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0619808093

Doc#: 0619808093 Fee: \$32.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 07/17/2006 10:55 AM Pg: 1 of 5

Property of Cook County Clerk's Office

COOK COUNTY RECORDING

- DEED
- MORTGAGE
- ASSIGNMENT
- POWER OF ATTORNEY
- RELEASE
- SUBORDINATION AGREEMENT
- OTHER

5

RETURN TO:

UNOFFICIAL COPY

Case # 06-11047

AFFIDAVIT OF HEIRSHIP

State of Illinois

County of Cook }

SS.

I, Cora Mae Allen, under oath, state:

- (1) I am acquainted with Annie Mae Franklin, the decedent, and know personally the facts set forth in this affidavit;
- (2) Annie Mae Franklin, at the time of her/his death, was the owner of the property commonly known as 3277 W. Belmont Chicago, Cook County Illinois, legally described as:

See attached as Exhibit A

- (3) Annie Mae Franklin, died intestate or testate (circle one). The attached is a true and exact copy of her/his last will, the original of which was filed with the Clerk of the Circuit Court of _____ County, Illinois Probate Division, on _____.

- (4) The decedent was married 2 time(s) to:
- A. Charles Murphy who preceded her in death
- B. Oscar Franklin who preceded her in death
- C. _____

When the decedent died she/he was survived by _____ her/his spouse, who lives at _____

- (5) The following is a list of all children born to the deceased, including those adopted:

Name	Address	Age
Olga Mae <u>Murphy</u>	<u>preceded her in death</u>	
Louise <u>Murphy</u>	<u>preceded her in death</u>	
Walter <u>Murphy</u>	<u>preceded her in death</u>	
Charles <u>Murphy</u>	<u>preceded her in death</u>	
<u>Cora Mae Allen</u>	<u>3277 W. Belmont Chicago, Ill</u>	<u>76</u>
<u>Shirley Ann Smith</u>	<u>4475 S. Murphy Oak Park Ill</u>	<u>58</u>
<u>Charlene Camp</u>	<u>4937 W. West End Chicago Ill</u>	<u>73</u>

708-
~~386-98~~
386 0642

Lawyers Unit #11212 Case # 06-11047

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Case # _____

The value of the decedent's estate for state estate tax purposes ~~did~~/did not (circle one) exceed \$800,000.00 and for federal estate tax purposes ~~did~~/did not (circle one) exceed \$800,000.00. (If estate exceeds \$800,000.00, please contact the Title Dept.)

This affidavit is made for the purpose of inducing Lawyers Title Insurance Corporation to show title in the aforesaid real estate in (list all heirs):

1. Corra Mae Allen
2. Shirley Ann Smith
3. Charlene Camp
4. _____
5. _____
6. _____

all of whom are competent adults.

Dated: 6/20/06

Corra Mae Allen
Corra Mae Allen
 Signature
Corra Mae Allen



Subscribed and sworn to before me

This 20 day of June

2006



Hope Wolff
Hope Wolff
 Notary Public

This instrument prepared by: arotumb



Corra Mae Allen

322 W Walnut

Chicago IL 60624

20th Day of June
2006

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STATE FILE NUMBER

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.24

REGISTERED NUMBER 277

1. DECEASED-NAME FIRST: Annie MIDDLE: Mac LAST: Franklin		SEX: Female		DATE OF DEATH (MONTH, DAY, YEAR) 3. May 31, 2004	
2. COUNTY OF DEATH Cook		AGE-LAST BIRTHDAY (YRS) 58. 93		DATE OF BIRTH (MONTH, DAY, YEAR) 3. May 31, 2004	
3. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER OAK PARK		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 645 S. Humphrey		5d. DATE OF BIRTH (MONTH, DAY, YEAR) 25. October 25, 1910	
6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Miss SAURBE		8b. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) WIDOWED		6c. HOSPITAL WAS RECEIVED EVER IN U.S. (YES/NO) No	
7. SOCIAL SECURITY NUMBER 341-20-5276		8d. USUAL OCCUPATION Home maker		9. 8. HOSPITAL	
10. RESIDENCE (STREET AND NUMBER) 645 S. Humphrey		11b. HOME		12. DATE OF DEATH (MONTH, DAY, YEAR) 3. May 31, 2004	
13a. ZIP CODE 60304		13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. OAK PARK, ILLINOIS		13c. INSIDE CITY (YES/NO) YES	
14. FATHER-NAME HENRY CRAIGS		14a. RACE (WHITE, BLACK, AMERICAN INDIAN, OTHER) BLACK		13d. COUNTY Cook	
15. INFANT'S NAME (TYPE OR PRINT) CORA ALLEN		14b. MOTHER-NAME CORA SHAW		13e. SPECIFY: (Maiden) LAST	
16. RELATIONSHIP Daughter		17. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 3227 W. Walnut Chicago, Illinois 60624		18. SPECIAL INSTRUCTIONS (SEE INSTRUCTIONS ON REVERSE)	
18. PART I. Immediate Cause (Final disease or condition resulting in death) (a) Congestive heart failure		19. AUTOPSY (YES/NO) NO		19b. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? NO	
20. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) Peripheral Vascular disease (c) Arteriosclerotic heart disease		20a. DATE OF OPERATION, IF ANY May 26, 2004		20b. HOUR OF DEATH 5:44 P.M.	
21. PART II. Other significant conditions contributing to death but not listed in the underlying cause given in PART I. status Post Cerebrovascular Accident		21a. MAJOR WOUNDS OF OPERATION Gangrene left leg		21c. DATE SIGNED June 1, 2004	
22. DATE OF OPERATION, IF ANY May 26, 2004		22a. SIGNATURE (TYPE OR PRINT) Joseph Gigante		22b. ILLINOIS LICENSE NUMBER 036-052264-1	
23. NAME AND ADDRESS OF CEMETERY (TYPE OR PRINT) B.T.S. Funeral Service		23a. SIGNATURE (TYPE OR PRINT) Bruce Morrow		23b. ILLINOIS LICENSE NUMBER 036-052264-1	
24. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Illinois		24a. CEMETERY OR CREMATORY-NAME OAK Ridge Cemetery		24b. DATE (MONTH, DAY, YEAR) June 7, 2004	
25a. FUNERAL HOME B.T.S. Funeral Service		25b. CITY OR TOWN Oak Park, Illinois		25c. STATE Illinois	
25a. FUNERAL HOME B.T.S. Funeral Service		25b. CITY OR TOWN Oak Park, Illinois		25c. STATE Illinois	
25d. FUNERAL DIRECTOR'S SIGNATURE Bruce Morrow		25e. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 036-052264-1		25f. DATE (MONTH, DAY, YEAR) June 7, 2004	
25d. LOCAL REGISTRAR'S SIGNATURE Joseph Gigante, M.D.		25e. LOCAL REGISTRAR'S ILLINOIS LICENSE NUMBER 036-052264-1		25f. DATE (MONTH, DAY, YEAR) June 3, 2004	

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named on 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 births, stillbirths and death.

SIGNED: *Joseph Gigante, M.D.*
LOCAL REGISTRAR

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH in Springfield Illinois. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification or a death record by the Department of Public Health or the local registrar or the county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

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Property Address: 3227 W. WALNUT ST
CHICAGO, IL 60624

PIN #: 16-11-411-044

The East 22 1/2 feet of Lot 12 in Block 12 in Tyrrell, Barrett & Kerfoots
Subdivision of the East 1/2 of the Southeast 1/4 North of Lake Street of Section
11, Township 39 North, Range 13, East of the Third Principal Meridian, in Cook
County, Illinois

Property of Cook County Clerk's Office