

UNOFFICIAL COPY



Doc#: 0605240189 Fee: \$32.00
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 02/21/2006 03:06 PM Pg: 1 of 5

13753774

Property of Cook County Clerk's Office

Affidavit
Of
Heirship

Prepared by
&

Return to:
Zogas & Vasic LTD.
10020 S. Western Ave
Chicago, IL
60643

Se

TGF, INC.

ATGF, INC.

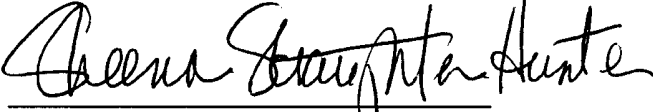
UNOFFICIAL COPY

STATE OF ILLINOIS)
) SS
 COUNTY OF COOK)

AFFIDAVIT OF HEIRSHIP

Sheena Straughter-Hunter, being first duly sworn, under oath, deposes and states as follows:

1. That I reside at 4605 Lake Part Avenue, Chicago, IL 60653.
2. That I am the natural daughter of Clodies Straughter who was widowed at the time of her death.
3. That my father, **Willie Straughter** and my mother, **Clodies Straughter**, were married to each other and had one child born to or adopted by them, namely: **Sheena Straughter-Hunter**. That no other children were born to **Willie Straughter and Clodies Straughte** and no children were adopted by said parties.
4. That my mother, **Clodies Straughter** had four more children born or adopted to her, namely: **Cynthia Straughter, Brenda Wilson, Sebastian Straughter, Judy Weathersby**.
5. That my mother aquired 9131 S. Wallace, Chicago, IL after my father's death.
6. That my father died intestate on Nov-2, 1965, leaving as his only heirs at law my mother, Clodia Shaugher, and his/her 1 children, namely Sheena Straughter-Hunter leaving no Last Will and Testament.
7. That my mother never married and no other children were born to or adopted by her.
8. That my mother, **Clodies Straughter**, died intestate on Nov 9, 2005, leaving as her only heirs at her five children, namely **Sheena Straughter-Hunter, Cynthia Straughter, Brenda Wilson, Sebastian Straughter, Judy Weathersby**.
9. That at the time of her death, **Clodies Straughter** was the owner of the property located at 9131 S. Wallace, Chicago, Illinois.
10. That all five children are over 18 and competent.
11. That any and all debts, including public and old age assistance advancements, funeral, doctor and hospital bills have been paid in full for **Clodies Straughter**.


SHEENA STRAUGHTER-HUNTER

STATE FILE NUMBER

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16:33
 REGISTERED NUMBER 597

DECEASED-NAME FIRST MIDDLE LAST
 CLODIES STRAUGHTER SEX 2. FEMALE DATE OF DEATH (MONTH, DAY, YEAR) 3. NOVEMBER 9, 2005

1. COUNTY OF DEATH UNDER 1 YEAR UNDER 1 DAY UNDER 1 HOUR UNDER 1 MIN
 5a. 67 5b. 5c. 5d. FEBRUARY 23, 1938 DATE OF BIRTH (MONTH, DAY, YEAR)

4. COOK HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 5d. FEBRUARY 23, 1938
 6a. EVERGREEN PARK 6b. LITTLE COMPANY OF MARY HOSPITAL
 BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
 7. CHICAGO, IL. 8a. WIDOWED NAME OF SURVIVING SPOUSE (MARRIAGE, IF WIFE) 9. NO
 SOCIAL SECURITY NUMBER 8b. NONE WAS DECEASED EVER IN US ARMED FORCES? (YES/NO) 6c. INPATIENT

10. 358-28-5653 11a. MAIL HANDLER 11b. POSTAL SERVICE 12. IOTH EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
 RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY
 13a. 9131 SOUTH WALLACE 13b. CHICAGO 13c. YES 13d. COOK

13e. ILLINOIS 13f. 60620 14a. BLACK RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)
 14b. NO 14c. YES 14d. NO 14e. YES 14f. NO 14g. YES 14h. NO 14i. YES 14j. NO 14k. YES 14l. NO 14m. YES 14n. NO 14o. YES 14p. NO 14q. YES 14r. NO 14s. YES 14t. NO 14u. YES 14v. NO 14w. YES 14x. NO 14y. YES 14z. NO

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE LAST (MAIDEN) LAST
 15. LONNIE WILLIAMS 16. EMMA MAE WALKER

INFORMANT'S NAME (TYPE OR PRINT) 16. EMMA MAE WALKER
 17a. VILMA SANTOS/CLERK MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
 17b. 2800 WEST 5TH STREET
 17c. EVERGREEN PARK, ILLINOIS 60805

18. PART I. Enter the diseases 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.
 (a) Coronary Artery Disease
 (b) Lung Cancer
 (c) DUE TO, OR AS A CONSEQUENCE OF IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
 NONE

DATE OF OPERATION, IF ANY 20b. NONE OR FINDINGS OF OPERATION
 20a. (DID NOT ATTEND) DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)
 21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
 21b. NO 21c. YES 21d. NO 21e. YES 21f. NO 21g. YES 21h. NO 21i. YES 21j. NO 21k. YES 21l. NO 21m. YES 21n. NO 21o. YES 21p. NO 21q. YES 21r. NO 21s. YES 21t. NO 21u. YES 21v. NO 21w. YES 21x. NO 21y. YES 21z. NO

22a. SIGNATURE 22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)
 22c. MINDS SIGNATURE LITTLE COMPANY OF MARY

22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)
 22e. NONE

BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. BURIAL 24b. BURR OAK CEMETERY 24c. ALSP, ILLINOIS 24d. 11/17/05
 FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
 25a. A.A. RAYNER & SONS 318 E. 71ST ST. CHICAGO ILLINOIS 60619
 FUNERAL DIRECTOR'S SIGNATURE 25b. Phomb Nyan - Nyan 25c. 031-008989
 LOCAL REGISTRAR'S SIGNATURE 26a. Lauren Carufel (CK) DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. November 15, 2005

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD OF THE PERSON IN ITEM #1 AND THAT THIS RECORD WAS ESTABLISHED AND FILED IN MY OFFICE IN ACCORDANCE WITH THE PROVISIONS OF THE ILLINOIS STATUTES RELATING TO THE REGISTRATION OF BIRTH, STILLBIRTHS, AND DEATHS.

DATE: November 15, 2005

REGISTRAR: Lauren M. Carufel

AT: EVERGREEN PARK, ILLINOIS

SIGNATURE: Lauren M. Carufel

UNOFFICIAL COPY

3. The land referred to in the policy is described as follows:

LOT 14 IN BLOCK 5 IN COLE SUBDIVISION OF THE NORTH 15 ACRES OF THE WEST 110 ACRES OF THE
SOUTHWEST 1/4 OF SECTION 4, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN,
IN COOK COUNTY, ILLINOIS

FAC# 1375377

PIN # 25-04-304-013

Property Of Cook County Clerk's Office