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Doc#: 0527805047 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 10/05/2005 10:24 AM Pg: 1 of 9

Property of Cook County Clerk's Office

AFFIDAVIT OF HEIRSHIP

gcb

20-36-320-039

8546 S. Constance

Chicago, IL 60617

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446560 1/4

AFFIDAVIT OF HEIRSHIP

Re: Grant Langford, Deceased

First Suburban Title Insurance Company

Order Number: TM188421 / 446560

Before me personally appeared Kevin Langford, who, duly sworn and upon oath, deposes and states as follows:

1. My name is Kevin Langford. I have personal knowledge of the facts contained herein.

2. I am the son of Grant Langford, deceased who, at the time of his death, was the owner of the land in Cook County, Illinois, described as:

SEE ATTACHED SHEET

3. Grant Langford died on December 5, 2004, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

4. My sister, Telia Langford and I are the only children of Grant Langford. Grant Langford did not have or adopt any other children. At the time of his death, Grant Langford was married to Tena Langford.

5. Grant Langford died without leaving a Last Will and Testament.

6. The total value of the decedent's estate, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of her death, has not been valued for Federal Estate Tax purposes, but the value of the estate is less than \$600,000.00

7. All expenses of the last illness and burial of the decedent, including doctor, hospital and undertaker's bills have been paid in full.

8. Decedent's estate is not liable to or subject to a claim on the part of anyone for personal or nursing services rendered or room and board furnished to the decedent.

9. All debts of the decedent, including partnership obligations, if any, and claims against the estate have been fully paid.

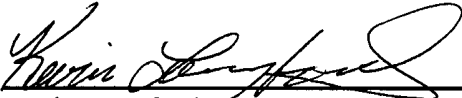
10. The decedent's estate is not liable on any lease, contract, mortgage, judgment, deficiency decree or other obligations.

11. Based on the above information, Tena Langford, Kevin Langford and Telia Langford are the only heirs of said decedent.

STEWART TITLE OF ILLINOIS
2 N. LaSalle Street
Suite 625
Chicago, IL 60602
312-649-4243

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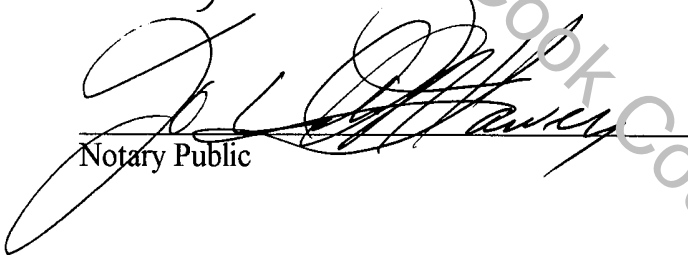
AFFIANT STATES THAT THE FOREGOING AFFIDAVIT IS TRUE AND MAKES THIS AFFIDAVIT FOR THE PURPOSE OF INDUCING FIRST SUBURBAN TITLE INSURANCE COMPANY TO ISSUE ITS COMMITMENT AND ITS TITLE INSURANCE POLICY ON THE ABOVE-REFERENCED ORDER NUMBER FREE AND CLEAR OF CLAIMS, ADMINISTRATION EXPENSES, TAXES, AND OTHER EXCEPTIONS, IF ANY, RELATING TO THE ESTATE OF SAID DECEDENT.



Kevin Langford

State of Illinois)
County of Cook)

Subscribed and sworn to before me by the said Kevin Langford this 24th day of August 2005



Notary Public



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AFFIDAVIT OF HEIRSHIP

Re: Grant Langford, Deceased

First Suburban Title Insurance Company

Order Number: TM188421 / 446560

Before me personally appeared Telia Langford, who, duly sworn and upon oath, deposes and states as follows:

1. My name is Telia Langford. I have personal knowledge of the facts contained herein.

2. I am the daughter of Grant Langford, deceased who, at the time of his death, was the owner of the land in Cook County, Illinois, described as:

SEE ATTACHED SHEET

3. Grant Langford died on December 5, 2004, as evidenced by a certified copy of the death certificate of the decedent attached hereto.

4. My brother, Kevin Langford and I are the only children of Grant Langford. Grant Langford did not have or adopt any other children. At the time of his death, Grant Langford was married to Tena Langford.

5. Grant Langford died without leaving a Last Will and Testament.

6. The total value of the decedent's estate, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of her death, has not been valued for Federal Estate Tax purposes, but the value of the estate is less than \$600,000.00

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8. Decedent's estate is not liable to or subject to a claim on the part of anyone for personal or nursing services rendered or room and board furnished to the decedent.

9. All debts of the decedent, including partnership obligations, if any, and claims against the estate have been fully paid.

10. The decedent's estate is not liable on any lease, contract, mortgage, judgment, deficiency decree or other obligations.

11. Based on the above information, Tena Langford, Kevin Langford and Telia Langford are the only heirs of said decedent.

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AFFIANT STATES THAT THE FOREGOING AFFIDAVIT IS TRUE AND MAKES THIS AFFIDAVIT FOR THE PURPOSE OF INDUCING FIRST SUBURBAN TITLE INSURANCE COMPANY TO ISSUE ITS COMMITMENT AND ITS TITLE INSURANCE POLICY ON THE ABOVE-REFERENCED ORDER NUMBER FREE AND CLEAR OF CLAIMS, ADMINISTRATION EXPENSES, TAXES, AND OTHER EXCEPTIONS, IF ANY, RELATING TO THE ESTATE OF SAID DECEDENT.

