

# UNOFFICIAL COPY



Doc#: 0529727175 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

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After Recording Mail to:

Eric Feldman + Assoc.

1455 N. Paulina St.

Chicago IL. 60622

# UNOFFICIAL COPY

## Affidavit of Heirship

I, Sharon A. Farmer ("Affiant"), am over the age of 21, being duly sworn upon oath, deposes and states:

1. That the Affiant resides at: 16128 S. Drexel, South Holland, IL 60473.
2. That the Affiant is the Daughter of 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.

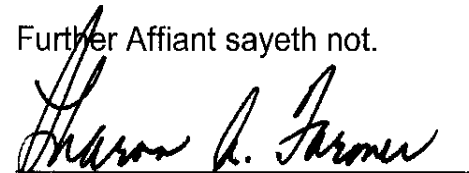
9. The names of the parents of Sallie Johnson were: Freddie and Josie Morrison.

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

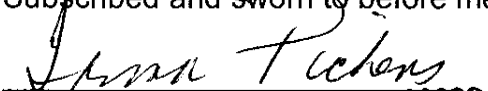
10. That the total value of the estate of the Decedents including all real and personal property does not exceed the sum of \$100,000.


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.

  
 Sharon A. Farmer - Affiant

Subscribed and sworn to before me this 14<sup>th</sup> day of October, 2005.

  
 Notary Public



# UNOFFICIAL COPY

20 10 25 1987 11 11 87

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

88226833

Property of Cook County Clerk's Office

UNOFFICIAL COPY

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 1610 REGISTERED NUMBER 1689320 STATE OF ILLINOIS STATE FILE NUMBER 1689320

DECEASED NAME Earle Johnson FIRST MIDDLE LAST SEX Male DATE OF BIRTH 10 October 24, 1995 DATE OF DEATH 10 October 24, 1995

COUNTY OF DEATH Cook CITY/TOWN/TWP/CHICAGO DISTRICT NUMBER Chicago

BIRTH PLACE Hope, Ark. SOCIAL SECURITY NUMBER 429-09-8764

MARRIED EVER? No. USUAL OCCUPATION: Returner. NAME OF BUSINESS OR INDUSTRY: Braw-Knox. EDUCATION: High School Graduate.

RESIDENCE: 5809 So. Sangamon. CITY/TOWN/CHICAGO DISTRICT NO: Chicago. OF HISPANIC ORIGIN? No. SPECIES: Dog.

FATHER NAME: Willie Frank Johnson. MOTHER NAME: Mary ITYUS.

RELATIONSHIP: White. MAILING ADDRESS: 1809 So. Sangamon Chicago, IL 60621.

CONDITIONS: (a) Due to, or as a consequence of, (b) Due to, or as a consequence of, (c) Other significant conditions contributing to death but not resulting in the underlying cause.

DATE OF OPERATION: 10-19-95. MAJOR FINDINGS OF OPERATION: (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (aa) (ab) (ac) (ad) (ae) (af) (ag) (ah) (ai) (aj) (ak) (al) (am) (an) (ao) (ap) (aq) (ar) (as) (at) (au) (av) (aw) (ax) (ay) (az) (ba) (bb) (bc) (bd) (be) (bf) (bg) (bh) (bi) (bj) (bk) (bl) (bm) (bn) (bo) (bp) (bq) (br) (bs) (bt) (bu) (bv) (bw) (bx) (by) (bz) (ca) (cb) (cc) (cd) (ce) (cf) (cg) (ch) (ci) (cj) (ck) (cl) (cm) (cn) (co) (cp) (cq) (cr) (cs) (ct) (cu) (cv) (cw) (cx) (cy) (cz) (da) (db) (dc) (dd) (de) (df) (dg) (dh) (di) (dj) (dk) (dl) (dm) (dn) (do) (dp) (dq) (dr) (ds) (dt) (du) (dv) (dw) (dx) (dy) (dz) (ea) (eb) (ec) (ed) (ee) (ef) (eg) (eh) (ei) (ej) (ek) (el) (em) (en) (eo) (ep) (eq) (er) (es) (et) (eu) (ev) (ew) (ex) (ey) (ez) (fa) (fb) (fc) (fd) (fe) (ff) (fg) (fh) (fi) (fj) (fk) (fl) (fm) (fn) (fo) (fp) (fq) (fr) (fs) (ft) (fu) (fv) (fw) (fx) (fy) (fz) (ga) (gb) (gc) (gd) (ge) (gf) (gg) (gh) (gi) (gj) (gk) (gl) (gm) (gn) (go) (gp) (gq) 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THIS CERTIFIED COPY VALID WHEN MULTICOLORED SIGNATURE SEAL IS AFFIXED.

