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Doc#: 0622210083 Fee: \$34.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 08/10/2008 11:49 AM Pg: 1 of 6

AFFIDAVIT OF HEIRSHIP

THIS INSTRUMENT PREPARED BY
AND AFTER RECORDING
RETURN TO:

ADAM SHERMAN
MCDERMOTT WILL & EMERY LLP
227 WEST MONROE STREET
CHICAGO, ILLINOIS 60606

Property Address

6024 South Racine Avenue
Chicago, Illinois 60636
(Cook County)

PERMANENT INDEX NUMBER:
20-17-315-030-0000

LORRAINE L. HARRIEL, being duly sworn and under no legal disability, hereby deposes and states as follows:

1. I am a daughter of Frederick Lovett, who died a resident of Cook County, Illinois, on August 19, 1990. A certified copy of the death certificate of Frederick Lovett is attached hereto and made a part hereof.
2. Frederick Lovett was married once and only once to Loree B. Lovett, who predeceased the decedent on October 26, 1987. A certified copy of the death certificate of Loree B. Lovett is attached hereto and made a part hereof. Seven children were born to Frederick Lovett and Loree B. Lovett during their marriage, namely:
 - a) Lorraine L. Harriel, affiant herein, who is an adult, competent and survives the decedent;
 - b) Mary Banks, who is an adult, competent and survives the decedent;
 - c) Dolores Bufford, who is an adult, competent and survives the decedent;
 - d) Joyce Lovett, who is an adult, competent and survives the decedent;
 - e) Robert Lovett, who is an adult, competent and survives the decedent;
 - f) Clarence Lovett, who is an adult, competent and survives the decedent; and
 - g) Charles Lovett, who predeceased the decedent.

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3. No other children were born to or adopted by Frederick Lovett during his marriage to Loree B. Lovett or during his lifetime.
4. Charles Lovett, who predeceased the decedent, never married and no children were born to or adopted by Charles Lovett during his lifetime.
5. That at the time of Frederick Lovett's death, he owned the residence located at 6024 South Racine Avenue, Chicago, Illinois 60636 as legally described on Exhibit A attached hereto and made a part hereof.

Further affiant sayeth not.

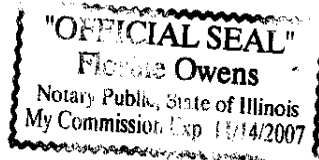
Lorraine L. Harriel

 Lorraine L. Harriel, affiant

Subscribed to and sworn to before me
 this 21 day of March, 2006.

Florrie Owens

 Notary Public



Adam Sherman
 McDermott, Will & Emery
 227 West Monroe Street
 Chicago, Illinois 60606
 (312) 372-2000
 Attorney No. 90539

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LEGAL DESCRIPTION

Lot 10 in Block 1 in Staple's Subdivision of the Southeast quarter of the Northeast quarter of the Southwest quarter of Section 17, Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

Property of Cook County Clerk's Office

EXHIBIT A

STATE OF ILLINOIS
County of Cook)

