

UNOFFICIAL COPY



Doc#: 0527202131 Fee: \$28.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 09/29/2005 10:31 AM Pg: 1 of 3

1354409 1/3

Property of Cook County Clerk's Office
Affidavit of Herokup

3U
No 86

AGTF, INC.

Mail to:
Kristal Rivers
1507 E. 53rd St #804
Chicago IL 60615

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State of Illinois)
)
County of Cook)

AFFIDAVIT OF HEIRSHIP

Margaret Mitchell, (Affiant) being duly sworn upon oath states:

1. That the Affiant resides at 2000 South Albany, Chicago, Illinois 60623.
2. That the Affiant is Wife of Matthew Mitchell.
3. That the Decedent died on October 19, 1994 in the Illinois, State of Chicago.
4. That the Decedent died owning an interest in the property commonly know as 1930 South Albany, Avenue, Chicago, Illinois and more fully described in commitment no. 1354409.
5. That the Decedent died leaving no Will.
6. That the Decedent was married to the following individuals, and no others:

Name	Status
Margaret Mitchell	Widow
7. That the following children and no others were born to or adopted by the Decedent:
 - 1). Gary LeRoy Mitchell
 - 2). ~~Marie~~ Mitchell (MAURICE) MM
 - 3). Diane Mitchell
8. That to the best information and belief of the Affiant, no children were born to or fathered by the Decedent out of wedlock.
9. That the total value of the estate of the Decedent including the taxable interest in the aforesaid property is \$20,000.00.
10. That no claims have been filed against Decedent and that all expenses of illness and/or funeral expenses have been paid in full.
12. That the Affiant makes this affidavit to induce Attorneys' Title Guaranty Fund, Inc. to issue its policy of title insurance number 050725000170 and with knowledge that Attorneys' Title Guaranty Fund, Inc. will rely on the representations made and contained herein to insure title.

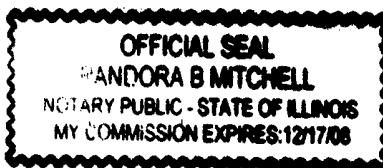
Further Affiant sayeth not.

Margaret Mitchell

Subscribed and sworn to before me, this

22nd day of June 2005

Pandora B. Mitchell



UNOFFICIAL COPY

DEPARTMENT OF HEALTH - CITY OF CHICAGO

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

OCT 21 1994

I, SHERA LYNE, RSW, 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 PURSUANCE OF SAID LAWS AND ORDINANCES.

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

DISTRICT NO. 16.10
STATE FILE NUMBER 6140368

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

DECEASED NAME: MATTHEW (MATTHEW)
REGISTERED NUMBER: COOK

1. DECEASED NAME: MATTHEW (MATTHEW)		MIDDLE: MITCHELL JR.		SEX: MALE		DATE OF DEATH (MONTH, DAY, YEAR): OCTOBER 19, 1994	
2. COUNTY OF DEATH: COOK		3. UNDERLYING CAUSE (ICD-10):		4. DATE OF BIRTH (MONTH, DAY, YEAR): MARCH 12, 1927		5. PLACE OF BIRTH (CITY, STATE): CHICAGO, ILLINOIS	
6. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: CHICAGO		7. HOSPITAL (OTHER INSTITUTION, NAME OF TRINITY CENTER, ONE STREET ADDRESS): WESTSIDE MEDICAL CENTER		8. NAME OF SURVIVING SPOUSE (MARRIAGE NAME, IF WIFE): MARGARET MOORE		9. MARITAL STATUS: MARRIED	
10. SOCIAL SECURITY NUMBER: 355 18 9712		11. OCCUPATION: MACHINE OPERATOR		12. EDUCATION (SCHOOL, COLLEGE, UNIVERSITY, DEGREE):		13. ILLINOIS DRIVER'S LICENSE NUMBER (IF ANY):	
14. RESIDENCE (STREET AND NUMBER): 2000 S. Albany		15. CITY, TOWN, TWP. OR ROAD DISTRICT NO.: CHICAGO		16. INSIDE CITY (PREVIOUS ZIP CODE): 60623		17. COUNTY: COOK	
18. RACE: BLACK		19. ETHNICITY: AMERICAN		20. OF HISPANIC ORIGIN? (SPECIFY NO. OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.):		21. MARRIED (LAST NAME): MITCHELL	
22. FATHER'S NAME: MATTHEW MITCHELL		23. MOTHER'S NAME: CORA MOORE		24. RELATIONSHIP TO DECEASED: HUSBAND		25. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): P. O. BOX 8195 CHGO, IL 60680	
26. IMMEDIATE CAUSE (final disease or condition resulting in death): ACUTE COR PULMONALE		27. UNDERLYING CAUSE (all conditions which give rise to immediate cause): PULMONARY THROMBOEMBOLUS, LEFT		28. CAUSE OF DEATH (underlying cause): PULMONARY THROMBOEMBOLUS, LEFT		29. MANNER OF DEATH: NATURAL	
30. DATE OF OPERATION: 10/19/94		31. MAJOR FINDINGS OF OPERATION: ADENOCARCINOMA, RIGHT LUNG		32. SIGNATURE OF PHYSICIAN: Sheila Conception Dy		33. DATE SIGNED: OCTOBER 19, 1994	
34. ILLINOIS LICENSE NUMBER: 60612		35. CITY OR TOWN: CHICAGO, IL		36. STATE: ILLINOIS		37. DATE OF BIRTH: MARCH 12, 1927	
38. CEMETERY OR CREMATORY NAME: BUNYAL		39. LOCATION: FULLSIDE, ILLINOIS		40. CITY OR TOWN: CHICAGO		41. STATE: ILLINOIS	
42. FUNERAL HOME: JOHNSON'S FUNERAL HOME		43. ADDRESS: 409 N. NORTH AVE., CHICAGO, ILLINOIS, 60610		44. CITY OR TOWN: CHICAGO		45. STATE: ILLINOIS	
46. LOCAL REGISTRAR'S SIGNATURE: Shera Lyne		47. TITLE: REGISTRAR		48. DATE: OCT 21 1994		49. SIGNATURE SEAL: [Signature]	

ISSUED ON 10/19/94 (STANDARD CERTIFICATE)