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO OCT 30 1995 SHEILA LYNE, RSW, 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 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.

# UNOFFICIAL COPY

REGISTRATION DISTRICT NO. **610**

## MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER **617917**

DECEASED-NAME: **Sallie Elliece Johnson** SEX: **Female** DATE OF DEATH: **October 23, 1999**

COUNTY OF DEATH: **Cook** CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **Chicago**

AGE-LAST BIRTHDAY (YRS): **75** MONTH: **10** DAY: **23** DATE OF BIRTH (MONTH, DAY, YEAR): **November 8, 1923**

HOSPITAL OR OTHER INSTITUTION NAME (IF NOT BIRTHDAY STATE STREET AND NUMBER): **Hosdige**

1. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **Widowed**

2. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): **None**

3. NAME OF BUSINESS OR INDUSTRY: **Domestic**

4. EDUCATION (GREATEST YEAR FINISHED): **12**

5. INSIDE CITY (YES/NO): **Yes**

6. COUNTY: **Cook**

7. HOME/ART: **Hope, Ark.**

8. USUAL OCCUPATION: **Homemaker**

9. RESIDENCE (STREET AND NUMBER): **5809 S. Sangamon**

10. CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **Chicago**

11. ZIP CODE: **60621**

12. RACE (WHITE, BLACK, AMERICAN INDIAN, AND ISPANOIC): **Black**

13. OF HISPANIC ORIGIN? (SPECIFY IN SPANISH): **No**

14. SPECIFY: **13a. Cook**

15. FATHER-NAME: **Freddie Morrison**

16. MOTHER-NAME: **Josephine Maxwell**

17. RELATIONSHIP: **Son**

18. MAILING ADDRESS (STREET AND NUMBER, CITY, TOWN, STATE, ZIP): **14513 S. Lowe Riverdale, IL 60827**

19. PART I: **Richard Louis Johnson**

20. IMMEDIATE CAUSE (FATAL DISEASE OR CONDITION RESULTING IN DEATH): **CARDIO RESPIRATORY FAILURE**

21. DATE TO OR AS A CONSEQUENCE OF: **2-24-1999**

22. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (BY STATING THE UNDERLYING CAUSE LAST): **(a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)**

23. DATE OF OPERATION, IF ANY: **None**

24. MAJOR FINDINGS OF OPERATION: **None**

25. (FOLD AND DO NOT ATTEND THE DECEASED AND LAST SAW HIM/LIVE ON): **October 19, 1999**

26. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED: **Yes**

27. SIGNATURE: **V. R. DeChillo** (TYPE OR PRINT) (TYPE OR PRINT) **3105 Maple, Brook Park, OH 44142**

28. NAME AND ADDRESS OF OTHER THAN CENTRAL (TYPE OR PRINT) (TYPE OR PRINT) **M. D. C. W. P. 1.**

29. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CENTRAL) (TYPE OR PRINT) (TYPE OR PRINT) **M. D. C. W. P. 1.**

30. FUNERAL HOME: **Gatling's Chapel, Inc. 10133 S. Halsted St. Chicago, IL 60628**

31. CEMETERY OR CREMATIONARY-NAME: **St. Hope Cem.**

32. LOCATION: **Chicago, IL**

33. CITY OR TOWN: **Chicago, IL**

34. STATE: **IL**

35. DATE (MONTH, DAY, YEAR): **29, 1999**

36. FUNERAL DIRECTOR'S SIGNATURE: **Sheila L. Rasmussen**

37. LOCAL HEALTH DEPARTMENT'S SIGNATURE: **Rick G. Johnson**

38. DATE (MONTH, DAY, YEAR): **OCT 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 FOR THE CITY OF CHICAGO 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 OBTAINANCE OF SAID LAW AND ORDINANCES.

*Sheila Lyne Rasmussen*  
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

CITY OF CHICAGO  
DEPARTMENT OF PUBLIC HEALTH