UNOFFICIAL COPY

DAVID ORR, County Clerk

MARCH 30, 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

DECEASED'S BIRTH NO.		REGISTRATION DISTRICT NO. 16.10	STATE OF ILLINOIS		STATE FILE NUMBER
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH			615741
DECEASED-NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH MONTH DAY YEAR	
1 FREDERICK LOVETT		2 MALE		3 AUGUST 19 1990	
CITY OF DEATH		AGE - LAST BIRTHDAY (YR) MO DAY	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH MONTH DAY YEAR
4 COOK		5a 90	5b	5c	5d MAY 19 1900
CITY TOWN TWP OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INST (TITUTION - NAME IF NOT IN EITHER GIVE STREET / ALC # / #BND)			IF HOSP OR INST INDICATED IS A DISPENSARY FOR INSTITUT (SPECIFY)
6a CHICAGO		6b Holy Cross			6c Other RM
BIRTHPLACE CITY AND STATE OR FOREIGN COUNTRY		MARRIED / WIDOWED / DIVORCED / SEPARATED (SPECIFY)	NAME OF SURVIVING SPOUSE (MARRIAGE # / #BND)		WAS DECEASED EVER IN U.S. ARMY OR NAVY (YES/NO)
7 CLATON MS		8a WIDOWED	8b		9 No
SOCIAL SECURITY NUMBER		USUAL OCCUPATION	TYPE OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY TYPE HIGHEST GRADE COMPLETED)	
10 356-01-6150		11a LABORER	11b STEEL MILL	12 12	
RESIDENCE (STREET AND NUMBER)		CITY TOWN OR ROAD DISTRICT NO		INSIDE CITY (YES/NO)	COUNTY
13a 6024 S RACINE		13b CHICAGO		13c YES	13d COOK
STATE		ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN OR ALASKA NATIVE, HISPANIC ORIC, OTHER SPECIFY)	HISPANIC ORIC, OTHER SPECIFY (INDICATE IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC)	
13e Illinois		13f 60636	14a Black	14b Other YES SPECIFY	
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE LAST			
15 MADISON LOVETT		16 GEORGIA WEST			
DECEASED'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO OR R.F.D. CITY OR TOWN STATE ZIP)		
17a LORRAINE HARRIEL		17b DAUGHTER	17c 6034 S RACINE Chicago Ill 60636		
18 PART I		Immediate Cause (Final disease or condition resulting in death)			
		(a) Acute myocardial Infarction hours			
		(b) Hypertension 20 years			
		(c)			
PART II		Other significant conditions contributing to death but not resulting in the underlying cause (PART I)			
		AUTOPSY (YES/NO) 19a No			
DATE OF OPERATION IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE WAS THIS A PREGNANCY IN PAST THREE MONTHS? 20c YES () NO ()	
20a		20b		20c	
IF I DID NOT ATTEND THE DECEASED AND LAST SAW HIM/LIVE/RETIVE ON		MONTH DAY YEAR	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	HOUR OF DEATH	
21a		21b 3 1 90	21c YES	21d 2:20 P.M.	
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	
22a SIGNATURE		22b 8-21-90		ILLINOIS LICENSE NUMBER	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		22c 036 51413			
22c John C Turner - 110 E 79th St Chicago Ill 60619		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
		24a BURIAL		24b BURK OAK	24c WORTH ILLINOIS
		FURNERAL HOME		NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE	DATE MONTH DAY YEAR
		25a Taylor Funeral Home Ltd		63 E 79th St Chicago Illinois	24d AUGUST 24 1990
		FURNERAL DIRECTOR'S SIGNATURE		FURNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	
		25b <i>Will S. Taylor</i>		25c 7410	
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR)			
25d <i>James W. Masterson M.P.H.</i>		26d AUG 21 1990			

STATE OF ILLINOIS
County of Cook

UNOFFICIAL COPY

MARCH 30, 2006

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

Patient Transferred From St. Bernards Hospital Chgo. Ill.

STATE OF ILLINOIS
STATE FILE NUMBER **C620967**

MEDICAL CERTIFICATE OF DEATH

1. **Laure B. Lovett** 2. Female 3. October 26, 1987

4. Black 5. American 6. 81 7. Cook 8. July 9, 1906

9. Chicago 10. Michael Reese Hospital 11. Inpatient

12. 344 22 7932 13. Homemaker 14. Own Home 15. Cook 16. Illinois

17a. Arduria Willis 17b. Medical Records 17c. Lake Shore Drive at 31st Street Chicago Illinois 60616

18. **Acute Exacerbation of Congestive Heart Failure With** 19. 1 Week

20. **Cardiomyopathy**

21. Cerebral Vascular Accident

22. Signature: **Claudia M.D. Fegan, M.D.** 23. October 26, 1987

24a. Burial 24b. Burr Oak 24c. Worth Illinois 24d. 10/30/87

25a. Doty Nash Funeral Home, Ltd 8620 S. Stony Island Chicago, Illinois 60617

26. 6092

27. OCT 28 1987

VR 200 REV. 5/82 Illinois Department of Public Health - Office of Vital Records (BASED ON 1978 U.S. STANDARD CERTIFICATE)

Type of Final Disposition to be Reported to the Registrar, if Different from that of the Deceased. See Instructions.

