

UNOFFICIAL COPY



0711039051

Doc#: 0711039051 Fee: \$34.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 04/20/2007 09:17 AM Pg: 1 of 6

State of Illinois)
County of Cook) s.s.

AFFIDAVIT OF HEIRSHIP

I, Melba Rogers Bright, being duly sworn on oath, depose and say as follows:

- 1) I am of legal age and live at 9510 South Constance Chicago, Illinois 60621
- 2) I am the surviving daughter owner of the property at 7737 South Champlain, Chicago, Illinois 60619 further described as

SEE ATTACHED LEGAL

P.I.N. 20- 27- 421-014

- 3) My late mother died intestate on November 29, 2002 as evidence

07-03004804

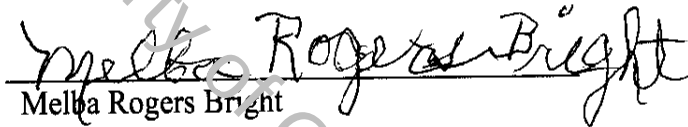
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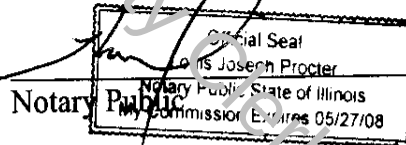
by a copy of her death certificate attached hereto.

- 4) That the decedent was married once and was preceded in death by her husband, John L. Davis Sr.
- 5) That decedent did not adopt a child or children.
- 6) That the heirs of John L. Davis Sr. and Epsie Irene Davis are Melba Rogers Bright and Elber Davis Sr.

I made this affidavit for the purpose of inducing Chicago Abstract Title Company to waive all matters from its commitment relating to the interest of Melba Rogers Bright, FURTHER, AFFIANT SAYETH NOT.


Melba Rogers Bright

On this 22nd day of April 2007 appeared before me and upon oath Stated that he has read the Affidavit of Heirship, and that the statements contained Therein are true and correct.



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THE NORTH 20 FEET OF LOT 34 AND THE SOUTH 7 AND 1/2 FEET OF LOT 35
IN WAKEFORD SECOND ADDITION, BEING WILLIAM A. BOND'S
SUBDIVISION OF BLOCK 11, IN WAKEMAN'S SUBDIVISION OF THE EAST 1/2
OF THE SOUTHEAST 1/4 OF SECTION 27, TOWNSHIP 38 NORTH, RANGE 14
EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Pin: 20-27-421-014

FOR INFORMATIONAL PURPOSES ONLY:

THE SUBJECT PROPERTY IS COMMONLY KNOWN AS:

7737 S. Champlain, Chicago, IL 60619

Property of Cook County Clerk's Office

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02/27/2007 15:28 7733747100

JONATHAN CHAPMAN ESQ

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* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Local No. 324

