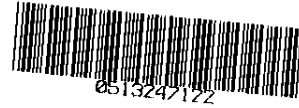


UNOFFICIAL COPY



Doc#: 0513247122
Eugene "Gene" Moore Fee: \$30.00
Cook County Recorder of Deeds
Date: 05/12/2005 03:58 PM Pg: 1 of 4

AFFIDAVIT of HEIRSHIP

State of Illinois)
County of) ss.

LORNA M. CONLEY being duly sworn states that she resides at 11519 South Maplewood Avenue in the City of Chicago.

That she was acquainted with **CORA LESLIE** deceased who, at the time of her death, the owner of the land in Cook County, Illinois, described as:

See attached Legal Description

That the deceased died on **19th day of JANUARY, 1981**, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased was married to **JEFF LESLIE**.

That the deceased died a widow.

That the deceased died leaving 1 children. The names of the deceased children were as follows:

1. William P Leslie

That the deceased died:

Leaving no Last Will & Testament.

~~Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven Will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.~~

UNOFFICIAL COPY

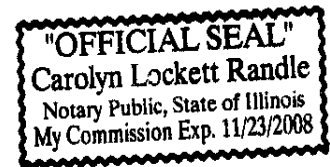
~~Leaving a Last Will & Testament which was filed in the Unproven Will
Box of the Probate Division of the Circuit Court of
_____ County, Illinois about~~

That all bills and outstanding debts of the deceased have been paid in full.

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 \$30,000.00 dollars.

Affiant makes this affidavit for that purpose of inducing the _____ Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Lorna M. Conley
(affiant's signature)



Subscribed and sworn to before me by the said

Lorna M. Conley

this 11th day of May, A.D. 2005

Carolyn Lockett Randle
Notary Public

Property of Cook County Clerk's Office

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LEGAL DESCRIPTION

LOT 8 IN BLOCK 6 IN WEDDELL AND COX'S SUBDIVISION OF THE WEST 1/2 OF THE NORTHEAST 1/4 OF SECTION 20, TOWNSHIP 38 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

PIN 20-20-209-006-0000
6419 South May, Chicago, Illinois 60621

Property of Cook County Clerk's Office

UNOFFICIAL COPY

AUGUST 12, 2004

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.

COUNTY CLERK

1 copy

STATE OF ILLINOIS STATE FILE NUMBER
601707

REGISTRATION DISTRICT NO **16.10**
REGISTERED NUMBER

MEDICAL CERTIFICATE OF DEATH

DECEASED - NAME FIRST MIDDLE LAST SEX DATE OF DEATH MONTH DAY YEAR
1. **Cora Leslie** 2. **Female** 3. **January 19, 1981**

RACE - (WHITE, BLACK, AMERICAN ORIGIN OR DESCENT, INDIAN, ETC.) (SPECIFY) AGE - LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MO., DAY, YEAR) COUNTY OF DEATH
4a. **Black** 4b. **American** 5a. **78** 5b. 5c. **Aug 16 1902** 7a. **Cook**

CITY, TOWN, TWP. OR ROAD DISTRICT (NUMBER) HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, CITY, STREET AND NUMBER) 7d. ON THIS INDICATE OUTPATIENT, INPATIENT, OR HOME
7b. **Chicago** 7c. **Chicago Osteopathic Hospital** 7d. **Inpatient**

STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)
8. **ARK.** 9. **U.S.A.** 10. **Widowed** 11.

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY U.S. WAR VETERAN (YES/NO) WAR OR DATES OF SERVICE
12. **1354-20-5751** 13a. **Hse Wife** 13b. **Home** 13c. **No** 13d.

RESIDENCE STREET AND NUMBER CITY, TOWN, TWP. OR ROAD DISTRICT NO INSIDE CITY (YES/NO) COUNTY STATE
14. **9636 S. Vincennes** 14b. **Chicago** 14c. **Yes** 14d. **Cook** 14e. **Illinois**

FATHER - NAME FIRST MIDDLE LAST MOTHER - MAIDEN NAME FIRST MIDDLE LAST
15. **William F Seahorn** 16. **Sallie N/A**

INFORMANT'S SIGNATURE RELATIONSHIP MAILING ADDRESS (STREET AND NO OR R.F.D. CITY OR TOWN STATE ZIP CODE)
17a. **Meredith** 17b. **Admitting** 5200 S. Ellis Chicago, Ill. 60615

18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (B), (C), AND (D)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. IMMEDIATE CAUSE
(a) **CARDIOPULMONARY ARREST**
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST
(b) **STREPTOCOCCAL PNEUMONIA & SEPTICEMIA**
(c)

PART II. OTHER SIGNIFICANT CONDITIONS (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I.)
18a. 18b. 18c. 18d.

DATE OF OPERATION IF ANY MAJOR FINDINGS OF OPERATION
20a. 20b.

(ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR) TO (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) HOUR OF DEATH
21a. **Jan. 10, 1981** 21b. **Jan. 19, 1981** 21c. **Jan. 19, 1981** 21d. **7:15 A.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)
22a. SIGNATURE **Mary L. Horensten D.O.** 22b. **Jan. 19, 1981**

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER
22c. **Dr. M. Horensten, D.O. 5200 S. Ellis Chicago, Ill.** 22d. **36-005925**

NOTE IF AN INJURY WAS INVOLVED IN THIS DEATH THE MEDICAL EXAMINER MUST BE NOTIFIED

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
24a. **Burial** 24b. **Cedar Park** 24c. **Chicago,** **Ill** 24d. **Jan 23 1981**

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
25a. **A.R. Leak Funeral Home 7838 So. Cottage Gr Chgo, Ill 60619**

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25b. **A. R. Leak** 25c. **4390**

LOCAL REGISTRAR SIGNATURE CHICAGO DEPT. OF HEALTH RICHARD J. DALEY CENTER, ROOM 111 CONCOURSE LEVEL, CHICAGO 60607 DATE RECD BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
26a. **Hornstein M.D.** 26b. **JAN 21 1981**