ES1

## JNOFFICIAL COPY

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

ATE OF			• >	
BUELLA	SMITH,	•	).	No.
	Deceased.	· .	)	



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

## **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, BEUHLASMITH, died in Cook County, Illinois on December 20, 2004,
- 2. I am of legal age, mentally computent, and reside at 10113 South Calumet, Chicago, Illinois. My relationship to the decedent 13 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 vere born to the decedent, namely:
  - a. ANTHONY SMITH
  - b. DEBRA BRACEY
  - c. MICHAEL ARBUCKLE
  - d. ERVIN ARBUCKLE.

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

- 5. That ERVIN ARBUCKEL predeceased the decedent, having passed away in 200. 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,

(B) N

### 0509014375 Page: 2 of 5 The Barry Law Group, P.C. 773-779-6110 INOFFICIAL

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:

- Claims (including awards, if any) against the Estate of BUELLA SMITH, a. deceased:
- State Estate and Federal Estate Tax which may be charged against the estate of the decedent;
- Legacies created by the will of the decedent, if any;
- Right to contribution, if any; and
- 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

County Clarks Y SMITH, Affiant

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

Notary Public

OFFICIAL SEAL KEVIN J. BARRY NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES OCT. 24, 2006 

MULTICOLOR SIGNATURE SEAL IS THIS CERTIFICATE COPY VALID WHEN AFFIXED.

<i>(</i> ,

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

CITY OF CHICAGO COUNTY OF COOK STATE OF ILLINOIS

WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) REGISTRAR OF VITAL STATISTICS OF

Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory are shock, or heart failure. List only one cause on each line. CITY, TOWN, TWP, OR ROAD DISTRICT NO. RINDOFBUSINESSORINDUSTRY
Blue Cross+BlueSh.
11b. Insurance Co OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN TIE. TO RICAN, etc.) MAILING ADDRESS (STREET AND NO. OF R.F.D., CIT 'OF TO WN, STATE, ZIP) 17c.10113 S. lda FIRST ☐ YES Calumet Are (YESNOY ES SPECIFY: NSIDE CITY MIDDLE (YES/NO) 19a. No IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? ä COUNT 19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) Bartlett Days Years cago, (MAIL)EN) LAST Minutes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Cook <u>IL6062</u>8

DEPARTMENT OF PUBLIC HEALTH CITY OF CHICAGO

OF DEATH

STATE FILE

MEDICAL CERTIFICATE

STATE OF ILLINOIS

REGISTRATION DISTRICT NO.

6.10

NUMBER

DECEASED-NAME REGISTERED

/R260 (Rev. 5/89)

Illinois Department of Public Health—Division of Vital Records

Chelon 3

**%** 

SIGNATURE Home 8620 S. Stony Island

240ak Woods Cemetery CEMETERY OR CREMATORY-NAME STREET AND NUMBER OR R.F.D.

CITY OR TOWN

Llinois

24d.)ec. DATE

(MONTH, DAY, YEAR)

STATE

2

Chicago LLLLALLE CONSTRUMBER

60617

DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

BEG 2 2 2004 (BASEDON 1989 U.S. STANDARD CERTIFICATE)

24c. Chicago

220. Dennis Levinson, MD
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER

23

FUNERAL HOME

BURIAL, CREMATION REMOVAL (SPECIFY)

FUNERAL DIREC

LOCATION

CITY OR TOWN

2929 Scuth Fllis 60616

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER JUST BE NOTIFIED.

DATE SIGNED ILLINOIS LICENSE NUMBER 22b. December 20,2004 036-042103

HOUR OF DEATH (MONTH, DAY, YEAR) ₽

z

YES [] NO (X

Hypertension Diffuse Atherosclerosis Acute Myocardial Infacction

DUE TO, OR AS A CONSEQUENCE OF ਭ DUE TO, OR AS A CONSEQUENCE OF

æ

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CHELAST.

DATE ON OPERATION, IF ANY

carcinoma Of

AUD LAST SAW HIM/HER ALIVE ON

EASED

(MONTH, DAY, YEAR)

TO THE BEST OF MY KNOWLEDGE, DEATH OCC

RRED AT THE TIME, DATE AND PLACE AND CUE TO THE CAUSE(S) STATED

2004

21b.

