## **UNOFFICIAL COPY**



Doc#: 0629227070 Fee: \$28.50 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds

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## AFI:IDAVIT OF HEIRSHIP

ATTEMOTIVE OF THE MANAGEMENT	
Charlotte hompson (Afflant) buing first duly swom on oath deposes and states as follows:  Blue Island Il 600	inla
1. That the Affiant resides at: 1930 W. Canal	1000
2. That the Afflant is <u>Friend</u> of Hattic Caulal. (Relationship) (Decedent)	
3. That the decedent died on June 94, 1976 in the City of County of County of State of Hunois as evidenced by the Death Certificate at a died hereto.	-
4. That the decedent died owning an interest in the property described in 1st Hom + Gauty Title Company Commitment	
5. That the decedent died leaving (ano) will (which has been filed in the "Uncloved Will Box" of County, and a certified copy is attached.)	
6. That the decedent was married to the following persons, and no others:	)
Ulls Fargo placed Caylley Death July 12,1975	
Roberts 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)	
MINOR/ ALIVE/ NAME OTHER PARENT DISABLED? DEAD?	
ALFREDA BUTNER NA NONE ALIVE	
MILDRED MOORE N/A NONE ALIVE	<u> </u>

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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
(NOTE: Detamination of the above conclusions may require the assistance of an attorney. If Affairt 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 \$\frac{1}{2} \frac{2}{2} \triangle \triangle 000 \triangle 000.  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 state transaction and copies of the paid, final hospital bills and funeral bill are attached hereto.  11. That there is no Federal Estate Tax, Star inheritance (Pickup tax), or State Generation Skipping Tax as a result of decedent's dealth or that all said taxes have been paid in full and releases for the subject property are attached hereto.
(NOTE: Determination of the above conclusions may require the assistance of an attorney. If Affairt 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 \$\frac{230,000}{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 state transaction and copies of the paid, final hospital bills and funeral bill are attached thereto.  11. That there is no Federal Estate Tax, Start inheritance (Pickup tax), or State Generation Skipping Tax as a result of decedent's dealing that all said taxes have been paid in full and releases for the subject property are attached thereto.
<ol> <li>That the total value of the state of the decedent including the taxable interest in the aforesaid property and all joint tenancy interests is \$\frac{4}{2} \frac{2}{2} \frac{1}{1} \frac{1}{2} </li></ol>
<ol> <li>That the total value of the estate of the decedent including the taxable interest in the aforesaid property and all joint tenancy interests is \$\frac{\pi}{2} \frac{20}{000} \frac{00}{00}\$</li> <li>That all debts of the decedent have been paid in full or will be paid in full from the proceeds of the subject real state transaction and copies of the paid, final hospital bills and funeral bill are attached hereto.</li> <li>That there is no Federal Estate Tax, Starr inheritance (Pickup tax), or State Generation Skipping Tax as a result of decedent's dealing that all said taxes have been paid in full and releases for the subject property are attached hereto.</li> <li>That the Affiant makes this affidavit to induce Fidelicy (Actional Title Insurance Company to rely on the representations made herein to leave the subject property are attached herein to leave the subject property.</li> </ol>
hospital bills and funeral bill are attached herein.  11. That there is no Federal Estate Tax, Starr inheritance (Pickup tax), or State Generation Skipping Tax as a result of decedent's deadl or that all said taxes have been paid in full and releases for the subject property are attached herein.  12. That the Affiant makes this affidavit to induce Fidelity Visional Title Insurance Company to rely on the representations made herein to leave the subject property.
and releases for the subject property are attached been paid in full  12. That the Affiant makes this affidavit to Induce Fidelity National Title Insurance Company to rely on the representations made herein to leave the recommendations.
13. The following documents attached hereto are herby incorporated by reference as part of this Affidavit:
Death Certificate of Decedent  Certified copy of leat 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
Charlotte Thompson Affiant  Affiant  OFFICIAL SEAL STEVEN L KLEMP NOTARY PUBLIC - STATE OF ILLINO MY COMMISSION EXPIRES
Subscribed and sworp to before me This
Hotaly Fublic

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Commence		¥'
REGISTRARIA		

SEP-13 06 10:18

VR-200 (1972r)

FROM:

Are Affixed

Only When Original BLUE SEAL AND BLUE SIGNATURE This Certified Copy VALIL

laws and ordinances.

