL, ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, (SPECIFY)

23. **20c. M. 20d.** HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18)

24. **20e.** INJURY AT WORK (YES/NO)

25. **20f.** PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY)

26. **20g.** LOCATION (CITY, VIL OR TOWN; OR TWP., OR RD. DIST. NO., COUNTY, STATE)

27. **20h. YES NO** IF FEMALE WAS THERE A PREGNANCY IN PAST THREE MONTHS?

28. **21a.** I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT

29. **21b. SEPTEMBER 30, 2002** THE DECEDENT WAS PRONOUNCED DEAD ON

30. **21c. 9:00 P. M.** AT

31. **22a.** CORONER'S - MEDICAL EXAMINER'S SIGNATURE *E. J. Donoghue, M.D.*

32. **22b. OCTOBER 1, 2002** DATE SIGNED (MONTH, DAY, YEAR)

33. **22c.** CORONER'S PHYSICIAN'S NAME (Type or Print) **Ronald J. Knoblock, M.D.**

34. **23b.** DATE SIGNED (MONTH, DAY, YEAR)

35. **24a. BURIAL** BURIAL, CREMATION, REMOVAL (SPECIFY)

36. **24b. WASHINGTON MEMORY** CEMETERY OR CREMATORY-NAME

37. **24c. HOMEWOOD** LOCATION CITY OR TOWN

38. **24d. IL** STATE

39. **24e. 10/11/2002** DATE (MONTH, DAY, YEAR)

40. **25a.** FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP

41. **BROOKINS FUNERAL HOME 9315 S. ASHLAND AVE. CHICAGO, IL 60620**

42. **25b.** FUNERAL DIRECTOR'S SIGNATURE

43. **25c. 034-010656** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

44. **25d.** LOCAL REGISTRAR'S SIGNATURE *Karen L. Scott, M.D.*

45. **25e.** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

46. **25f. OCT 10 2002**

47. **26a.** REGISTRAR

48. **26b.** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

A. DECEASED
B.
C.
D.
E.

PARENTS

1.
2.
3.
4.
5. CAUSE

N.
P.
H.G.
RIF
UNK CERTIFIER

DISPOSITION