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Doc#: 0612405236 Fee: \$30.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 05/04/2006 02:29 PM Pg: 1 of 4

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**AFFIDAVIT OF
HEIRSHIP**

496
C.F.

STEWART TITLE OF ILLINOIS
2 N. LaSalle Street
Suite 625
Chicago, IL 60602
312-849-4243

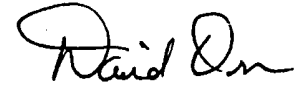
JUNE 29, 2004

STATE OF ILLINOIS
County of Cook**UNOFFICIAL COPY**

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 THEREOF, 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.



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		DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. Pauline Basner				2Female	3. June 24, 2004		
4. COUNTY OF DEATH Cook		AGE—LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		
		5a. 95	MOS. DAYS	HOURS MIN.	5d. November 7, 1908		
6a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Palos Heights		6b. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Palos Community Hospital		6c. IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM, INPATIENT (SPECIFY) Emer. Room			
A DECEASED		BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Bloomington, IL		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Widowed		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. None	
B		SOCIAL SECURITY NUMBER 10. 328-09-0262		USUAL OCCUPATION 11a. Secretary		KIND OF BUSINESS OR INDUSTRY 11b. School District	
C		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 1					
D		RESIDENCE (STREET AND NUMBER) 13a. 9330 S. 82nd Avenue		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. Hickory Hills		INSIDE CITY (YES/NO) 13c. Yes	
E		COUNTY 13d. Cook					
PARENTS		FATHER—NAME FIRST MIDDLE LAST 15. Adams		MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST 16. Irene			
1		INFORMANT'S NAME (TYPE OR PRINT) 17a. Don Basner		RELATIONSHIP 17b. Son		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 104 Dawn Circle, Trussville AL 35173	
2		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.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
3		Immediate Cause (Final disease or condition resulting in death) (a) Septicemia					
CAUSE		CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) Probable ASP. infection from pneumonia					
4		(c) malnutrition					
5		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		AUTOPSY (YES/NO) 19a. No		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b.	
N		DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20b.		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
P		1 (DID/DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 21a. 6/19/04		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. Yes		HOUR OF DEATH 21c. 1:22 P. M.	
CERTIFIER		TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED (MONTH, DAY, YEAR) 22b.		ILLINOIS LICENSE NUMBER 22d. 036085113	
		22a. SIGNATURE A. M. Shahbain		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. A.M. Shahbain 12508 S. Harlem Palos Heights IL		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
DISPOSITION		23. BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial		CEMETERY OR CREMATORY—NAME 24b. South Cemetery		LOCATION CITY OR TOWN STATE 24c. Oak Lawn Illinois	
		DATE (MONTH, DAY, YEAR) 24d. June 30, 2004					
		FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. Chapel Hill Gardens South Funeral Home, 11333 S. Central, Oak Lawn, IL 60453					
		FUNERAL DIRECTOR'S SIGNATURE 25b.		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-014757			
		LOCAL REGISTRAR'S SIGNATURE 26a.		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. JUN 29 2004			

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ALTA COMMITMENT
Schedule B - Exceptions Cont.
File Number: TM207818
Assoc. File No: 476026

STEWART TITLE

GUARANTY COMPANY
HEREIN CALLED THE COMPANY

COMMITMENT - LEGAL DESCRIPTION

Lot 237 in Elmore's Hickory Heights, being a Subdivision of the South 1/2 of the Southeast 1/4 of Section 2, Township 37 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

Pm # 23.02.105.022

Mail to & prepared by
Kenneth Wreding
11800 S. 75th Ave
303
Palos Heights IL 60463

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