NO

EXAMINER NOTIFIED? (YESN

(YES/NO)

December 19,

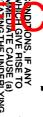
NAME AND ADDRESS OF CERTIFIER

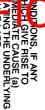
22a. SIGNATURE 🕨











in death)





(c)

A.H. Other significant conditions contributing to death but not resulting in the underlying cause given in PART

Left Breast

MAJOR FINDINGS OF OPERATION







Late Cause (Final condition

INFORMANT'S NAME (TYPE OR PRINT)

lacob

Hersy LAST

> MOTHER-NAME 146

DNO

RELATIONSHIP 17b. Son

17a. Anthony Smith

18. PABT

4375

SIDENCE (STREET AND NUMBER)

<del>-38-38-0103</del>

11a.Mail Clerk

8324 South Paxton

ZIP CODE <u>Ξ</u>

60617

RACE (WHITE, BLACK, AMERICAN INDIAN, 613) (SPECIFY)

136

Chicago

MIDDLE

[I]linois

SOCIAL SECURITY NUMBER

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)

6b. Michael

HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)

None

EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
Elementary/Secondary (0-12) College (1-4 or 5 + )

No

Reese Hospital

8a. Widowed USUAL OCCUPATION

Chicago

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER

COUNTY OF DEATH

Beulah

AGE-LAST BIRTHDAY (YRS)

MOS. DAYS

Š

5d. May

1928

OP/EMER. RM, INPATIENT (SPECIFY)

Inpatient

DATE OF BIRTH (MONTH, DAY, YEAR)

Smith LAST

2.Female

3.December 20,2004 DATE OF DEATH (MONTH, DAY, YEAR)

