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IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS COUNTY DEPARTMENT-PROBATE DIVISION

ESTATE OF

BUELLA SMITH,

Deceased.

)
)
) No.
)
)



Doc#: 0509014375
Eugene "Gene" Moore Fee: \$32.00
Cook County Recorder of Deeds
Date: 03/31/2005 02:10 PM Pg: 1 of 5

423195

AFFIDAVIT OF HEIRSHIP

I, ANTHONY SMITH, as heir of Buella Smith, deceased, under the penalties of perjury, do hereby

state as follows:

1. That the Decedent, BEUHLA SMITH, died in Cook County, Illinois on December 20, 2004.
2. I am of legal age, mentally competent, and reside at 10113 South Calumet, Chicago, Illinois. My relationship to the decedent is son.
3. The decedent was married once, and only once, and then to Elzia Smith, which marriage in death when Eliza Smith died in 1976.
4. As a result of said marriage, four (4) children were born to the decedent, namely:
 - a. ANTHONY SMITH
 - b. DEBRA BRACEY
 - c. MICHAEL ARBUCKLE
 - d. ERVIN ARBUCKLE.

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No other children were born to the decedent, nor adopted by the decedent, during the marriage nor outside the marriage.

5. That ERVIN ARBUCKEL predeceased the decedent, having passed away in 2000. ERVIN ARBUCKEL was married once and only once, and then to Freddie Arbuckel. As a result of said marriage, three (3) children were born to him, namely: TABATHA ARBUCKEL, MICHAEL ARBUCKEL, and JACOB ARBUCKEL. No other children were born to ERVIN ARBUCKEL nor adopted by him during the marriage nor outside the marriage.
6. The parents and grandparents (maternal and paternal) of the decedent have predeceased her.
7. The decedent did not execute a Last Will and Testament and there are no letters of office outstanding on the decedent's estate and no petition for letters is contemplated or pending in Illinois or in any other jurisdiction, to my knowledge.
8. In consideration of the issuance of your Title Insurance Policy, the undersigned do hereby,

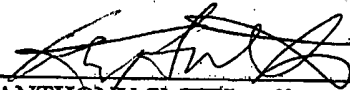
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jointly and severally, for themselves, their heirs, personal representatives and assigns, covenant and agree forever to fully indemnify, protect, defend and save you harmless from and to reimburse you for any and all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature which you may for any cause, at any time and from time to time, suffer, expend or incur by reason or in consequence of the issuance of said policy, and of any and every other insurance policy or policies covering the same real estate, or any part or parts thereof, or interest herein free and clear of the following objections:

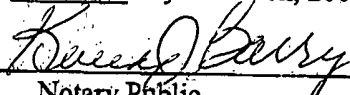
- a. Claims (including awards, if any) against the Estate of BUELLA SMITH, deceased;
- b. State Estate and Federal Estate Tax which may be charged against the estate of the decedent;
- c. Legacies created by the will of the decedent, if any;
- d. Right to contribution, if any; and
- e. Rights of the executor, if & when appointed.

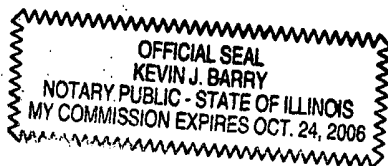
Based on the foregoing, decedent left surviving as his heirs the following:

ANTHONY SMITH
 DEBRA BRACEY
 MICHAEL ARBUCKLE
 TABATHA ARBUCKEL
 MICHAEL ARBUCKEL
 JACOB ARBUCKEL


 ANTHONY SMITH, Affiant

SIGNED and SWORN to before me this 18 day of March, 2005.


 Notary Public



MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FILE NUMBER
617860

REGISTRATION DISTRICT NO. **16.10**

DECEASED-NAME **Beulah** FIRST MIDDLE LAST
 COUNTY OF DEATH **Beulah**
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **Smith** LAST
 SEX **Female**
 DATE OF BIRTH (MONTH, DAY, YEAR) **3 December 20, 2004**

AGE-LAST BIRTHDAY (YRS) **5a. 76**
 MONTHS **5b.** DAYS **5c.** HOURS **5d.** MIN.
 DATE OF BIRTH (MONTH, DAY, YEAR) **30 May 30, 1928**
 HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **6b. Michael Reese Hospital**
 IF HOSP. OR INST. INDICATE D.O.A. OPERMER, RM, INFAPMENT (SPECIFY) **6c. Inpatient**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **7. Tickfaw, La.**
 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
8a. Widowed
 NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) **8b. None**
 SOCIAL SECURITY NUMBER **11a. Mail Clerk**
 USUAL OCCUPATION **11b. None**
 NAME OF BUSINESS OR INDUSTRY **Blue Cross of Illinois**
 KIND OF BUSINESS OR INDUSTRY **12. Life Insurance Co**
 EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) **12. 12**
 ELEMENTARY/SECONDARY (0-12) **12. 12**
 COLLEGE (1-4 or 5+)

