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Doc#: 0629227070 Fee: \$28.50
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 10/19/2006 01:49 PM Pg: 1 of 3



Fidelity National Title
INSURANCE COMPANY

STATE OF ILLINOIS
COUNTY OF COOK) SS

AFFIDAVIT OF HEIRSHIP

Charlotte Thompson (Affiant) being first duly sworn on oath deposes and states as follows: Blue Island IL 60406

1. That the Affiant resides at: 1937 W. Canal
2. That the Affiant is Friend of Hattie Caulley
(Relationship) (Decedent)
3. That the decedent died on June 24, 1976 in the City of CHICAGO County of Cook State of ILLINOIS as evidenced by the Death Certificate attached hereto.
4. That the decedent died owning an interest in the property described in 1st Home Equity Title Company Commitment No. 12-00034226
5. That the decedent died leaving (a/no) will (which has been filed in the "Unproved Will Box" of _____ County, and a certified copy is attached.)
6. That the decedent was married to the following persons, and no others:



Wells Fargo
9620 S
Roberts Rd
7.
Hickory Hills
IL 60452

<u>NAME:</u>	<u>MARRIAGE TERMINATED BY:</u>	<u>DATE:</u>
<u>ALfred Caulley</u>	<u>Death</u>	<u>July 12, 1975</u>

7. That the following children and no others were born to, adopted or acknowledged by decedent. Evidence of acknowledgement is attached.
(NOTE: If any are deceased, an affidavit of heirship as to that child must be supplied unless the child was unmarried and a minor at death)

<u>NAME</u>	<u>OTHER PARENT</u>	<u>MINOR/ DISABLED?</u>	<u>ALIVE/ DEAD?</u>
<u>ALFREDA BUTNER</u>	<u>N/A</u>	<u>NONE</u>	<u>ALIVE</u>
<u>MILDRED MOORE</u>	<u>N/A</u>	<u>NONE</u>	<u>ALIVE</u>

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8. That, in the event the decedent died without wife or child surviving, to the Affiant's best information and belief, the following represents the decedent's heirship as determined by _____ (Trace all lineage):
(state intestacy statute)

NAME	ADDRESS	RELATIONSHIP	AGE
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(NOTE: Determination of the above conclusions may require the assistance of an attorney. If Affiant is uncertain as to the above, he or she should contact an attorney.)

- 9. That the total value of the estate of the decedent including the taxable interest in the aforesaid property and all joint tenancy interests is \$ 230,000.00
- 10. That all debts of the decedent have been paid in full or will be paid in full from the proceeds of the subject real estate transaction and copies of the paid, final hospital bills and funeral bill are attached hereto.
- 11. That there is no Federal Estate Tax, State inheritance (Pickup tax), or State Generation Skipping Tax as a result of decedent's death or that all said taxes have been paid in full and releases for the subject property are attached hereto.
- 12. That the Affiant makes this affidavit to induce Fidelity National Title Insurance Company to rely on the representations made herein to issue its title insurance policy or policies without exceptions for matters related to the death of the decedent.
- 13. The following documents attached hereto are hereby incorporated by reference as part of this Affidavit:

- Death Certificate of Decedent
- Certified copy of last will of Decedent.
- Copy of paid funeral and hospital bills of Decedent
- Federal Estate Tax Release of Subject Property
- Copy of State Tax Release of subject property
- Personal Undertaking of Heir(s)/Devisee(s)

(other, specify)

IN WITNESS WHEREOF, the Affiant has affixed his/her signature hereto this

9 day of Oct, 2006
Charlotte Thompson
Affiant



Subscribed and sworn to before me
This 9 day of Oct, 2006

[Signature]
Notary Public (Seal)

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MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH
617055

JULY 15, 1975

REGISTRATION NO. 16.10
REGISTERED NUMBER

DECEASED—NAME
FIRST MIDDLE LAST
Alfred Caulley

SEX
2. Male

DATE OF DEATH
3. July 12, 1975

PLACE OF DEATH
Cook

PLACE OF BIRTH
4. Chicago

AGE—LAST BIRTHDAY (YRS.)
5. 74

UNDER 1 YEAR UNDER 3 DAY
6. 4 Apr 11 7, 1901

CITIZENSHIP
7. U.S.A.

HOSPITAL OR OTHER INSTITUTION—NAME
8. University of Illinois Hospital

CITIZEN OF WHAT COUNTRY
9. U.S.A.

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
10. Married

KIND OF BUSINESS OR INDUSTRY
11. General

U.S. WAR VETERAN
12. No

WAR OR DATES OF SERVICE
13. No

CITY, TOWN, VILLAGE OR ROAD DISTRICT NO.
14. Chicago

STREET AND NUMBER
15. 840 S. Wood St. Chgo. Ill. 60612

MOTHER—MADEN NAME
16. Eila Love

INFORMANT'S SIGNATURE
17. H. Knicker

DEATH WAS CAUSED BY
18. Myocardial infarction

CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CARE TO STATIFY THE UNDERLYING CAUSE DEATH.
19. Diabetes mellitus

PART II. OTHER SIGNIFICANT CONDITIONS; CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE DEATH.
20. None

DATE OF OPERATION, IF ANY
21. None

MAJOR FINDINGS OF OPERATION
22. None

ATTENDED THE DECEASED FROM
23. June 11, 1975 to July 12, 1975

DATE OF DEATH
24. July 12, 1975

HOUR OF DEATH
25. 10:15 AM

NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED.
26. None

ILLINOIS LICENSE NUMBER
27. 3948241

DATE SIGNED
28. 7/14/75

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

1, Murray C. Brown, M.D., Local Registrar of Vital Statistics of the City of Chicago, do hereby certify that I am the keeper of the records of births, stillbirths and deaths of the City of Chicago by virtue of the laws of the State of Illinois and the ordinances of the City of Chicago; that the accompanying certificate on this sheet is a true copy as a record kept by me in pursuance of said laws and ordinances.

This Certified Copy VALID Only When Original BLUE SEAL And BLUE SIGNATURE Are Affixed.

CHICAGO BOARD OF HEALTH
Chicago Civic Center, Room 105
Concourse Level, Chicago 60602, 265

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Murray C. Brown

BOARD OF HEALTH - CITY OF CHICAGO