

Doc#: 0629227071 Fee: \$28.50
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 10/19/2006 01:50 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:

1. That the Affiant resides at: 1950 W. Canal Blue Island Il, 60406
2. That the Affiant is Friend of Alfred Caulley
(Relationship) (Decedent)
3. That the decedent died on July 12, 1975 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. 2-000342210.
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:

NAME: MARRIAGE TERMINATED BY: **DATE:**
HATTIE CAULLEY DEATH JULY 12, 1975

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)

Wells Fargo
9020 S Roberts Rd
Hickory Hills

IL 0045	NAME	OTHER PARENT	MINOR/ DISABLED?	ALIVE/ DEAD?
	ALFREDA BUTNER	N/A	NONE	ALIVE
	MILDRED MOORE	N/A	NONE	ALIVE



3

UNOFFICIAL COPY

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);

<u>NAME</u>	<u>(state intestacy statute)</u>	<u>ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AGE</u>
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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.)

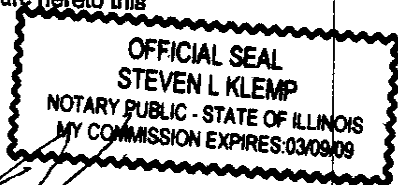
- 9. That the total value of the estate of the decedent including the taxable interest in the aforesaid property and all joint tenancy interests is \$ 230,000.00.
- 10. That all debts of the decedent have been paid in full or will be paid in full from the proceeds of the subject real estate transaction 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

615394

DECEASED—NAME: **Hattie**

AGE—LAST BIRTHDAY (YEAR, MONTH, DAY): **68** **6** **9**

DATE OF BIRTH (MONTH, DAY, YEAR): **Feb 1, 1907**

SEX: **Female**

DATE OF DEATH (MONTH, DAY, YEAR): **June 24, 1976**

PLACE OF DEATH: **Cook**

CITY, TOWN, VILLAGE OR ROAD DISTRICT NUMBER: **Chicago**

HOSPITAL OR OTHER INSTITUTION—NAME: **Illinois Hospital**

STREET AND NUMBER: **1111**

BIRTHPLACE (STATE OR FOREIGN COUNTRY): **Mississippi**

CITIZEN OF WHAT COUNTRY: **U.S.A.**

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (GIVING): **Widowed**

NAME OF SURVIVING SPOUSE (GENDER NAME, IF WITH): **None**

U.S. WAR VETERAN: **No**

WAR OR DATES OF SERVICE: **None**

RESIDENCE: **130 Household**

FATHER—NAME: **Martin**

MOTHER—MAIDEN NAME: **West**

13b. Home

13c. No

13d. Yes

14a. Chicago

14b. West

14c. Annette

14d. Leggett

15. Informant's Signature: **[Signature]**

16. Death Was Caused By: **Infarction Primary Site—Pancreas**

17a. Record: **840 S. Wood St. Chicago, 111**

17b. Record: **840 S. Wood St. Chicago, 111**

18. Part II. Other Significant Conditions: **Pulmonary Emboli: Left Lung**

19a. Date of Operation: **June 23, 1976**

19b. Abdominal Carcinomatosis

19c. Carcinomatosis with Extensive Mesenteric

20a. Attended the Deceased From: **June 21, 1976**

20b. to: **June 24, 1976**

20c. June 24, 1976

20d. June 24, 1976

20e. 9:55 A.M.

21. Signature: **[Signature]**

22. Mailing Address: **840 S. Wood Street Chicago, Illinois 60612**

23. Funeral Home: **Washington Memory**

24. Name: **William**

25. Date Signed: **June 25, 1976**

26. Illinois License Number: **36-8447**

27. Local Registrar's Signature: **[Signature]**

28. Date Rec'd. by Local Registrar: **June 26, 1976**

29. Illinois Department of Public Health, Office of Vital Records

30. Chicago Board of Health

31. Chicago City Clerk

32. Chicago City Clerk

33. Chicago City Clerk

34. Illinois Department of Public Health, Office of Vital Records

35. Based on 1968 U.S. Standard Certificate

June 30, 1976

STATE OF ILLINOIS

COUNTY OF COOK

CITY OF CHICAGO

SS

I, 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 birth, 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.

[Signature]

Murray C. Brown

BOARD OF HEALTH - CITY OF CHICAGO