FIRST

MIDDLE

Cook

# 0509014375 Page: 4 of 5,

## **COUNTY of SAN BERNARDING**

**DEPARTMENT OF PUBLIC HEALTH** 

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

			CERT	FICATE	OF DE	\TH			* ::		·
	STATE FILE HANDER  1. NAME OF DECEDERT — FIRST (Given)		CERTIFICATE OF DEATH  USE NACHWAY YND BENESS, WHENTS GALHMADNS  12 MODE  13 LAST (Fame)			CT (Comp.)	LOCAL REGISTRATION MAJEER				
_	ERVIN	-"		COB		- 1	RBUCKLE				
AT	AKA ALBO MHOWITAS Inches NO AKA (FIRST, MODILE,	LAST)			4, DATE C		THE A NOTE YOU	Monda Day	d Die	HANKARS HANKA	s #FX
						16/1949					MALE
DECEDENT'S PERSONAL		-5677	II. EVER IS	IUS ARBIFDEC	IND.	MARRI		10/19/20		2250	
Ž	12 EDICATON - HOME LANDON 1475, WAS DECEDENT							may be fisted (see work	sheet on back	1 2250	
EDE	12th			[	X 40		ACK				
ğ	17, USUAL OCCUPATION Type of non-to-most of Me, DO				cary store, conductors	ución, exployered egonoy, etc.) 19. YEARS NI OOCUPATIO					
	CIMENT POURER  20. DECEDENTS ASSULT VE (Street and number or location)			u	)M21K	UCITON			- 1		
- 13E	1704 PETTER STREET, APT										
USUAL	21. C/TY	22. COURTY/FF			23.20		1	MIY 25. STATEFO		MAY	
-	ALHAMBRA 26, BEFORMANTS HAME, RE	LOS A	NGELES	1 27 HUEGE		801	24 Sheet and number or	nural toute number, only	CA or town, surre.	ŽIP)	
DOTOR.	FREDDIE B. AT. UCYLE, WI	FE	me y v	170	4 PEP	PER STR	EET,APT.	:, Alhambr	A, CA.	91801	<u> 1444                                  </u>
15	TREDDIE	29. 144	00.É	В.		30.LAST 014	ROBIN	SON	1		
ATION	21, NAME OF PATHER FIRST.	- 100 ME	Dex e			13 LAST			<del></del> -	34. GIFTH	
USE AND PASI HEOFHATION	ERVIN		·.			artin R	ARBUC	KLE		LA an mont	
SPOUSE AND PARENT HEOFINATION	BEULAH	St U	DOME	MAE	W.	37. LAST (Va	HERSE	¥ .	*. -	LA	
SPECTORY EGISTRAR		DE NATIO		-		VAN BU	ren blvd	.,RIVERSI	DE,CA	92508	
	11. TYPE OF DISPOSITION(S) BURIAL		8. SIONA	T. AZ OP CMBA	C KOIN	R.	6.	1.5	45	UCENSFIAM 7787	
FUNE FALL	44. NAME OF FURIERAL ESTABLISHMENT	··-·		HY EP I	A SIGNATA	of local	DISTRUB			CATE movide	
52	WOODS-VALENTINE MORTUAR	Y .	FD-C	0587)	A AM	2070	79-6-	ns=0		0/22/2	00470
ь.	D.V.A. MEDICAL CENTER		٠.	216 + 44	l x	HOSPITAL SPE		HOSTIGE NAME HOST	mino SPECIO mandic [	Deceder(o	
SE C	S										
8 5	164. COUNTY 106. FACUTY	DONESS OF LOCA	THON WHERE PO	NIND (Bires) and	4 1	-	<u> </u>	184.01V	- T		
PLACE OF DEATH	San Bernardino 112	01 Bento	on Stree	et	Parisher or			Lon	a Lind	la	7
PLACE	San Bernardino 112		on Stree	et	Parisher or	en DC (ADST )	r turniral organic and	164, 2317	a Lind	lea XANIAZPONICA VEB	Хио
PLACE	San Bermardino 112  101. GAING OF OCATH  INMEMATE CUIRE W Phatforases Squainous Cell  continues along  Squainous Cell	201 Bento	on Stree	et mare stan disac n addings abouting	Parisher or	est or 407 av 00 NC 'ADST t	r terralisad errorda austal 1975.	LODE Trackers Constant	a Lind	lé Extracrosites Yes Extraction	X wo
PLACE	San Bernardino 112  10. General of Genth From the chained a condition control of Genthal Condition cont	201 Bento	on Stree	et mare stan disac n addings abouting	Parisher or	esh DX (ADST )	WE.	LOIN	a Lind	LE SCHURZ PORTICO  VES  ANTENNA IMA  BLOPSY PERF	X wo
	San Bernardino 112  101, GAINT OF GEATH  INC. GAINT OF GEATH  INC. GAINT OF GEATH  RUBERT CAUSE (A)  Physicians or  Continuous or  Squamous Cell  September (A)  Squamous Cell  September (A)  Squamous Cell  Marky (B)  Squamous Cell  Marky (B)  Squamous Cell  Marky (B)  Squamous Cell	201 Bento	on Stree	et mare stan disac n addings abouting	Parisher or		W.E	LODE Trackers Constant	a Lind	lé Extracrosites Yes Extraction	Name