Telia Langford

Telia Langford

State of Illinois)
County of Cook)

Subscribed and sworn to before me by the said Telia Langford this 24th day of August 2005

[Signature]

Notary Public



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AFFIDAVIT OF HEIRSHIP

Re: Grant Langford, Deceased

First Suburban Title Insurance Company

Order Number: TM188421 / 446560

Before me personally appeared Tena Langford, who, duly sworn and upon oath, deposes and states as follows:

1. My name is Tena Langford. I have personal knowledge of the facts contained herein.

2. I am the wife of Grant Langford, deceased who, at the time of his death, was the owner of the land in Cook County, Illinois, described as:

SEE ATTACHED SHEET

3. Grant Langford died on December 5, 2004, as evidenced by a certified copy of the death certificate of the decedent attached hereto.

4. Our children, Kevin Langford and Telia Langford are the only children of Grant Langford. Grant Langford did not have or adopt any other children.

5. Grant Langford died without leaving a Last Will and Testament.

6. The total value of the decedent's estate, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of her death, has not been valued for Federal Estate Tax purposes, but the value of the estate is less than \$600,000.00

7. All expenses of the last illness and burial of the decedent, including doctor, hospital and undertaker's bills have been paid in full.

8. Decedent's estate is not liable to or subject to a claim on the part of anyone for personal or nursing services rendered or room and board furnished to the decedent.

9. All debts of the decedent, including partnership obligations, if any, and claims against the estate have been fully paid.

10. The decedent's estate is not liable on any lease, contract, mortgage, judgment, deficiency decree or other obligations.

11. Based on the above information, Tena Langford, Kevin Langford and Telia Langford are the only heirs of said decedent.

AFFIANT STATES THAT THE FOREGOING AFFIDAVIT IS TRUE AND MAKES THIS

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AFFIDAVIT FOR THE PURPOSE OF INDUCING FIRST SUBURBAN TITLE INSURANCE COMPANY TO ISSUE ITS COMMITMENT AND ITS TITLE INSURANCE POLICY ON THE ABOVE-REFERENCED ORDER NUMBER FREE AND CLEAR OF CLAIMS, ADMINISTRATION EXPENSES, TAXES, AND OTHER EXCEPTIONS, IF ANY, RELATING TO THE ESTATE OF SAID DECEDENT.

Tena Langford
Tena Langford

State of Illinois)
County of Cook)

Subscribed and sworn to before me by the said Tena Langford this 24th day of August, 2005

[Signature]
Notary Public



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STATE OF ILLINOIS
County of Cook

UNOFFICIAL COPY

DECEMBER 8, 2004

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 WHEREOF, 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.

David Orr
COUNTY CLERK

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. 16.0		STATE OF ILLINOIS		STATE FILE NUMBER	
		REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH			
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	1. DECEASED-NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)		
	Grant Langford		2. Male		3. December 5, 2004		
	4. COUNTY OF DEATH		AGE-LAST BIRTHDAY (YR) MO. DAY		DATE OF BIRTH (MONTH, DAY, YEAR)		
	Cook		5a. 66		5b. 5c. 5d. September 4, 1938		
	6a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		IF HOSP OR INST, INDICATE D.O.A. OPENER, FM, INFANT (SPECIFY)		
	Oak Lawn		Advocate Christ Medical Center		6c. Inpatient		
	7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
	Chicago Illinois		8a. Married		8b. Tena Teasley		9. NO
	10. SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
	10. 328-32-4354		Security Guard		Security		12. Elementary/Secondary (0-12) College (1-4 or 5+) 2.5
13a. RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY	
8546 S. CONSTANCE		13b. CHICAGO		13c. YES		13d. COOK	
13. STATE		ZIP CODE		14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)	
13. ILLINOIS		13. 60617		14a. BLACK		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
PARENTS		15. FATHER-NAME FIRST MIDDLE LAST		16. MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST			
		GRANT LANGFORD SR.		ARTELIA RAYFORD			
17a. INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
TENA LANGFORD		WIFE		8546 S. CONSTANCE CHICAGO IL 60617			
18. PART I.		Enter the disease, 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.					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Immediate Cause (Final disease or condition resulting in death)		(a) Metastatic Renal Cell Cancer					
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) Sepsis					
		(c) Renal failure, Liver failure					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.							
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION					AUTOPSY (YES/NO) 19a. NO
							19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)
21. (I DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)					21c. HOUR OF DEATH
21a. 12-5-04		21b. NO					21c. 3:42 P M.
22a. SIGNATURE		22b. DATE SIGNED (MONTH, DAY, YEAR)					ILLINOIS LICENSE NUMBER
Farhan Shams		12-6-04					22d. 036-098448
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)					NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
Farhan Shams, M.D.		2555 S. Martin Luther King Dr. Chicago, IL 60616					
23. BURIAL CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY-NAME		LOCATION CITY OR TOWN STATE		DATE (MONTH, DAY, YEAR)	
24. BURIAL		24b. LINCOLN		24c. WORTH ILLINOIS		24d. 12-9-04	
25a. GRIFFIN FUNERAL HOME, LTD. 3232 KING DRIVE CHICAGO ILLINOIS 60616		FUNERAL HOME NAME		STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE		ZIP	
25b. FUNERAL DIRECTOR'S SIGNATURE		25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		25d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			
<i>David Orr</i>		34-10595		DEC 08 2004			
26a. LOCAL REGISTRAR'S SIGNATURE		26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)					
<i>David Orr</i>							

cc 10

DISPOSITION

File Number: TM188421

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LEGAL DESCRIPTION

LOT 19 AND THE NORTH HALF OF LOT 20 IN SUB BLOCK 1 IN THE SUBDIVISION OF BLOCKS 13 AND 14 IN CONSTANCE, A SUBDIVISION OF THE EAST HALF OF THE SOUTHWEST QUARTER OF SECTION 36, TOWNSHIP 38 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Commonly known as: 8546 South Constance
Chicago IL

Property of Cook County Clerk's Office