1-P33

DECEASED

6709

700

PARENTS

1-4254 B

2-428 A

3

CAUSE

4-436

5

6

7

8

CERTIFIER

9

10

11

DISPOSITION

12

13

14

STATE OF ILLINOIS
County of Cook)

UNOFFICIAL COPY
DAVID ORR, County Clerk

JULY 11, 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

FILL IN WITH TYPEWRITER OR LEGIBLE PRINTING

ORIGINAL **C398** STATE OF ILLINOIS STATE FILE NUMBER **41194**

DECEASED'S BIRTH NO. MEDICAL CERTIFICATE OF DEATH REGISTRATION DISTRICT NO. **1610** REGISTERED NUMBER

1. PLACE OF DEATH
a. STATE **ILLINOIS** b. COUNTY **COOK**

2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission.)
a. STATE **Ill** b. COUNTY **Cook**

3. INSIDE corporate limits and in City, Village, or Incorporated Town **CHICAGO**
c. INSIDE corporate limits and in City, Village, or Incorporated Town **Chicago**

4. OUTSIDE corporate limits and in Township name, Road District No. d. LENGTH OF STAY IN 1c or 1d **38 Yrs**
e. OUTSIDE corporate limits and in Township name, Road District No. f. LENGTH OF RESIDENCE AT 2c or 2d **38 Yrs**

5. NAME OF HOSPITAL OR INSTITUTION **Provident** g. LENGTH OF STAY IN 1f **1 Day**

6. If not in hospital or institution, give Street & No. or R.F.D. and Post Office **6024 S. Racine**

7. Did decedent reside ON A FARM? YES NO

8. NAME OF DECEASED a. (FIRST) **Charles** b. (MIDDLE) **Lovett** c. (LAST) **Lovett**

9. DATE OF DEATH (MONTH) (DAY) (YEAR) **6 12 65**

10. SEX **Male** b. RACE **Negro** 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) **Never Married**

12. DATE OF BIRTH **11/28/26** 13. AGE (in years last birthday) **38** 14. If under 1 year MONTHS 15. If under 24 hrs. HOURS 16. MIN.

17. USUAL OCCUPATION **Foreman** 18. KIND OF BUSINESS OR INDUSTRY **Logan Roofing Co** 19. BIRTHPLACE (City and state or foreign country) **Chicago Illinois** 20. Citizen of what country? **USA**

21. FATHER'S FULL NAME **Fred Lovett** 22. MOTHER'S FULL MAIDEN NAME **Loree Brooks**

23. Was deceased ever in U. S. Armed Forces? (Yes, no, or unknown) (Give war or dates of service) **No** 24. SOCIAL SECURITY NUMBER **321-22-0285** 25. INFORMANT a. SIGNATURE *Lewis E. Caulfield* b. ADDRESS **126 E. 51st St** c. RELATIONSHIP TO DECEASED **Records**

26. MEDICAL CAUSE OF DEATH
PART I. DEATH WAS CAUSED BY. [Enter only one cause per line for (A), (B) and (C).]
IMMEDIATE CAUSE (A) **CEREBRAL HEMORRHAGE**
Conditions, if any, which gave rise to the above IMMEDIATE CAUSE (A), stating the UNDERLYING cause last. **due to (B) RUPTURED CONGENITAL CEREBRAL ANEURYSM 1 DAY**
due to (C)

27. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART I(A).
19a. DATE OF OPERATION, IF ANY. 19b. MAJOR FINDINGS OF OPERATION

28. NOTE: If an injury was involved in this death, the Coroner must be notified.

29. I hereby certify that I attended the deceased from **6/11** 19 **65**, to **6/12** 19 **65**, that I last saw the deceased alive on **6/11** 19 **65**, and death occurred at **6: A** M., from the causes and on the date stated above.

Signature *Rosevelt Jean-Baptiste* M.D. Date **6-12-65** Illinois License No **36-8-2628**

Address **8501 COTTAGE DRIVE** Phone **ST-3-3010**

22. DISPOSITION: BURIAL ~~at~~ Date **6/19/65** 23. FUNERAL DIRECTOR'S SIGNATURE *Dr. Seal*
CEMETERY **Burr Oak** ADDRESS **7838 S. Cottage Grove**
LOCATION **Worth Ill** Chicago 19, Ill No **4390**

24. Received for filing on **JUN 15 1965** (Signed) *Samuel L. Andelman* LOCAL REGISTRAR

1964 revision based on the U. S. Standard Certificate of Death

A _____
B **67-861**
C _____
D **524**
E _____
F _____
G _____
H _____
I **330x**
J _____
K _____
L _____
M _____
N _____
O _____
P _____
Q _____
R _____
S _____

VS 200—BUREAU OF STATISTICS—ILLINOIS DEPARTMENT OF PUBLIC HEALTH

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