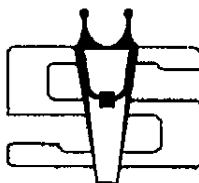




Doc#: 0420105416
Eugene "Gene" Moore Fee: \$58.00
Cook County Recorder of Deeds
Date: 07/19/2004 03:37 PM Pg: 1 of 5



Sanctity of Contract

Stewart Title Company of Illinois
AFFIDAVIT OF HEIRSHIP

STATE OF ILLINOIS)
) SS
COUNTY OF)

ESTATE OF Gladys Bennett + Kenneth Bennett Deceased.

And now on this 7th day of July, 1997, after being first duly sworn under oath, testifies and deposes as follows, to wit:

- 1. My name is Lisa Thompson 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 8055 So. Princeton.
- 3. I friend (state relationship to deceased) and knew him/her in his/her lifetime.
- 4. Kenneth + Gladys Bennett, owner of the property commonly known as 10027 So. Union (see legal description attached) died on JANUARY 27, 1999 in the City of Blue Island, County of COOK, State of Illinois.

5. The decedent was married one (L) time(s), to _____

6. 3 children were born to the decedent and _____, as follows

- Carolyn Jenkins _____
- Janice Williams _____
- Linda Marshall _____

7. No persons were adopted by the decedent.

385485-

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

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8. The parents of the decedent were David & Nettie Boston

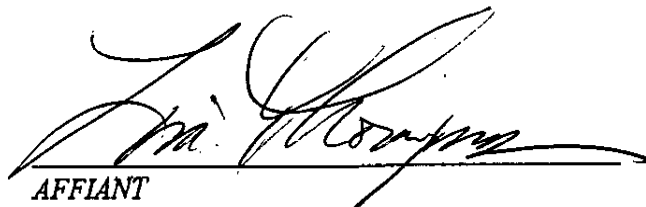
both said parents are now deceased.

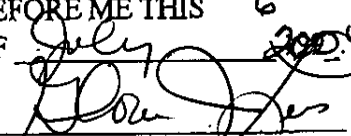
9. Pursuant to the Last Will and Testament of N/A, the decedent herein, left his/her entire estate, both real and personal, to 1.

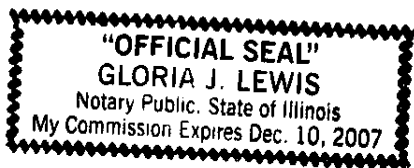
11. That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of 140,000.00 dollars.

10. 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.


AFFIANT

SUBSCRIBED AND SWORN TO
BEFORE ME THIS 6 DAY
OF July 2004

NOTARY PUBLIC



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STATE FILE NUMBER

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. <u>16-33</u>	REGISTERED NUMBER <u>671</u>	DECEASED-NAME 1. Kenneth Bennett	DATE OF DEATH (MONTH, DAY, YEAR) 3 August 10, 1993	SEX 2 Male
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 4 COOK Evergreen Park		DATE OF BIRTH (MONTH, DAY, YEAR) 5d February 16, 1916		
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a Evergreen Park		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Little Co. Of Mary		
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7 Tennessee		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b Gladys Boston		
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a Married		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) College (1-4 or 5-1)		
SOCIAL SECURITY NUMBER 318-07-6673		KIND OF BUSINESS OR INDUSTRY 11b Koch Oil Co. 10th		
RESIDENCE (STREET AND NUMBER) 13a 8055 S. Princeton		CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 13b Chicago		
RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a Black		COUNTY 13d Cook		
FATHER-NAME FIRST MIDDLE LAST 15 James Bennett		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) 14b <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		
INFORMANT'S NAME (TYPE OR PRINT) 17a Gladys Bennett		RELATIONS 16 Wife		
MOTHER'S NAME FIRST MIDDLE LAST 17b Marie Frances McQuitter		MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c 8055 S. Princeton Chgo, Il.		
<p>18. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.</p> <p>Immediate Cause (Final disease or condition resulting in death) (a) Ventricular Fibrillation</p> <p>CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) Severe Atherosclerotic Cardiovascular Pathology 7 years</p> <p>(c) DUE TO OR AS A CONSEQUENCE OF</p>				
<p>PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.</p> <p>DATE OF OPERATION, IF ANY 20a</p> <p>MAJOR FINDINGS OF OPERATION 20b</p> <p>IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b YES</p> <p>TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 21c 7-28-93 P.M. DATE SIGNED (MONTH, DAY, YEAR) 8-16-93</p> <p>NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22a Seals E. Westerman MD CHIC, ILL 60643</p> <p>NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT) 22b 036062010</p> <p>ILLINOIS LICENSE NUMBER 22c 036062010</p> <p>NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.</p>				
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 23 Burial		CITY OR TOWN Chicago Ill.		
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 24a Mt. Glenwood		CITY OR TOWN Glenwood Illinois		
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 24b		CITY OR TOWN Chicago Ill.		
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 25a		CITY OR TOWN Chicago Ill.		
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 25b		CITY OR TOWN Chicago Ill.		
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 26a		CITY OR TOWN Chicago Ill.		

