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Doc#: 0414719087
Eugene "Gene" Moore Fee: \$34.50
Cock County Recorder of Deeds
Date: 05/26/2004 01:50 PM Pg: 1 of 6

Affidavit of Heirship

I, Tracy Green, am granddaughter of Lillian Newman, who died on May 15, 1987. Lillian was married on time to Jack Newman who predeceased her. They had one child only, Lola Newman who died December 6, 1995.

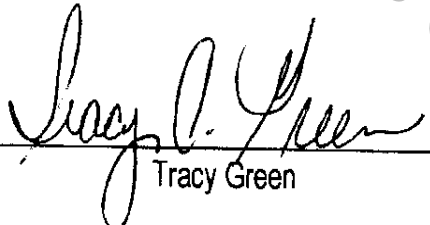
During her life she was married two (2) times. She was married to John H. Ball and was divorced from him in 1964. John and Lola had two (2) children, John Ball, Jr. and Ronald Ball, both surviving her. She subsequently married Matthew Green who she divorced in 1969. Lola and Matthew had one child, Tracy Green who survived her mother.

At time of her death she owned real estate at 8353 S. Sangamon in Chicago, IL. Its value was \$150,000.00 at time of her death. Only the children listed were born to decedent Lola L. Newman during her life. Therefore she died leaving as her only heirs the following:

- A. John Ball, Jr. - Son
- B. Ronald Ball - Son
- C. Tracey Green - Daughter

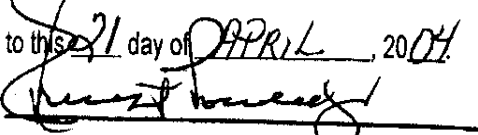
as her sole heirs to this property.

Further affiant saith naught.

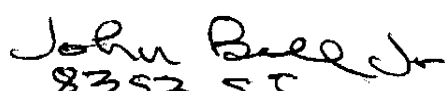


Tracy Green

Subscribed and sworn

to this 21 day of APRIL, 2004





8353 S Sangamon
Chicago, Ill



REGISTRATION DISTRICT NO. 16.1U

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS STATE FILE NUMBER 6228970

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

MAY 01 2003

DECEASED-NAME: L. L. NEMMAN

1. COUNTY OF DEATH: COOK

2. SEX: FEMALE

3. DATE OF DEATH: DECEMBER 06 1995

4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: CHICAGO

5. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): DIVORCED

6. NAME OF SURVIVING SPOUSE (MARRIED NAME, IF WIDOWED): None

7. SOCIAL SECURITY NUMBER: 344-48-5247

8. NAME OF BUSINESS OR INDUSTRY: Jewish Family

9. EDUCATION (SPECIFY ONE HIGHEST GRADE COMPLETED): 12-12

10. RESIDENCE (STREET AND NUMBER): 8353 SOUTH SANGAMON

11. CITY, TOWN, OR ROAD DISTRICT NO.: CHICAGO

12. INSURE CITY (YES/NO): YES

13. COUNTY: COOK

14. RACE (WHITE, BLACK, AMERICAN INDIAN, NATIVE HAWAIIAN, OTHER): BLACK

15. FATHER-NAME: Jack Newman

16. MOTHER-NAME: Lillian Davis

17. MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY OR TOWN, STATE, ZIP): STEVENSON EXPRESSWAY AT KING DR

18. PART I. EMPLOYER'S NAME (TYPE OR PRINT): STEVENSON EXPRESSWAY AT KING DR

19. OCCUPATION (TYPE OR PRINT): OFFICER RECORDS

20. IMMEDIATE CAUSE (FIND disease or condition resulting in death): METASTASTIC DISEASE DUE TO MALIGNANT LYELOMA

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

22. DATE OF OPERATION, IF ANY: NONE

23. MAJOR FINDINGS OF OPERATION: NONE

24. I (JOB) DID NOT ATTEND THE DECEASED AND LAST SAW HIM ON: DECEMBER 06 1995

25. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE ABOVE DUE TO THE CAUSE(S) STATED.

26. SIGNATURE OF CERTIFIER: Steven M. S. (TYPE OR PRINT)

27. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): DR IRVIN STRUB M.D. 111 NO WABASH CHICAGO ILL 60602

28. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: NONE

29. BIRTH PLACE (CITY AND STATE OR FOREIGN COUNTRY): CHICAGO

30. SOCIAL SECURITY NUMBER: 344-48-5247

31. RESIDENCE (STREET AND NUMBER): 8353 SOUTH SANGAMON

32. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: CHICAGO

33. STATE: ILLINOIS

34. FATHER-NAME: Jack Newman

35. MOTHER-NAME: Lillian Davis

36. MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY OR TOWN, STATE, ZIP): STEVENSON EXPRESSWAY AT KING DR

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40. DATE OF OPERATION, IF ANY: NONE

