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0529727172

Doc#: 0529727172 Fee: \$32.50
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 10/24/2005 04:17 PM Pg: 1 of 5

Affidavit of Heirship

After Recording Mail to:

Eric Feldman + Assoc.

1455 N. Paulina St.

Chicago IL. 60622

UNOFFICIAL COPY

Affidavit of Heirship

I, Richard L. Johnson ("Affiant"), am over the age of 21, being duly sworn upon oath, deposes and states:

1. That the Affiant resides at: 14513 S. Lowe Ave., Riverdale, IL 60827
2. That the Affiant is the Son of Earle and Sallie Johnson.
3. That Earle Johnson died on 10/24/1995 and Sallie Johnson died on 10/23/1999 both in the County of Cook in the State of Illinois.
4. That the Decedents died owning an interest in the property legally described as follows: Attached Hereto - commonly known as 5809 S. Sangamon, Chicago, Illinois 60621.
5. That the Decedents died leaving no will.
6. That the Decedents were married to each other, and no others.
7. That the following children were born to, or adopted by the Decedents and no others (all of majority age):

Richard L. Johnson
 Frank M. Johnson
 Thomas C. Johnson
 Sharon A. Farmer

8. That to the best information and belief of the Affiant, no children were born to or fathered by the Decedents out of wedlock, or adopted, except as follows: NONE.

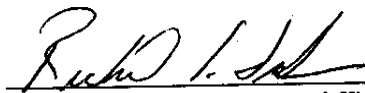
9. The names of the parents of Sallie Johnson were: Freddie and Josie Morrison.

The names of the parents of Earle Johnson were: Mary and Frank Johnson.

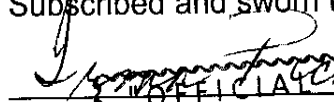
10. That the total value of the estate of the Decedents including all real and personal property does not exceed the sum of \$100,000.

11. The foregoing is based upon my own personal knowledge and belief, is true, and if called upon to testify as a witness, I would competently and consistently testify thereto.

Further Affiant sayeth not.


 Richard L. Johnson - Affiant

Subscribed and sworn to before me this 14th day of October, 2005.


 Notary Public **IRMA PICKENS**
 NOTARY PUBLIC, STATE OF ILLINOIS
 MY COMMISSION EXPIRES 5/26/2008

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NO MORE PART ALLIANT
Lot Thirty-nine (39) in Block Six (6) in John Walker's
Subdivision of the South East quarter of the North East
quarter (except railroad) of Section Seventeen (17), Town-
ship Thirty-Eight (38) North, Range Fourteen (14), East
of the Third Principal Meridian:

Property Address: 5809 S. SAWGAMON ST CHICAGO, IL 60624

Tax ID# 20-17-224-003-0000

88226833

Property of Cook County Clerk's Office

UNOFFICIAL COPY

TH NO. STATE OF ILLINOIS STATE FILE NUMBER 1610 688320

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 1610 REGISTERED NUMBER 688320 DECEASED-NAME Earle Johnson FIRST MIDDLE LAST SEX Male DATE OF DEATH October 24, 1995 COUNTY OF DEATH Cook CITY, TOWN, TWP, OR RANGE OR DISTRICT NUMBER Chicago HOSPITAL OR OTHER INSTITUTION NAME OF NOT HOSPITAL GIVE STREET AND NUMBER 5809 South Sangamon NAME OF SURVIVING SPOUSE (MADE NAME IF WIFE) Sallie Morrison MARRIED, NEVER MARRIED, WIDOWED, DIVORCED OR SEPARATED Married

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO OCT 30 1995 I, SHERA LYNE, HSW, 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 MULTICOLORED SIGNATURE SEAL IS AFFIXED. 09/13/2008 18:52 FAX 170884897371 DISTRICT OF CHICAGO RICK GINA JOHNSON

