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0632418065

Doc#: 0632418065 Fee: \$30.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 11/20/2006 03:34 PM Pg: 1 of 4

Property of
Estate of Helen L. Schroeder, Deceased
Affidavit of Heirship

Cook County Clerk's Office

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ESTATE OF HELEN L. SCHROEDER, DECEASED.

AFFIDAVIT OF HEIRSHIP

NOW COMES the Affiant, SHARON GILKERSON, who hereby attests that she is the daughter of HELEN L. SCHROEDER, (hereinafter referred to as the Decedent), and that she is familiar with the heirship of the Decedent and states as follows:

A. That the Decedent died on October 10, 1995, at Chicago, Illinois.

B. That the Decedent was married only once, to JOHN R. SCHROEDER, who predeceased the Decedent. Of that marriage only one child was born, namely:

SHARON GILKERSON, this affiant, who is over 18 years of age and of sound mind.

C. The Decedent never had nor adopted any other children during her lifetime.

THEREFORE, the only heir of the Decedent is as follows:

SHARON GILKERSON, her daughter.

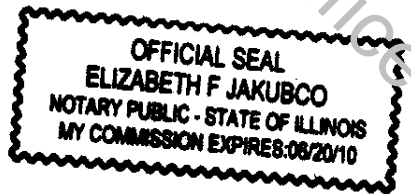
Further, Affiant says nothing.

Sharon Gilkerson
SHARON GILKERSON

Subscribed and sworn to before me

this 20th day of NOVEMBER, 2006.

Elizabeth F. Jakubco
Notary Public



This Instrument was prepared by:
GERARD. D. HADERLEIN
3413 North Paulina
Chicago, IL 60657
(773) 472-2888

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STATE FILE NUMBER

C19354

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

OCT 13 1995

I, SHEILA LYNE, RSW, 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 FOR 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 OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.



REGISTRATION DISTRICT NO. 16.10	STATE OF ILLINOIS
REGISTERED NUMBER	CITY OF CHICAGO
DECEASED-NAME Helen	DATE OF DEATH (MONTH, DAY, YEAR) 3 October 10, 1995
FIRST MIDDLE LAST L. Schroeder	SEX Female
1. COUNTY OF DEATH Cook	DATE OF BIRTH (MONTH, DAY, YEAR) 5d April 16, 1918
4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Chicago	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Ravenwood Hospital Medical Center
6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Chicago, IL	6c. Inpatient
7. SOCIAL SECURITY NUMBER 340-14-9721	8b. N/A
10. RESIDENCE (STREET AND NUMBER) 1748 W. Newport Ave. 1st Fl.	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 8
13a. STATE Illinois	13c. Yes
13b. ZIP CODE 60657	14b. No
14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) White	14c. No
FATHER-NAME FIRST MIDDLE LAST Herman Madl	MOTHER-NAME FIRST MIDDLE LAST Mary Schul
15. INFORMANT'S NAME (TYPE OR PRINT) Margaret Hensen	16. RELATIONSHIP Nurse
17a. CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago	17b. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 4550 N. Winchester, Chicago, IL 60640
18. PART I. Immediate Cause (Final disease or condition resulting in death) Diabetes in elderly	18. PART II. Other significant conditions contributing to death but not resulting in the underlying cause (when appropriate) Diabetes in elderly
19. MAJOR FINDINGS OF OPERATION Diabetes in elderly	20a. DATE OF OPERATION, IF ANY 20b.
20b. (10) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON October 10, 1995	20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. October 10, 1995	21b. NO
22a. SIGNATURE Sheila Lyne, RSM	21c. HOUR OF DEATH 11:40 A. M.
22c. NAME AND ADDRESS OF CERTIFIER Norbert Nadler, M.D. 1945 W. Wilson, Chicago, IL 60640	22d. DATE SIGNED (MONTH, DAY, YEAR) October 11, 1995
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER Sheila Lyne, RSM	ILLINOIS LICENSE NUMBER 36 042824
24a. CEMETERY OR CREMATORY-NAME Park Cremation	NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
24b. CEMETERY OR CREMATORY 24b Park Cremation	24c. DATE (MONTH, DAY, YEAR) 10-13-95
25a. FUNERAL HOME Cremation Society of Illinois, 6471 N. Northwest Hwy, Chicago, IL 60631	24d. DATE FILED BY LOCAL REGISTRAR (MONTH, YEAR) OCT 13 1995
25b. FUNERAL DIRECTOR'S SIGNATURE Sheila Lyne, RSM	25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 34-011165
25c. LOCAL REGISTRAR'S SIGNATURE Sheila Lyne, RSM	25d. DATE FILED BY LOCAL REGISTRAR (MONTH, YEAR) OCT 13 1995
26a. LOCAL REGISTRAR'S SIGNATURE Sheila Lyne, RSM	26b. DATE FILED BY LOCAL REGISTRAR (MONTH, YEAR) OCT 13 1995

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THE GRANTORS, LARRY GILKERSON and SHARON GILKERSON, his wife, of the City of Chicago, County of Cook, State of Illinois, for and in consideration of TEN AND NO/100 (\$10.00) DOLLARS, and other good and valuable considerations in hand paid, CONVEY and QUIT CLAIM to LOUISE GRASSI, LARRY GILKERSON, and SHARON GILKERSON, 1748 West Newport, Chicago, IL 60657, the following described Real Estate situated in the County of Cook, in the State of Illinois, to wit:

Legal Description
 ↓

LOT 19 IN BLOCK 2 IN GROSS NORTH ADDITION TO CHICAGO, SAID ADDITION BEING A SUBDIVISION OF THE SOUTH WESTERLY 1/2 OF THE EAST 1/2 OF THE SOUTH EAST 1/4 OF SECTION 19, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois.

Permanent Real Estate Index Number: 14-19-413-010-0000

EXEMPT UNDER PROVISIONS OF PARAGRAPH E, SECTION 4, REAL ESTATE TRANSFER ACT.

11-20-06

Address of Real Estate: 1748 West Newport, Chicago, IL 60657

DATED this 20 day of November, 2006.

LARRY GILKERSON

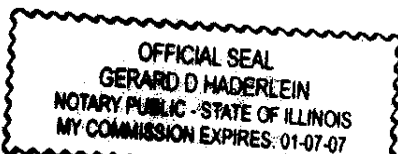
(SEAL)

SHARON GILKERSON

STATE OF ILLINOIS)
) SS.
 COUNTY OF COOK)

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that LARRY GILKERSON and SHARON GILKERSON, his wife, personally known to me to be the same persons, whose names are subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that they signed, sealed and delivered the said instrument as their free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

Given under my hand and official seal, this 20 day of November, 2006.



Gerard D. Haderlein
 NOTARY PUBLIC

This Instrument was prepared by: GERARD D. HADERLEIN, 3413 North Paulina, Chicago, IL 60657.

MAIL TO:
 Gilkerson
 1748 W. Newport
 Chicago, IL 60657

SEND SUBSEQUENT TAX BILLS TO:
 Gilkerson
 1748 W. Newport
 Chicago, IL 60657