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Doc#: 0621532048 Fee: \$30.50
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 08/03/2006 12:21 PM Pg: 1 of 4

Property of Cook County Clerk's Office

AFFIDAVIT OF HEIRSHIP



Jeremy Bell
Bell Law LLC
2015 W. Fullerton Ave
Chicago IL 60647

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AFFIDAVIT OF HEIRSHIP

The undersigned, Alex J. Johnson, being an heir of the Estate of Gladys D. Johnson, does hereby swear or affirm upon his oath that if called to testify in a Court of Law would do so as follows based upon his own personal knowledge, information and belief:

1. The Decedent, Gladys D. Johnson, died residing at 8942 S. Crandon Ave. (the "Property"), Chicago, Illinois, on June 25, 2006 at the age of 77 years.

2. On the Decedent's date of death (the "date of death"), the Decedent owned the above referenced Property, which had an approximate value of somewhere between \$60,000.00 and \$80,000.00 as of the date of death.

3. The Decedent died intestate.

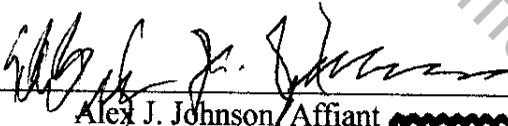
4. The Decedent was married once, to Alex A. Johnson, who predeceased her (his death certificate was recorded together with an Affidavit of Surviving Joint Tenant dated April 27, 2006 wherein Decedent swore under oath as to Alex A. Johnson's death - see document no. 1032676 in the Illinois Cook County Recorder's Office recorded documents), thus ending said marriage by virtue of Alex J. Johnson's death. The following children and no others were born to the Decedent and her late husband, Alex A. Johnson.:

Alex J. Johnson

No children were adopted by the Decedent.

4. Based on the foregoing, Decedent left surviving and Decedent's only heirs, the following:

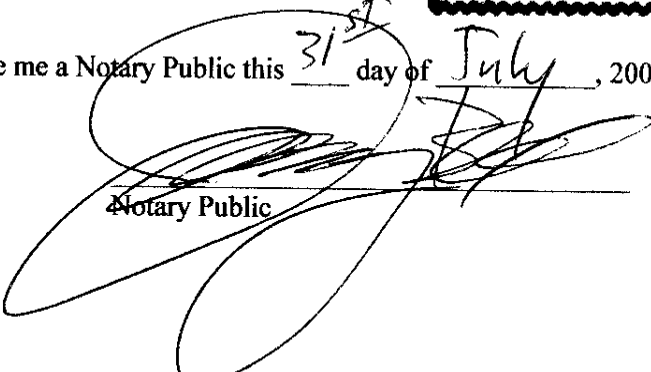
Children: **Alex J. Johnson, son, 52 years of age and unmarried.**


Alex J. Johnson, Affiant

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)



Subscribed and sworn to before me a Notary Public this 31ST day of July, 2006.


Notary Public

STATE OF ILLINOIS
County of Cook

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DAVID ORR, County Clerk

JUNE 28, 2006

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.

David Orr
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. Gladys DORNETHA Johnson		2. Female		3. June 25, 2006					
COUNTY OF DEATH		AGE - LAST BIRTHDAY (YRS)		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (MONTH, DAY, YEAR)	
4. Cook		5a. 77		5b. MOS. DAYS		5c. HOURS MIN.		5d. DECEMBER 13, 1928	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)						IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)	
6a. Oak Lawn		6b. Advocate Christ Medical Center						6c. Inpatient	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)				9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
7. BRINKLEY AR		8a. WIDOWED		8b.				9. NO	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)			
10. 324-30-5400		11a. SUPERVISOR		11b. HOTEL		12. 12 Elementary/Secondary (0-12) College (1-4 or 5+)			
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.				INSIDE CITY (YES/NO)		COUNTY	
13a. 8942 S CRANDON		13b. CHICAGO				13c. YES		13d. COOK	
STATE		ZIP CODE		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)			
13e. ILLINOIS		13f. 60617		14a. BLACK		14b. <input type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:			
FATHER - NAME FIRST MIDDLE LAST		MOTHER - NAME FIRST MIDDLE LAST (MAIDEN) LAST							
15. ALPHONSO VAN PELT		16. CORNELIA MILES							
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)					
17a. LYNDA P. WALKER		17b. NIECE		17c. 53868 PARKVILLE RD MENDON MI 49072					
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	
Immediate Cause (Final disease or condition resulting in death)		(a) Lung MASS / POST-OBSTRUCTIVE							
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) Respiratory Failure							
PART II		Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.							
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION				AUTOPSY (YES/NO)		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)	
28a.		28b.				19a. NO		19b.	
IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
1 (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH					
21a. 6/25/06		21b. No		21c. 6:18 P. M.					
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		22a. SIGNATURE				DATE SIGNED (MONTH, DAY, YEAR)			
22a. Wagar Mian MD		<i>Wagar Mian</i>				22b. 6-25-06			
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER							
22c. Wagar Mian MD 2545 South Martin Luther King Drive Chicago, IL 60616		22d. 036-084085							
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.							
23.									
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY - NAME		LOCATION CITY OR TOWN STATE		DATE (MONTH, DAY, YEAR)			
24a. BURIAL		24b. ST MARY		24c. EVERGREEN PARK ILLINOIS		24d. JUNE 30, 2006			
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP									
25a. TAYLOR FUNERAL HOME LTD 63 E 79th St Chicago Illinois 60619									
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER							
25b. <i>Theresa B. Jagan White</i>		25c. 034-011950							
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)							
26a. <i>David Orr</i>		26b. 06-28-06							

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Affidavit by Surviving Joint Tenant

L. R. Doc. No. Certificate No. **1032676**.....

State of **Illinois**
County of **Cook** } ss.

GLADYS D. JOHNSON

..... being first
duly sworn, upon oath deposes and says:

That^s he resides at **8942 S Crandon Av**.....in the City of **Chicago IL**.....**60617**
and that^s he is one of the parties who took title, not in tenancy in common, but in joint tenancy,
to real estate shown in Certificate of Title No. **1032676**.....situated in said Cook County, Illinois,
described as follows:

**Lot 15 in Block 8 in "South Shore Gardens", a Subdivision
in the North East Quarter (NE 1/4) of Section 1, Town 37
North, Range 14 East of the Third Principal Meridian, in
Cook County, Illinois**

Affiant states that.....**Alex A. Johnson**.....one of the said owners in joint
tenancy, died intestate, in the city of ~~Chicago~~ **Chicago**.....in the State of **Illinois**.....
as is confirmed by a Certificate of the health department of said municipality hereto attached.

Affiant states that the remaining joint tenant... ~~has~~ not changed... ~~her~~ marital status since
the issuance of Certificate of Title Number **1032676**..... (except..... who
has been married but once since acquiring said real estate and then to.....).

Further, that the affiant makes this affidavit for the purpose of inducing the Registrar of Titles
of Cook County, Illinois, to issue a certificate of title to the surviving Joint Tenant... to said above
described premises, relying on this statement as true, and in consideration thereof affiant guarantees
the truth of the statements herein contained.



Subscribed and sworn to before me
this **27** day of **Apr.**..... **02**.....

NOTARY PUBLIC.