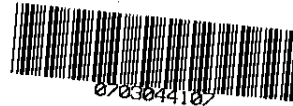


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Prepared By and Mail To:

Lorie K. Westerfield
410 S. Michigan, Suite 525
Chicago, IL 60605

Doc#: 0703044107 Fee: \$30.00
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 01/30/2007 04:36 PM Pg: 1 of 4

State of Illinois)
) ss.
County of Cook)

AFFIDAVIT OF HEIRSHIP

I, Mattie Dumas (HEIR), being duly sworn on oath, depose and say as follows:

- 1) I am 79 years old and live at 747 N Trumbull Chicago, Illinois
- 2) I am a surviving sister of the owner of the property at 3516 W Polk Chicago Illinois 60612 and further described as:

SEE ATTACHED LEGAL

P.I.N. 16-14-310-023

- 3) My late brother, Lawrence Sherman, died **INTESTATE** on October 3, 2006 as evidenced by a copy of his death certificate attached hereto.
- 4) That the decedent was never married

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- 5) That the decedent had no children.
- 6) That decedent did not adopt children.
- 7) That there were no other children born or adopted by the decedent.
- 8) That the heirs of Lawrence Sherman are:

Mattie Dumas, sister, adult
 Leona Harris, sister, adult

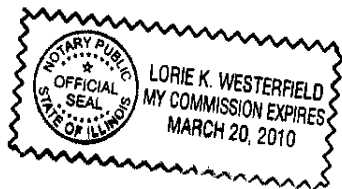
I make this affidavit for the purpose of inducing _____ to waive all matters from its commitment number _____ relating to the interest of Lawrence Sherman.

FURTHER, AFFIANT SAYETH NOT

Mattie M. Dumas
 Mattie Dumas

On this 14th day of November, 2006
MATTIE M. DUMAS appeared before me and upon oath stated that she has read the Affidavit of Heirship, and that the statements contained therein are true and correct.

[Signature]
 Notary Public



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0328126066 Page: 12 of 14

SCHEDULE C

File No.: 2005-04163-MR

Commitment No.: 2005-04163-MR

PROPERTY DESCRIPTION

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

LOT 64 IN GARFIELD BOULEVARD ADDITION TO CHICAGO IN THE SOUTHWEST 1/4 OF SECTION 14,
TOWNSHIP 39 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

16-14-310-023-0000

Property of Cook County Clerk's Office

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STATE OF ILLINOIS
 STATE FILE NUMBER 6138773
 STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO

REGISTRATION NO. **16.10**
 REGISTERED NUMBER

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (MONTH, DAY, YEAR)
October 03, 2006

DECEASED-NAME: **Lawrence** FIRST MIDDLE LAST
Shertman SEX **Male** DATE OF BIRTH (MONTH, DAY, YEAR)
October 27, 1924

1. COUNTY OF DEATH: **Cook**
 2. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **Chicago**
 3. AGE-LAST BIRTHDAY (YRS): **76**
 4. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): **Lincoln Park Hospital**

5. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **Never Married**
 6. USUAL OCCUPATION: **Retired**
 7. SOCIAL SECURITY NUMBER: **352-22-0611**
 8. RESIDENCE (STREET AND NUMBER): **3846 W. Polk St.**
 9. CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **Chicago**
 10. INSIDE CITY (YES/NO): **Yes**
 11. COUNTY: **Cook**

12. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.): **Black**
 13. HISPANIC ORIGIN? (SPECIFY NO OR YES): **No**
 14. MOTHER-NAME: **Ethel**
 15. FATHER-NAME: **Harry**
 16. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): **17c. 623 N. Lorel Chicago, IL 60644**

17. **Leona Harris** RELATIONSHIP: **Sister**
 18. PART I. Immediate Cause (Final disease or condition resulting in death): **Coronary Arterial Disease**
 19. Enter the diseases, or complications that caused the death. Do not enter the mode of death, such as cardiac or respiratory arrest.
 (a) DUE TO, OR AS A CONSEQUENCE OF
 (b) DUE TO, OR AS A CONSEQUENCE OF
 (c) DUE TO, OR AS A CONSEQUENCE OF

20. DATE OF OPERATION, IF ANY: **October 03, 2006**
 21. MAJOR FINDINGS OF OPERATION: **Coronary Arterial Disease**
 22. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): **Yes**
 23. HOUR OF DEATH: **12:45 PM**
 24. DATE SIGNED (MONTH, DAY, YEAR): **October 03, 2006**

25. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE SAME DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
 26. SIGNATURE OF CERTIFIER: **Walter J. ...**
 27. NAME AND ADDRESS OF CERTIFIER: **550 W. Webster Chicago, IL 60664**
 28. ILLINOIS LICENSE NUMBER: **036087155**

29. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: **...**
 30. BIRTHAL, CREMATION, REMOVAL (SPECIFY): **Burial**
 31. CEMETERY OR CREMATORY-NAME: **Burr Oak**
 32. LOCATION: **Alsd, IL**
 33. DATE: **10-7-06**

34. FUNERAL HOME: **Wallace Broadview Funeral Home**
 35. STREET AND NUMBER OR R.F.D.: **2020 Roosevelt Rd Broadview, IL 60155**
 36. FUNERAL DIRECTOR'S SIGNATURE: **Wallace**
 37. ILLINOIS LICENSE NUMBER: **34-9351**
 38. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **OCT 06 2006**

39. LOCAL REGISTRAR'S SIGNATURE: **...**
 40. DATE: **OCT 06 2006**

OCT 06 2006
 TERRY MASON 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 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 ORDINANCE OF SAID LAW AND ORDINANCES.

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.