RESIDENCE (STREET AND NUMBER) **13a. 8324 South Paxton**
 CITY, TOWN, TWP. OR ROAD DISTRICT NO. **13b. Chicago**
 COUNTY **13d. Cook**
 STATE **13c. Illinois**
 ZIP CODE **13f. 60617**
 RACE (WHITE, BLACK, AMERICAN INDIAN, SPECIFY) **14a. Black**
 OF HISPANIC ORIGIN? (SPECIFY AND OR YES-IF YES, SPECIFY CUBAN, MEXICAN, ETC.) **14b. NO**
 MOTHER-NAME FIRST MIDDLE LAST **16. Ida Bartlett**

FATHER-NAME FIRST MIDDLE LAST **18. Jacob Hersy**
 MOTHER-NAME FIRST MIDDLE LAST **16. Ida Bartlett**
 RELATIONSHIP **17b. Son**
 MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY, TOWN, STATE, ZIP) **17c. 10113 S. Calumet Ave Chicago, IL 60628**

17a. **Althony Smith**
 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.
Acute Myocardial Infarction
 (a) Acute Myocardial Infarction
 (b) Diffuse Atherosclerosis
 (c) Hypertension

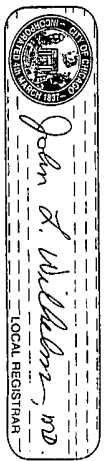
19. **Carcinoma Of Left Breast**
 MAJOR FINDINGS OF OPERATION **20b.**
 DATE OF OPERATION, IF ANY **20a.**
 ILLINOIS LICENSE NUMBER **22d. 036-042103**

21. **I Did**
 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE ABOVE DUE TO THE CAUSE(S) STATED.
 DATE SIGNED (MONTH, DAY, YEAR) **21c. 4:22 A M.**
 NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **22a. Dennis Levinson, MD**
2929 South Ellis Chicago Illinois 60616

23. **BURIAL, CREMATION, REMOVAL (SPECIFY)**
24a. Burial
 CEMETERY OR CREMATORY-NAME **24b. Oak Woods Cemetery**
 LOCATION **24c. Chicago**
 CITY OR TOWN **24d. Chicago**
 STATE **24e. Illinois**
 DATE (MONTH, DAY, YEAR) **24f. Dec. 27, 2004**
25a. Duty Nash Funeral Home Ltd. 8620 S. Stony Island Chicago Illinois 60617
25b. Local Registrar's Signature
John A. Wilhelms, M.D.
DEC 22 2004
 DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO
DEC 22 2004

JOHN L. WILHELM M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO. THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN ORDINANCE OF SAID LAW AND ORDINANCES.



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

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COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

CERTIFICATE OF DEATH

Form with sections: DECEASED'S PERSONAL DATA, USUAL RESIDENCE, SPOUSE AND PARENT INFORMATION, FUNERAL DIRECTORY LOCAL REGISTRAR, PLACE OF DEATH, CAUSE OF DEATH, PHYSICIAN'S CERTIFICATION, and CORONER'S USE ONLY.

CERTIFIED COPY OF VITAL RECORDS

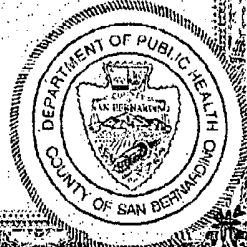
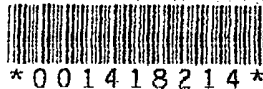
STATE OF CALIFORNIA
COUNTY OF SAN BERNARDINO

DATE ISSUED 11/01/2004

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

ERIC FRYKMAN, M.D.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.



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STEWART TITLE

GUARANTY COMPANY
HEREIN CALLED THE COMPANY

ALTA COMMITMENT

Schedule A - Legal Description

File Number: TM173038

Assoc. File No: "

COMMITMENT - LEGAL DESCRIPTION

LOT 282 IN E. B. SHOGRER AND COMPANY'S JEFFERY HIGHLANDS, IN SECTION 36, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO PLAT DOCUMENT NUMBER 65981, FILED IN THE REGISTRAR'S OFFICE ON OCTOBER 26, 1916, ALL IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office
PIN#
202-36-402-029