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

COUNTY OF COOK CITY OF CHICAGO STATE OF ILLINOIS SS

REGISTERED DISTRICT NO. 16,10 Alfred MEDICAL CERTIFICATE STATE OF ILLINOIS Caulley 0 II DEATH DATE OF DEATH 1975 (MORTH, DAY, YEAR)

\*

PAGE: 03 BUSIAL CREMATION,
REMOVAL (SPIGNO)
24g. CHALAL DECEASED FROM SOCIAL SECURITY NUMBER MAILING KODZESS FUNERAL DIRECTOR'S SIGNATUR SIGNATURE I CERTIFY THAT TO THE BEST OF MY KNOWLEIGE THE DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE, AND FROM THE LAUSE(S) STATED DATE OF OPERATION, IF ANY "MAJOR FINDINGS OF OPERATION PART I 170 7.FORMAZ RESIDENCE SERTHREACE (BYATE OF FOREIGN COUNTRY) CITY, TOWN, THP. OR HOMO DISTRICT KUMDE RACE WHITE, SECRED, AMERICAN EXC. (SPECAPY) FUNERAL HOME PART II. OTHER SIGNIFICANT CONDITIONS; CONDITIONS CONTRIBUTING TO DEATH BUT NOT BEATED TO , USE CHEN DI PART I DI DECEASED—NAME 355-10-3583 **F** Arkansas llinois イング ひんしん Negro SIGNATURE niker DEATH WAS CAUSED 20b. Chicago B) Arteriosclerotic heart Thard U. Aaronses Myocardia! DUE TO OR AS A CONSEQUENCE OF DEHCERATE CAUSE CEMETERY OR CHATCHY-NAME ZAME 1975 Diabetes mellitis USUAL OCCUPATION CHIZEN OF WHAT COUNTRY 136. Ġ AGE-UST BLATHDAY (YAS.) lithols Department of Public Health, Office of Vital Records U.S.A. CDOK Laborer Washington Memaripu **₩** Q. グスて 22 9 977 30. STREET AND RUBBER OF R. F. D. HOS. DAYS HOURS WIN. (ACCEPTEDA) July 12. infarction Caulley MOUTH, DAY, YEAR) CHICAGO BOARD OF HEALTH DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
Chicago Civic Conter, Room 105;
Concourse Level, Chicago 50502; 26b. 3 [1] 1 5 15 15 Sacramento Blud. I PRADIO SOL [ENTER ONLY ONE CAUSE PER LIKE FOR (b), (b), AND (c)] 17bRecords;17c840 WIDOWED, DIVORCED (SPECING 17 CITY, TOWN, PWP. OR ROLD DISTRICT NO. | INSIDE CITY KIND OF BUSINESS OF INDUSTRY 10. Married 7d University of MYN - HOLLINGSHI MINTO ED TVILLSOH 1575 Chicago COCATION Chicago MOTHER-MAIDEN MAME yenenal GITY OR TOWN 121c. July 12. MAILING ADDRESS Котешоса DATE SIGN disease WER ALIVE ON: Apri DATE OF BIRTH (NONTH, DAY, TEAR) PLACE OF DEATH CHTY OR TOWN CITY OR TOWN Ma le NOTE, IF AN INJURY WAS INVOICED IN THIS DEATH, (hicago Illinois U.S. WAR VETERAN WAR OF DATES C. S.TV.CE NAME OF SURVIVING SPOUSE (MAIDEN HAME, 17 WILL Wood St. ž (BIRECI AND NO. Illinois Hospital FUNERAL DIRECTOR'S HUNOIS LICENSE NUMBER THE CORONER MUST BE NOTIFIED. Ella 1000 1901 Yes: 148. 3 July 12. 1975 Ulinois IF NOT IN CITHER, GIVE STREET AND MUMEEN STOUTH BASED ON 1968 U.S. STANDARD CERTIFICATE AUTOPSI BYRACY AND MUMBER 3 なな STATE Cligo 1930 B. T. CITY OR TOWN, STATE, EAF) ILLINOIS LICENSE NUMBER 244 **イドンのセア** DATE 252.2 195. THE PRINCIPAL CON-21d. 10: 15 HOUR OF DEATH RETACE OF THE STAND NOTATED AND TACKED THE STAND NOTATED AND THE STANDARD THE STAND 7-17-75 (MDKTH, FAY, YEAR) DY(I) Hamlin Cook COURT <u>60612</u> 60612

0629227070 Page: 3 of 3

July 15, 1975