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Doc#: 0522302127
Eugene "Gene" Moore Fee: \$30.00
Cook County Recorder of Deeds
Date: 08/11/2005 11:31 AM Pg: 1 of 4

Property of
Affidavit of Heirship
prepared by Tracy Sturm & Associates
and
mail to: 1699 E. Woodfield Street
Schaumburg, IL 60173

P.N.T.N.

44c

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 PROFESSIONAL NATIONAL TITLE NETWORK, INC.

 THREE FIRST NATIONAL PLAZA, SUITE 1600, CHICAGO, IL • 312-696-2700 • 312-621-1001

AFFIDAVIT OF HEIRSHIP

Andrea Lyles, hereinafter referred to as the affiant, states under oath that the affiant resides at 322 Des Plaines Avenue, #202, Forest Park, Illinois; that the affiant was acquainted with **Bobbie Jean Lyles**, the decedent; that at the time of death, the decedent was the owner of the property, by virtue of properly recorded warranty deed, said property address 1825 S. Kildare Avenue, Chicago located in Cook County, Illinois, and legally described as follows:

THE SOUTH 35.50 FEET OF THE NORTH 400 FEET OF THE EAST 57 FEET OF THE FOLLOWING DESCRIBED REAL ESTATE TAKEN AS A SINGLE TRACT: LOT 2, 3, 4, 5, 13, 14, AND 15, IN W. A. JAMES SUBDIVISION OF LOT 4 (EXCEPT THE WEST 243.54 FEET) IN EXECUTOR'S SUBDIVISION OF LOT THREE (3), IN THE PARTITION OF THE SOUTH EAST QUARTER OF SECTION TWENTY-TWO (22), TOWNSHIP THIRTY-NINE (39) NORTH, RANGE THIRTEEN (13), EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

16-22-410-023

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

That the decedent died on March 6, 2004, leaving no last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$ 84,000.00; and

That the value of the above property individually was \$ 84,000.00.

That the affiant makes this affidavit to induce **PROFESSIONAL NATIONAL TITLE NETWORK** to issue its policy of title insurance on the above described property.

The affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold **PROFESSIONAL NATIONAL TITLE NETWORK**, harmless and to reimburse the Fund for all loss, costs, damages, suites, attorney's fees and expenses and every kind and nature which the fund may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

1. Claims against the estate of Bobbie Jean Lyles, the decedent; None
2. Illinois State Inheritance Tax and Federal Tax which may be charges against the estate of said decedent; None
3. Legacies, if any, created by the will of said decedent; None

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4. Rights to contribution.
5. Death of decedent testate or intestate. Was Decedent's estate probated:
No
6. Number of times decedent was married Once.
Name of each spouse and the reason for the dissolution of the marriage.
Charley L Lyles
Irreconcilable Differences
7. Number of children born of each marriage, the name of the child, whether the child is competent and his or her age and marital status. Six
Leonard B Lyles, competent, 42 single
Anthony T Lyles, competent, 40 single
Debbie D Lyles, competent, 37 single
Kimberly L Lyles, competent, 35 single
Jacqueline Lyles, competent, 33 single
Andrea Lyles, competent, 31 single
8. A positive statement that only the children listed were born of each marriage;
These were the only children born to
Bobbie J Lyles and Charley L Lyles.
9. A positive statement that only the children listed were born of the deceased:
These were the only children born to
Bobbie J. Lyles
10. Has any child of the decedent died, if so, the date of death and all information necessary to determine whether there may be per stirpes distribution.
No.
11. Has the decedent adopted any children. No.

Andrea Lyles (Seal)
_____(Seal)

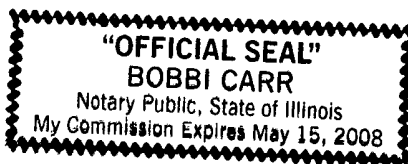
STATE OF Illinois

SS

COUNTY OF Cook

Subscribed and Sworn to before me
this 18th day of July, 2005.

Bobbie Carr
Notary Public



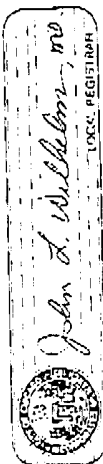
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CITY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

MAR 1 2 2004

I, 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.

STATE FILE NUMBER

603831

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

REGISTRATION DISTRICT NO. 16.10

REGISTERED NUMBER

Form containing fields for DECEASED-NAME (Bobbie Lyles Cook), DATE OF DEATH (Mar. 6, 2004), SEX (Female), DATE OF BIRTH (Mar. 13, 1942), HOSPITAL OR OTHER INSTITUTION (Rush University Medical Center), MARRIAGE STATUS (Widowed), OCCUPATION (Homemaker), RACE (Black), RELATIONSHIP (Son), CAUSE OF DEATH (Acute Abdomen), METASTATIC LUNG CANCER, and SIGNATURES (Dr. Jisu Kim, John L. Wilhelm).