

STATE OF ILLINOIS)
COUNTY OF Cook)

0701-09082

AFFIDAVIT OF HEIRSHIP

[Signature] state under the penalties of perjury:

- I am of legal age, reside at 8715 S Escanaba, am the daughter of LAURA E YOUNG (The "decedent"), and have knowledge of the facts stated in this Affidavit of Heirship.
- The decedent, who died at Chicago IL on 02/12/15, resided at 7158 S. ST. LAWRENCE, where the decedent held property in fee simple.
(City & State) (Date)
- The approximate value of decedent's estate at time of death was 60,000.00
- The decedent died leaving: (Select One)
 (A) No will;
 (B) A will which has been filed with the Clerk of the Circuit Court in _____ County, Illinois, which will, to the best of my knowledge, is decedent's last will and bears the true signatures of the testator and the attesting witnesses (please attach a certified copy).
- The decedent was married 1 times to the following persons:

Name Benjamin DAVIS Date of Termination of Marriage #1

Name _____ Date of Termination of Marriage #2

Name _____ Date of Termination of Marriage #3

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6. The following children were born to the above marriages:
Marriage #1 (please attach additional sheet if necessary)

Name *N/A* Age Marital Status

Name Age Marital Status

Name Age Marital Status

Name Age Marital Status

Marriage #2 (please attach additional sheet if necessary)

Name *N/A* Age Marital Status

Name Age Marital Status

Marriage #3 (please attach additional sheet if necessary)

Name *N/A* Age Marital Status

Name Age Marital Status

7. Only the children listed above were born of each marriage and only the children above were born to the deceased. *N/A*

8. The decedent: (Select One)

(A) Did not adopt any children during his/her life.

(B) Did adopt the following children: (please attach additional sheet if necessary)

Name Age Marital Status

Name Age Marital Status

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9. The following children of the decedent have died:

- (A) None
- (B):

Name	Age	Date of Death	Marital Status
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Name	Age	Date of Death	Marital Status
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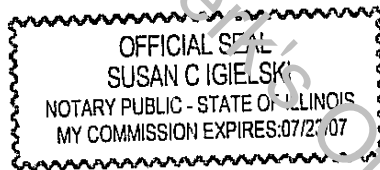
I ATTEST THE AFOREMENTIONED TO BE TRUE TO THE BEST OF MY KNOWLEDGE.

Date: 1/16/07

Suzanne Young
 Name:

Subscribed and sworn to before me this 17th day of January, 2007

Susan C. Gielski
 Notary Public



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CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

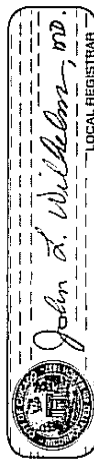
AUG 30 2005

REGISTRATION DISTRICT NO. **16.10**
REGISTERED NUMBER

602563

DECEASED-NAME 1. LAURA YOUNG	SEX 2. FEMALE	DATE OF DEATH (MONTH, DAY, YEAR) FEBRUARY 12, 2005
COUNTY OF DEATH 4. COOK	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. JANUARY 1, 1944	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. CHICAGO	NAME OF SURVIVING SPOUSE (MARRIED NAME, IF WIFE) 6b. 7158 S. ST LAWRENCE	IF DECEASED OR INST. INDICATE TO OFFICER OR PATIENT (SPECIFY) 6c. D.O.A.
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. RAYMOND, MS	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. DIVORCED	WAS DECEASED BY ARMED FORCES? (Y/N) 9. NO
SOCIAL SECURITY NUMBER 319-36-8441	USUAL OCCUPATION 11b. GAMING	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (10-12) 12. 12
RESIDENCE (STREET AND NUMBER) 13a. 7158 S. ST LAWRENCE	CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. CHICAGO	COUNTY 13c. COOK
STATE 13d. ILLINOIS	RACE (WHITE, BLACK, AMERICAN INDIAN, HISPANIC) 14a. BLACK	
FATHER-NAME FIRST MIDDLE LAST 15. JOHN DAVIS	MOTHER-NAME FIRST MIDDLE LAST 16. ETHEL LEE KELLEY	(MOTHER) LAST KELLEY
INFORMANT'S NAME (TYPE OR PRINT) 17a. LATRESS YOUNG	RELATIONSHIP 17b. DGRTR	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 7158 S. ST LAWRENCE
18. PART I. Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Immediate Cause (final disease or condition resulting in death) (a) ACUTE MYOCARDIAL INFARCTION DUE TO, OR AS A CONSEQUENCE OF (b) DIABETS MELITUS DUE TO, OR AS A CONSEQUENCE OF (c)		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		
DATE OF OPERATION, IF ANY 20a.	MAJOR FINDINGS OF OPERATION 20b.	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES [X] NO []
19. (1) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 12-14-2004		
21. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 21a. YES		
22. SIGNATURE AND ADDRESS OF CERTIFIER 22a. NARAIN SANKHAI M.D.		
22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 22d. 03604725		
23. HOURS OF DEATH 21c. 9:30 P		
DATE SIGNED (MONTH, DAY, YEAR) 22b. 02-18-2005		
ILLINOIS LICENSE NUMBER 22d. 03604725		
NOTE: IF AN INJURY WAS INVOLVED IN THE DEATH, THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		
BURIAL, CREMATION, REMOVAL, SPECIFY BURIAL 24a. BURIAL	CEMETERY OR CREMATORY-NAME 24b. MT. HOPE	LOCATION CITY OR TOWN STATE 24c. CHICAGO ILLINOIS
FUNERAL HOME 25a. PRECIOUS MEMORIES FUNERAL HOME 7605 S. HALSTED CHICAGO, IL 60620		
STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 24d. 02-19-05		
FUNERAL DIRECTOR'S SIGNATURE 25b. [Signature]		
FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-009960		
LOCAL REGISTRAR'S SIGNATURE 26a. [Signature]		
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. FEB 22 2005 J.H.		

I, JOHN L. WILHELM 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 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 OBTAINANCE OF SAID LAW AND ORDINANCES.



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

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Commitment Number: 0701-09082

EXHIBIT A
PROPERTY DESCRIPTION

The land referred to in this Document is described as follows:

LOT 24, IN BLOCK 1 IN WALTER S. DRAY'S ADDITION TO PARK MANOR IN THE NORTHEAST 1/4 OF SECTION 27, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN#: 20-27-203-041-0000

CKA: 7158 S. ST LAWRENCE AVENUE, CHICAGO, IL 60619

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