ОЕАТН	San Bernardino 112  100, CANDE OF CEATH  REMEMBER CANDE OF FROM THE CHARLE OF THE PROPERTY OF	201 Bento	on Stree	et mare stan disac n addings abouting	Parities of	est DC (607 to 100 NC (ADST )	e maked organis and DJE	LOTH True board Const NO MONT	a Lind	YES AUTOFOF PER	X 140 EQUITED HED DERREDA
	San Bernardino 112  121, CANDE OF GEATH  DAMERIATE CAUSE OF From the chained as condition control of the condition cause of the condition of t	201 Bento proby mulay	on Street	et Larynx	garpher or		in the man and	LOME PARTY MONTY	a Lind	NES ANTONOMY PEOF	X 140 EQUITED HED DERREDA
ОЕАТН	San Bernardino 112  101, CANTO OF CEATH  INC. CANTO OF CEATH  SQUARMOUS CEIL  SQUARMOUS CE	201 Bento proby mulay	on Street	et Larynx	garpher or		The shall was and	LOTH True board Const NO MONT	a Lind	TES STEELS	E CUMEDA  RO  LEGISTRO  LE
ОЕАТН	San Bernardino 112  121, CANDE OF GEATH  DAMERIATE CAUSE OF From the chained as condition control of the condition cause of the condition of t	201 Bento	on Street	et Larynx	maybe of the state		w i	LOTH True board Const NO MONT	a Lind	TES STEELS	X NO SOURCEST IND
ОЕАТН	San Bernardino 112  121, GAING OF OCTATE PROMISSION CONTINUE OF COLUMN CONTINUE OF CON	201 Bento phishy and a v	ON Street	et	maybe of the state			LODE The bare For the bare (A) (B) (C)	A Lind	E CAMPACTORICA PER ATTWALLAND A CONTROL PER ALTERNA PE	CHRICELL IND
CAUSE OF DEATH	San Bernardino  112. General of Cochin  Part of the Cochin  Squamous Cell  S	201 Benting the property of th	ON Street	et  Larynx  HE UNDERLYNN  of open other and	CAUSE GR	20 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	119,00	LODI The base Control (ST) (ST) (ST)	A Linc	ACTIVATION PER TYPE ACTIVATION PER TYPE TYPE TYPE TYPE TYPE TYPE TYPE TYPE	DAMESAL SOUTHERS NO NO NO NO NO NO NO NO NO NO
CAUSE OF DEATH	San Bernardino  112. General of Cochin  Part of the Cochin  Squamous Cell  S	201 Bento  Garcino  Destribution  Destributi	ON Street	et  Larynx  HE UNDER VIXO  FO CERTIFICE  LOS CERTIF	CAUSE GR	-3 M. o	2)- 118, UG	LODE The box of the property o	Lind Lind Lind Lind Lind Lind Lind Lind	E CAMPACTORICA PER ATTWALLAND A CONTROL PER ALTERNA PE	DAMESAL SOUTHERS NO NO NO NO NO NO NO NO NO NO
ОЕАТН	San Bernardino 112  127. GANNE NY OCENTE PROPRIED AND CONTROL OF C	201 Bentument of the second of	On Stree	et  Larynx  HEUDERVAN  O GROWN HE	CAUSE GR	M. o.	0- 118.00 G6 F8 St., Loma	LOTE  The bear (1)  The bear (	100 100 100 100 100 100 100 100 100 100	ACCOUNTS OF THE PROPERTY PEOPLE AND THE PEOPLE PEOP	DEMETRICAL INDICATE OF THE PROPERTY OF THE PRO
CAUSE OF DEATH	San Bernardino  112. General of Cochin  Part of the Cochin  Squamous Cell  S	DEATH BUT NOT THE THE THE THE THE THE THE THE THE TH	ON Street	et  Larynx  Legentalen  Concentrate  Account MALE  LEGENTALE  LEGE	CAUSE GR	MINIO	9. G6 E St., Loma	LOTE  The bear (1)  The bear (	100 100 100 100 100 100 100 100 100 100	ACTIVATION PER TYPE ACTIVATION PER TYPE TYPE TYPE TYPE TYPE TYPE TYPE TYPE	DEMETRICAL INDICATE OF THE PROPERTY OF THE PRO
PHISTOLAHS CERIFICATION CERIFICATION	San Bernardino 112  121. Gaing of Octili From manchinal and additional additiona	201 Benting of the property of the control of the c	ON Street	et  Larynx  HEUDERLYNG  O OPENING  E OF CERTIFICA  FE, MD.  JACOS SINTO	CAUSE 67.	MINIO	9. G6 E St., Loma	LODE The bear (1)	100 100 100 100 100 100 100 100 100 100	ACCOUNTS OF THE PROPERTY PEOPLE AND THE PEOPLE PEOP	DEMETRICAL INDICATE OF THE PROPERTY OF THE PRO