41. MAJOR FINDINGS OF OPERATION: NONE

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51. STATE: ILLINOIS

52. FATHER-NAME: Jack Newman

53. MOTHER-NAME: Lillian Davis

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148. DATE OF OPERATION, IF ANY: NONE

149. MAJOR FINDINGS OF OPERATION: NONE

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190. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: NONE

191. BIRTH PLACE (CITY AND STATE OR FOREIGN COUNTRY): CHICAGO

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202. DATE OF OPERATION, IF ANY: NONE

203. MAJOR FINDINGS OF OPERATION: NONE

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220. DATE OF OPERATION, IF ANY: NONE

221. MAJOR FINDINGS OF OPERATION: NONE

222. I (JOB) DID NOT ATTEND THE DECEASED AND LAST SAW HIM ON: DECEMBER 06 1995

223. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE ABOVE DUE TO THE CAUSE(S) STATED.

UNOFFICIAL COPY

JUN 04 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

REGISTRATION DISTRICT NO. 16.20		STATE OF ILLINOIS		MEDICAL CERTIFICATE OF DEATH		629970		
DECEASED—NAME 1. JACK NEWMAN		SEX 2. MALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. DECEMBER 15, 1975					
RACE 4. NEGRO White	AGE 5a. 59	UNDER 1 YEAR 5b.	UNDER 1 DAY 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 6. OCTOBER 4, 1916		PLACE OF DEATH COUNTY 7a. Cook		
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 7b. Chicago		HOSPITAL OR OTHER INSTITUTION—NAME 7d. ENGLEWOOD HOSPITAL		(IF NOT IN EITHER, GIVE STREET AND NUMBER)				
BIRTHPLACE (STATE OR FOREIGN COUNTRY) 8. ILLINOIS		CITIZEN OF WHAT COUNTRY 9. UNITED STATES		MARRIED, NEVER MARRIED, YES OR NO (SPECIFY) 10. MARRIED		NAME OF SURVIVING SPOUSE (HIDDEN NAME, IF WIFE) 11. LILLIAN NEWMAN		
SOCIAL SECURITY NUMBER 12. 353 01 5672		USUAL OCCUPATION 13a. MAILMAN		IND OF BUSINESS OR INDUSTRY 13b. POSTAL SERV.		U.S. WAR VETERAN (YES/NO) 13c. YES		WAR OR DATES OF SERVICE 13d. W.W. 11
RESIDENCE STATE 14a. ILLINOIS		COUNTY 14b. COOK		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 14c. CHICAGO		INSIDE CITY (YES/NO) 14d. YES		STREET AND NUMBER 14e. 8353 S. SANGAMON
FATHER—NAME 15. NOT AVAILABLE		MOTHER—MAIDEN NAME 16. NOT AVAILABLE						
INFORMANT'S SIGNATURE 17a. <i>Barathy Naylor</i>		RELATIONSHIP 17b. CLERK		MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP) 17c. 600 S. GREEN ST. CHGO IL 60621				
18. DEATH WAS CAUSED BY		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
PART I. IMMEDIATE CAUSE		(a) Recurrent Myocardial Infarction					Sudden	
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF:		(b) Acute Myocardial Infarction					10 days	
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		Diabetes Mellitus					AUTOPSY (YES/NO) 19a. No	
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION						
I ATTENDED THE DECEASED FROM: 21a. 12-6-75		TO 21b. 12-15-75		AND LAST SAW HIM/HER ALIVE ON: 21c. 12-15-75		HOUR OF DEATH 21d. 4:30 A.M.		
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE AND FROM THE CAUSE(S) STATED				NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED.				
SIGNATURE 22a. <i>David Orr</i>		DATE SIGNED 22b. 12-16-75		ILLINOIS LICENSE NUMBER 22c. 36-46104				
MAILING ADDRESS—CERTIFIER 23. 1146 W. 87th St		CITY OR TOWN Chicago		STATE Ill		ZIP 60620		
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial		CEMETERY OR CREMATORY—NAME 24b. Oakwood		LOCATION CITY OR TOWN 24c. Chicago		STATE DATE (MONTH, DAY, YEAR) 24d. Ill 12 19 75		
FUNERAL HOME 25a. A.R. Leak		STREET AND NUMBER OR R. F. D. 7838 S. Cottage Grove		CITY OR TOWN Chicago		STATE ZIP Ill 60619		
FUNERAL DIRECTOR'S SIGNATURE 25b. <i>A.R. Leak</i>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 4390						
LOCAL REGISTRAR'S SIGNATURE 26a. <i>Laway C. Brown</i>		CHICAGO BOARD OF HEALTH Chicago Civic Center, Room 105 Concourse Level, Chicago 60602		DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. DEC 18 1975				

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0414719097 Page: 4 of 6

F. 3689 R. 8/85 CTI Standard Form Personal Information Affidavit



Chicago Title Insurance Company

PERSONAL INFORMATION AFFIDAVIT

ORDER NO. _____

This affidavit—for the confidential use of the Chicago Title Insurance Company—will assist in determining whether certain matters of record affect the title under consideration, or whether they relate to other persons whose names are similar to those of the owner or former owners. Please draw a line through alternate statements which do not apply.

and affirmatively represents that he is the Ronald J. Ball certifies, avows, 8353 S. Sangamon owner (Owner, former owner, contract purchaser, etc.) of the premises described in the above order.