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD OF THE PERSON 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 FEBRUARY 4, 1999 REGISTRAR Annette Thauer

AT EVERGREEN PARK, ILLINOIS DEPUTY REGISTRAR _____

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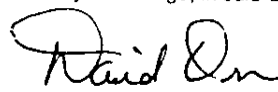
MAY 28, 2004

STATE OF ILLINOIS
County of Cook

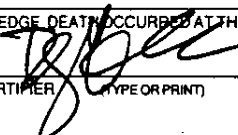
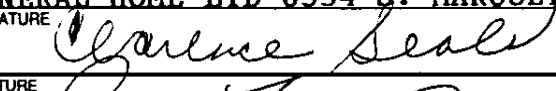
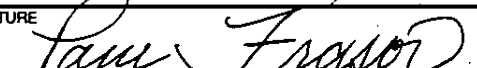
DAVID ORR, County Clerk

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.



COUNTY CLERK

BIRTH NO.	REGISTRATION DISTRICT NO. 16.31	STATE OF ILLINOIS			STATE FILE NUMBER
	REGISTERED NUMBER 610	MEDICAL CERTIFICATE OF DEATH			
DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. Gladys Bennett		2. Female	3. Jan 27, 1999		
COUNTY OF DEATH	AGE—LAST BIRTHDAY (YRS) 3a. 78	UNDER 1 YEAR MOS 5b.	UNDER 1 DAY HOURS 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. May 9, 1920	
4. Cook	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. Blue Island			HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. 2235 W. 121 St.	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Missouri		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Widowed	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. None		IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY) 9. No
SOCIAL SECURITY NUMBER 10. 322-12-6218	USUAL OCCUPATION 11a. Comm Rep.	KIND OF BUSINESS OR INDUSTRY 11b. School	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 12 Yrs College (1-4 or 5+) 1 Years		
RESIDENCE (STREET AND NUMBER) 13a. 2253 W. 121 St.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. Blue Island	INSIDE CITY (YES/NO) 13c. Yes	COUNTY 13d. Cook		
STATE 13e. Illinois	ZIP CODE 13f. 60202	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. Black	IF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. <input type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
FATHER—NAME FIRST MIDDLE LAST	MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST				
15. David Boston	16. Nettie Parker				
INFORMANT'S NAME (TYPE OR PRINT) 17a. Linda Marshall		RELATIONSHIP 17b. Daughter	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 2235 W. 121 St. Chicago, Illinois 60202		
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. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
Immediate Cause (Final disease or condition resulting in death)	(a) Cerebrovascular Disease				
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				
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
DATE OF OPERATION, IF ANY 20a.	MAJOR FINDINGS OF OPERATION 20b.	AUTOPSY (YES/NO) 19a. No		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 19b. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
1 (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 21a.		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO	HOUR OF DEATH 21c. 12:55 P.M.		
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. 2-3-99	
22a. SIGNATURE 		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. Daniel J. Grzegorek, D.O. 2605 W. Lincoln Highway Olympia Fields, IL 60461		ILLINOIS LICENSE NUMBER 22d. 036-089211	
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.					
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY—NAME 24b. Mt. Glenwood	LOCATION CITY OR TOWN STATE 24c. Glenwood, Illinois	DATE (MONTH, DAY, YEAR) 24d. Feb 21 1999		
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP		25a. SEALS FUNERAL HOME LTD 8354 S. MARQUETTE CHICAGO, ILLINOIS 60617			
FUNERAL DIRECTOR'S SIGNATURE 25b. 		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 34-11162			
LOCAL REGISTRAR'S SIGNATURE 26a. 		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. Feb 3, 1999			

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LOT 29 IN BLOCK 3 IN WILLIAM A. BARTLETT'S CALUMET HIGHLANDS BEING A
SUBDIVISION OF LOTS 28 AND 29, IN SCHOOL TRUSTEE'S SUBDIVISION IN
SECTION 16, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL
MERIDIAN IN COOK COUNTY, ILLINOIS

25-16-124-008-0000

Property of Cook County Clerk's Office