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0529727173

Doc#: 0529727173 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

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Affidavit of Heirship

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

1. That the Affiant resides at: 14833 S. Campbell, Harvey, IL 60426.
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.

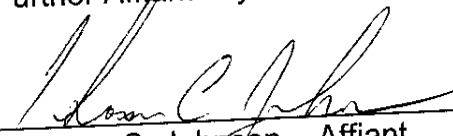
9. The names of the parents of Sallie Johnson were: Freddie and Josie Morrison.

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

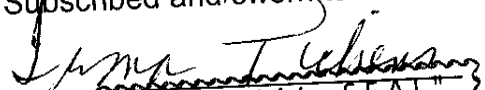
10. That the total value of the estate of the Decedents including all real and personal property does not exceed the sum of \$100,000.

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.


 Thomas C. 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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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. SANGAMON ST CHICAGO, IL 60624

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

48226833

Property of Cook County Clerk's Office

UNOFFICIAL COPY

TH NO.

REGISTRATION DISTRICT NO. 1610

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

622320

REGISTRATION DISTRICT NO. 1610

REGISTERED NUMBER 1610

DECEASED NAME Earle Johnson

SEX Male DATE OF BIRTH October 24, 1995

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER Cook

AGE - LAST BIRTHDAY (YRS) 82

DATE OF DEATH October 24, 1995

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER Chicago

RESIDENCE (STREET AND NUMBER) 5809 So. Sangamon

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER Chicago

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CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER Chicago

STATE OF ILLINOIS

CITY OF COOK

CITY OF CHICAGO

061301995

I, SHEILA 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 MULTICOLOR SIGNATURE SEAL IS AFFIXED.

09/13/2008 10:52 FAX 1708497371 RICK GINAJOHNSON DEPARTMENT OF HEALTH - CITY OF CHICAGO

UNOFFICIAL COPY

REGISTRATION DISTRICT NO. 6.10

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 617917

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH MONTH DAY YEAR

REGISTERED NUMBER Sallie Elicece Johnson Female 9 October 8, 1923

1. COUNTY OF DEATH Cook 2. HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN OTHER GIVE STREET AND NUMBER) 3. HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN OTHER GIVE STREET AND NUMBER) 4. CITY, TOWN, TWP. OR ROAD DISTRICT, TRACT

5. AGE-LAST BIRTHDAY (Y/M/D) 6. UNDER 1 YEAR 7. UNDER 1 DAY 8. UNDER 1 HOUR 9. UNDER 1 MIN 10. DATE OF BIRTH (MONTH, DAY, YEAR) 11. HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN OTHER GIVE STREET AND NUMBER) 12. EDUCATION (SPECIALTY, YEAR, GRADE, COLLEGE) 13. INSIDE CITY (YES/NO) 14. COUNTY (Cook)

15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIALTY) 16. NONE 17. KIND OF BUSINESS OR INDUSTRY 18. INSIDE CITY (YES/NO) 19. COUNTY (Cook)

19. RESIDENCE (STREET AND NUMBER) 20. CITY, TOWN, TWP. OR ROAD DISTRICT NO. 21. OF HISPANIC ORIGIN? (SPECIFY MEXICAN, GUATEMALAN, ECUATORIAN, CUBAN, MEXICAN, PUERTO RICAN, ETC.) 22. YES/NO

23. STATE 24. ZIP CODE 25. RACE (WHITE, BLACK, AMERICAN INDIAN OR ALASKA NATIVE) 26. MOTHER-NAME FIRST MIDDLE LAST 27. FATHER-NAME FIRST MIDDLE LAST 28. RELATIONSHIP 29. MARITAL ADDRESS (STREET AND NO. OR R.F. NO. CITY/TOWN/STATE/ZIP)

30. INFORMANT-NAME (TYPE OF INFORMANT) 31. RICHARD LOUIS JOHNSON 32. SON 33. 17614513 S. LOWE RIVERDALE, IL 60827

34. IMMEDIATE CAUSE (FATAL DISEASE OR CONDITION RESULTING IN DEATH) 35. CAUSE OF DEATH (FATAL DISEASE OR CONDITION RESULTING IN DEATH) 36. CAUSE OF DEATH (FATAL DISEASE OR CONDITION RESULTING IN DEATH)

37. CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (IF STATING THE UNDERLYING CAUSE LAST) 38. DATE OF OPERATION, IF ANY 39. MAJOR FINDINGS OF OPERATION

40. SIGNATURE OF DEATH CERTIFIER 41. NAME AND ADDRESS OF PHYSICIAN (IF OTHER THAN CERTIFIER) 42. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER)

43. BIRTH, CREATION, REMOVAL, OR ALTERATION OF BURIAL HOME 44. CEMETERY OR CREMATORIAL HOME 45. LOCATION CITY/TOWN STATE

46. FUNERAL DIRECTOR'S SIGNATURE 47. LOCAL HEALTH OFFICIAL'S SIGNATURE 48. DATE OF LOCAL REGISTRATION (MONTH, DAY, YEAR)

OCT 29 1999

SHEILA LYNE, RSM, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS FOR THE CITY OF CHICAGO AND DEATHS FOR THE CITY OF THE STATE 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.

Sheila Lyne RSM

DEPARTMENT OF PUBLIC HEALTH CITY OF CHICAGO

RICK GINA JOHNSON

09/13/2005 13:52 FAX 17086497371

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.