The affiant's social security no. is 357560001 1. () has never been married.
That affiant is 46 years of age and 2. () the widow of _____
3. married to Nancy Ball said marriage having taken place in Cozumel Mexico and whose maiden name was Lewis

See No. 1 below

Affiant herein further states that affiant:

1. HAS NEVER BEEN A PARTY TO A DIVORCE PROCEEDING OR

Was divorced from NO in _____ in _____ Case No. - County - State

Was divorced from NO in _____ in _____ Case No. - County - State

2. HAS NEVER BEEN KNOWN BY ANY OTHER NAME OR

Changed _____ name from _____ in NOT in _____ Case No. - County - State

3. HAS NEVER BEEN ADJUDGED A BANKRUPT OR

Was adjudged a bankrupt in case No. _____ in 96 year

And affiant further states:

4. THAT THERE ARE NO UNSATISFIED OR UNRELEASED JUDGMENTS, DECREES OR LIENS OF RECORD IN THE COUNTY OR PARISH IN WHICH THE AFORESAID PREMISES ARE LOCATED AGAINST AFFIANT OR AFFIANT IS A PARTY TO THE FOLLOWING CASES

CASE NUMBER AND COURT	PLAINTIFF	DEFENDANT	DATE OF JUDGMENT	AMOUNT

5. THAT DURING THE LAST TEN YEARS, AFFIANT HAS RESIDED AT THE FOLLOWING ADDRESSES, AND NONE OTHER:

FROM (DATE)	TO (DATE)	STREET NO.	CITY	STATE
<u>6/93</u>	<u>Present</u>	<u>4242 S. California</u>	<u>Chicago</u>	<u>IL</u>

6. THAT DURING THE LAST TEN YEARS, AFFIANT HAS HAD THE FOLLOWING OCCUPATIONS AND BUSINESS ADDRESSES, AND NONE OTHER:

FROM (DATE)	TO (DATE)	OCCUPATION	EMPLOYER	PLACE OF BUSINESS
<u>1/4/87</u>	<u>Present</u>	<u>Police Officer</u>	<u>City of Chicago</u>	

7. Further that affiant makes this affidavit for the purpose of inducing the Chicago Title Insurance Company to represent that the title under consideration is not affected by any judgments, decrees, bankruptcy, divorce, change of name proceedings, Federal and State tax liens, against persons whose names are the same as affiant or similar thereto.

Ronald Ball
Signature of Affiant

Presented to Chicago Title Insurance Company

by _____

3/5/04
Date

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0414719097 Page: 5 of 6

F. 3689 R. 6/82 CTI Standard Form Personal Information Affidavit



Chicago Title Insurance Company

PERSONAL INFORMATION AFFIDAVIT

ORDER NO. _____

This affidavit—for the confidential use of the Chicago Title Insurance Company—will assist in determining whether certain matters of record affect the title under consideration, or whether they relate to other persons whose names are similar to those of the owner or former owners. Please draw a line through alternate statements which do not apply.

and affirmatively represents that SHE is the TRACY C. GREENE OWNER certifies, avows,
(Owner, former owner, contract purchaser, etc.)
of the premises described in the above order.

The affiant's social security no. 33-162-8408 (✓) has never been married.
That affiant is 37 years of age and 2. () the widow of _____
3. () married to _____ said marriage
having taken place in _____ year and
whose maiden name was _____

See No. 1 below

Affiant herein further states that affiant:

1. HAS NEVER BEEN A PARTY TO A DIVORCE PROCEEDING OR

Was divorced from _____ in _____ year in _____ Case No. - County - State

Was divorced from NA in _____ year in _____ Case No. - County - State

2. HAS NEVER BEEN KNOWN BY ANY OTHER NAME OR

Changed _____ name from _____ in _____ year in _____ Case No. - County - State

3. HAS NEVER BEEN ADJUDGED A BANKRUPT OR

Was adjudged a bankrupt in case No. 0004 in _____ year

And affiant further states:

4. THAT THERE ARE NO UNSATISFIED OR UNRELEASED JUDGMENTS, DECREES OR LIENS OF RECORD IN THE COUNTY OR PARISH IN WHICH THE AFORESAID PREMISES ARE LOCATED AGAINST AFFIANT OR

Affiant is a party to the following cases

CASE NUMBER AND COURT	PLAINTIFF	DEFENDANT	DATE OF JUDGMENT	AMOUNT
<u>NA</u>				

5. THAT DURING THE LAST TEN YEARS, AFFIANT HAS RESIDED AT THE FOLLOWING ADDRESSES, AND NONE OTHER:

FROM (DATE)	TO (DATE)	STREET NO.	CITY	STATE
<u>11-16-66</u>	<u>PRESENT</u>	<u>8353 S. SANSBORN</u>	<u>CHICAGO</u>	<u>IL</u>

6. THAT DURING THE LAST TEN YEARS, AFFIANT HAS HAD THE FOLLOWING OCCUPATIONS AND BUSINESS ADDRESSES, AND NONE OTHER:

FROM (DATE)	TO (DATE)	OCCUPATION	EMPLOYER	PLACE OF BUSINESS

7. Further that affiant makes this affidavit for the purpose of inducing the Chicago Title Insurance Company to represent that the title under consideration is not affected by any judgments, decrees, bankruptcy, divorce, change of name proceedings, Federal and State tax liens, against persons whose names are the same as affiant or similar thereto.

Tracy C. Greene
Signature of Affiant

Presented to Chicago Title Insurance Company

by _____

3-5-04
Date

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0414719097 Page: 6 of 6

F. 3689 R. 8/85 C11 Standard Form Personal Information Affidavit



Chicago Title Insurance Company

PERSONAL INFORMATION AFFIDAVIT

ORDER NO. _____

This affidavit—for the confidential use of the Chicago Title Insurance Company—will assist in determining whether certain matters of record affect the title under consideration, or whether they relate to other persons whose names are similar to those of the owner or former owners. Please draw a line through alternate statements which do not apply.

and affirmatively represents that HE is the JOHN E. BALL SR. certifies, avows, OWNER - 8353 S. SANGAMON CHSD.
(Owner, former owner, contract purchaser, etc.)
of the premises described in the above order.

The affiant's social security no. is 327-50-5625
That affiant is 57 years of age and
1. () has never been married.
2. () the widow of _____
3. () married to NEBENDA BALL said marriage
having taken place in 2002 and
whose maiden name was CORNELIA BALL
See No. 1 below

Affiant herein further states that affiant:

- HAS NEVER BEEN A PARTY TO A DIVORCE PROCEEDING OR
Was divorced from NO/DNA in _____ year in _____ Case No. - County - State
Was divorced from NO/DNA in _____ year in _____ Case No. - County - State
- HAS NEVER BEEN KNOWN BY ANY OTHER NAME OR
Changed NO/DNA name from _____ in _____ year in _____ Case No. - County - State
- HAS NEVER BEEN ADJUDGED A BANKRUPT OR
Was adjudged a bankrupt in case No. NO/DNA year _____

And affiant further states:

- THAT THERE ARE NO UNSATISFIED OR UNRELEASED JUDGMENTS, DECREES OR LIENS OF RECORD IN THE COUNTY OR PARISH IN WHICH THE AFORESAID PREMISES ARE LOCATED AGAINST AFFIANT OR
Affiant is a party to the following cases

CASE NUMBER AND COURT	PLAINTIFF	DEFENDANT	DATE OF JUDGMENT	AMOUNT
<u>NONE</u>				

- THAT DURING THE LAST TEN YEARS, AFFIANT HAS RESIDED AT THE FOLLOWING ADDRESSES, AND NONE OTHER:

FROM (DATE)	TO (DATE)	STREET NO.	CITY	STATE
<u>1965</u>	<u>1998</u>	<u>8353 S. SANGAMON</u>	<u>CHICAGO</u>	<u>ILL</u>
<u>1998</u>	<u>2004</u>	<u>3900 W. 68TH ST</u>	<u>CHICAGO</u>	<u>ILL</u>

- THAT DURING THE LAST TEN YEARS, AFFIANT HAS HAD THE FOLLOWING OCCUPATIONS AND BUSINESS ADDRESSES, AND NONE OTHER:

FROM (DATE)	TO (DATE)	OCCUPATION	EMPLOYER	PLACE OF BUSINESS
<u>NONE/DNA</u>				

- Further that affiant makes this affidavit for the purpose of inducing the Chicago Title Insurance Company to represent that the title under consideration is not affected by any judgments, decrees, bankruptcy, divorce, change of name proceedings, Federal and State tax liens, against persons whose names are the same as affiant or similar thereto.

John E. Ball Sr.
Signature of Affiant

Presented to Chicago Title Insurance Company

by _____

Date _____