UNOFFICIAL COPY

REGISTRATION NUMBER
DISTRICT NO. **6.10**

STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER
617917

REGISTERED NUMBER: **Sallie** FIRST MIDDLE LAST: **Elliece Johnson** SEX: **Female** DATE OF BIRTH: **October 23, 1923** MONTH, DAY, YEAR

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: **Chicago** HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN OTHER, GIVE STREET AND NUMBER): **5809 S. Sangamon** HOME OR PLACE OF DEATH (IF DIFFERENT FROM PLACE OF BIRTH): **Hospice**

1. COUNTY OF DEATH: **COOK** 2. AGE - LAST BIRTHDAY (MNS): **75** 3. UNDER 1 YEAR: **0** 4. 1-5 YEARS: **0** 5. 5-9 YEARS: **0** 6. 10-14 YEARS: **0** 7. 15-19 YEARS: **0** 8. 20-24 YEARS: **0** 9. 25-29 YEARS: **0** 10. 30-34 YEARS: **0** 11. 35-39 YEARS: **0** 12. 40-44 YEARS: **0** 13. 45-49 YEARS: **0** 14. 50-54 YEARS: **0** 15. 55-59 YEARS: **0** 16. 60-64 YEARS: **0** 17. 65-69 YEARS: **0** 18. 70-74 YEARS: **0** 19. 75-79 YEARS: **0** 20. 80-84 YEARS: **0** 21. 85-89 YEARS: **0** 22. 90-94 YEARS: **0** 23. 95-99 YEARS: **0** 24. 100 YEARS AND OVER: **0**

6a. Chicago 6b. 5809 S. Sangamon 6c. Hospice
7. (HOSPITAL NUMBER) **Ark.** 7a. Married, never married, widowed, divorced, separated, remarried, or other: **Widowed** 7b. None
8. (SOCIAL SECURITY NUMBER) **338-30-7269** 8a. Homemaker 8b. Domestic
9. 338-30-7269 9a. Homemaker 9b. Domestic
10. 5809 S. Sangamon 10a. Chicago 10b. Cook
11. 60621 11a. Black American 11b. Yes
12. Illinois 12a. Cook 12b. Cook

13a. Freddie 13b. Josephine Maxwell
13c. Richard Louis Johnson 13d. Son 13e. 14513 S. Lowe Riverdale, IL 60827
14. 60621 14a. Black 14b. Yes 14c. Middle 14d. Middle 14e. Middle

15. Richard Louis Johnson 15a. Son 15b. 14513 S. Lowe Riverdale, IL 60827
16. 60621 16a. Black 16b. Yes 16c. Middle 16d. Middle 16e. Middle

17. Immediate Cause (Final diagnosis or condition existing at death) **CARDIO RES ARRHYTHMIA**
18. (a) DUE TO, OR AS A CONSEQUENCE OF **CARDIO RES ARRHYTHMIA**
(b) **7:24 AM**
(c) **7:24 AM**

19. DATE OF OPERATION: **October 19, 1999** 19a. YES 19b. NO
20. HOURS OF DEATH: **7:30A** 20a. YES 20b. NO

21. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIED) **DR. DANIEL W. R. I.**
22. SIGNATURE: **[Signature]**
23. NAME AND ADDRESS OF CERTIFIER **DR. DANIEL W. R. I.**

24. NAME AND ADDRESS OF FUNERAL HOME **Catling's Chapel, Inc. 10133 S. Halsted St. Chicago, IL 60628**

25. NAME AND ADDRESS OF LOCAL HEALTH DEPARTMENT **Chicago, IL 60628**

26. DATE OF BIRTH: **October 23, 1923**

27. DATE OF DEATH: **October 29, 1999**

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

OCT 29 1999

I, SHEILA LYNE, RSM, 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 OBEYANCE OF SAID LAW AND ORDINANCES.

[Signature]
SHEILA LYNE, RSM, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO

THIS CERTIFICATE COPY VALID WHEN MULTICOLORED SIGNATURE SEAL IS AFFIXED.

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

RICK GINA JOHNSON

09/13/2005 18:52 FAX 17088497371