PHISTOLAHS CERIFICATION CERIFICATION	San Bernardino 112  121. CANDE OF CENTE Prove the first the condition of t	COLOR BENTLO	ON Street	et  Larynx  HEUDERLYNG  O OPENING  E OF CERTIFICA  FE, MD.  JACOS SINTO	CAUSE 67.	MINIO	9. G6 E St., Loma	LODE The bear (1)	100 100 100 100 100 100 100 100 100 100	ACCOUNTS OF THE PROPERTY PEOPLE AND THE PEOPLE PEOP	DEMETRICAL INDICATE OF THE PROPERTY OF THE PRO
PHISTOLAHS CERIFICATION CERIFICATION	San Bernardino 112  121. GANGE OF CORTH  PROMERTATE CAINE (A)  PROMERTATE CAINE (A)  PROMERTATE CAINE (A)  Provide a constant  SQUARMOUS CELL	COLOR BENTLO	ON Street	et  Larynx  HEUDERLYNG  O OPENING  E OF CERTIFICA  FE, MD.  JACOS SINTO	CAUSE 67.	MINIO	9. G6 E St., Loma	LODE The bear (1)	100 100 100 100 100 100 100 100 100 100	ACCOUNTS OF THE PROPERTY PEOPLE AND THE PEOPLE PEOP	DEMETRICAL INDICATE OF THE PROPERTY OF THE PRO
CAUSE OF DEATH	San Bernardino 112  121. CANDE OF CENTE Prove the first the condition of t	201 Bentument of the second of	ON Street	et  Larynx  HEUDERLYNG  O OPENING  E OF CERTIFICA  FE, MD.  JACOS SINTO	CAUSE 67.	MINIO	9. G6 E St., Loma	LODE The bear (1)	100 100 100 100 100 100 100 100 100 100	ACCOUNTS OF THE PROPERTY PEOPLE AND THE PEOPLE PEOP	FONETH IND
PHISTOLAHS CERIFICATION CERIFICATION	San Bernardino 112  121, GAINE OF OCETH  PROBLEM OF OCETH  PROBLEM OF OCETH  PROBLEM OF OCETH  PROBLEM OF OCETH  Separation of OCETH  TIZ CHIEF BRISEPONT CONDITIONS CONTROLUTION TO  SOIN 3 OOPHIPONT OCETH  TIZ WAS OPPONICATE FRANCISCO FOR ANY CONDITION  TIZ WAS OPPONICATED TO THE OCETH  TIZ WAS OPPONICATED TO THE OCETH  TIZ PROBLEM OF WAS INTO THE OCETH  TIZ PROBLEM OF WA	201 Bentument of the second of	ON Street	et  Larynx  HEUDERLYNG  O OPENING  E OF CERTIFICA  FE, MD.  JACOS SINTO	residence of the state of the s	PINIO MARIO PINIO	9. G6 ESt., Lome	LODE The bear (1)	A Lince to the first to the fir	TES ANTON HAND TEST OF THE TES	FONETH IND
CORDICER'S USE ONLY CENIFICATION CALSE OF DEATH	San Beynaudino 112  121, Gaing of Cornii France and a continue of the continue	COT Bentice of the second of t	On Street on Street or Str	et  Larynx  MEUNDERVAN  of opnosion and effortenenen  SCHARTS NUT.  E. MD., AMEDS NATO.	residence of the state of the s	PINIO MARIO PINIO	9. G6 ESt., Lome	LOTE The bear of the property	a Lind	TES ACTIVATION FOR THE TEST OF	FORMETT IND FORMETT IND FORMETT IND FORMETT IND MED CHUSET MED CHU
PHISTOLAHS CERIFICATION CERIFICATION	San Betherdino 112  127. Gaing of Octobe Present Control Cell  128. Gaing of Octobe Present Cell  Squamous Cell	201 Bentument of the second of	ON Street	et  Larynx  MEUNDERVAN  of opnosion and effortenenen  SCHARTS NUT.  E. MD., AMEDS NATO.	residence of the state of the s	PINIO MARIO PINIO	9. G6 ESt., Lome	INTO  LOTE The bear (1) The bea	A Lind	TES ANTON HAND TEST OF THE TES	FORMETT IND FORMETT IND FORMETT IND FORMETT IND MED CHUSET MED CHU

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA COUNTY OF SAN BERNARDINO

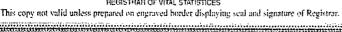
DATE ISSUED 11/01/2004

This is a true and exact reproduction of the document officially regithe VITAL RECORDS SECTION, SAN BERNARDING DEPARTMENT OF PUBLIC HEALTH.

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









0509014375 Page: 5 of 5

JUNIX CLORA'S OFFICO

ALTA COMMITMENT
Schedule A - Legal Description
File Number: , TM173038

Assoc. File No:

UNGFEWERIALTEOPY

GUARANTY COMPANY HEREIN CALLED THE COMPANY

., %

### **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.