CERTIFICATE OF DEATH

Feb 1 2005
Date Issued

Hammond Health Commissioner

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

1. DECEASED NAME (Print, Middle, Last) Elbert Counte Davis Sr.		2. SEX Male	3a. TIME OF DEATH 12:25 PM	3b. DATE OF DEATH (Month, Day, Year) April 13, 2003
4. SOCIAL SECURITY NUMBER 355-20-7458	5a. AGE—Last Birthday (Years) 72	5b. UNDER 1 YEAR Months Days	6a. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Month, Day, Year) June 4, 1930
7a. WAS DECEDENT A U.S. VETERAN? No	7b. YEAR LAST SERVED IN U.S. ARMED FORCES N/A	8. PLACE OF DEATH (Check only one. See instructions) ☒ Hospital ☐ Nursing Home ☐ Other (Specify) ☐ In/Outpatient ☐ OOA ☐ Prison		
9a. FACILITY NAME (If not institution, give street and number) St. Margaret Mercy Hospital North		9b. CITY, TOWN, OR LOCATION OF DEATH Hammond		9c. COUNTY OF DEATH Lake
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If not, give present name) Alice Morrow	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Police		12b. KIND OF BUSINESS/SYNONYMITY CPD
13a. RESIDENCY—STATE IL	13b. COUNTY Cook	13c. CITY, TOWN, OR LOCATION Calumet City		13d. STREET AND NUMBER 100 Park Ave. Unit 707
14a. ZIP CODE 60409	14b. RESIDE CITY LIMITS ☐ Yes ☒ No	14c. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify) Black
17. OCCIDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (1-12) 12 College (1-4 or 5+) 2		18. OCCIDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (1-12) 12 College (1-4 or 5+) 2		
19. FATHER'S NAME (Print, Middle, Last) John L. Davis		20. MOTHER'S NAME (Print, Middle, Last) Epsie I. Hill		
21. INFORMANT'S NAME (Type/Print) Alice Davis		22. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 100 Park Ave. Unit 707 Calumet city, IL 60409		23. Relationship Wife
24. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)		25. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) April 18, 2003 Oakland Memory Lanes		26. LOCATION—City or Town, State Dolton, IL
27. EMBALMER'S NAME John Noble		28. ILL ALIEN'S LICENSE NO. 9000031		29. WAS DEATH REPORTED TO CORONER? ☒ No ☐ Yes
30. SIGNATURE OF FUNERAL DIRECTOR [Signature]		31. SIGNATURE OF FUNERAL HOME [Signature]		32. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish FH #3002619 5840 Higgins Ave. Hammond, IN 46320 (For Getting FH, Chicago, IL 60628 signature only)
33. PART I. Enter the diseases, injuries, or complications that caused the death. Do not repeat conditions that are as causes or subsidiary causes, shock or heart failure. List only one cause on each line. CARDIO PULMONARY ARREST. SHOCK				
34. PART II. Other significant conditions: Conditions contributing to death but not previously stated in Part I. METASTATIC ADENOCARCINOMA IN ABDOMEN EXTENSIVE PULMONARY EMBOLISM				
35. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM (Yes or no)? No		36. WAS AN AUTOPSY PERFORMED (Yes or no)? No		37. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No
38. CERTIFIER (Check only one) ☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. ☐ HEALTH OFFICER On the basis of examination and/or investigation, or my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. ☐ CORONER On the basis of examination and/or investigation, or my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.		39. SIGNATURE AND TITLE OF CERTIFIER Gremmen, MD		
40. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Type/Print) R. Norani M.D. 5815 Calumet Ave. Hammond, IN 46320		41. MEDICAL LICENSE NO. 01051877A		42. DATE SIGNED (Month, Day, Year) 4-18-03
43. HEALTH OFFICER'S SIGNATURE [Signature]		44. DATE FILED (Month, Day, Year) April 21, 2003		
45. MANNER OF DEATH ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be determined ☐ Homicide		46a. DATE OF INJURY (Month, Day, Year)	46b. TIME OF INJURY	46c. INJURY AT WORK? (Yes or no)
47. PLACE OF INJURY—At home, farm, street, library, office, building, etc. (Specify)		48. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
49. DATE PRONOUNCED DEAD (Month, Day, Year)		50. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.		

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TILLER JACKSON LAW

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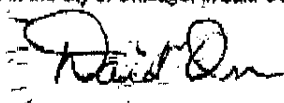
STATE OF ILLINOIS
County of Cook)

DAVID ORR, County Clerk

FEB 26 2007

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my Office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.


COUNTY CLERK

STATE OF ILLINOIS				STATE FILE NUMBER	
MEDICAL CERTIFICATE OF DEATH				602261	
DECEASED NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
JOHN DAVIS		MALE	FEBRUARY 1, 1998		
COUNTY OF DEATH	AGE LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	
COOK	58.90	5b	6a	JAN. 12 1906	
CITY, TOWN, VILLAGE OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION NAME IF NOT IN EITHER, GIVE STREET AND NUMBER		F. FILED (FILE NUMBER)	
CHICAGO 60		7039 SOUTH MAPLEWOOD		60. HOSPITAL	
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED		NAME OF SURVIVING SPOUSE (MARRIED NAME IF WIFE)		F. FILED (FILE NUMBER)	
7. MISSISSIPPI		NONE		60. HOSPITAL	
8a. HEALTH CARE PROVIDER		8b. NONE		F. FILED (FILE NUMBER)	
10. 430-30-5840		11a. ATTENDANT		11b. CEMETERY	
RESIDENCE (GIVE STREET AND NUMBER)		CITY, TOWN, VILLAGE OR ROAD DISTRICT NO.		COUNTY	
7039 SOUTH MAPLEWOOD		CHICAGO		COOK	
STATE		COUNTRY OF BIRTH		SPECIFY (YES/NO)	
ILLINOIS		UNITED STATES		YES	
FATHER NAME FIRST MIDDLE LAST		MOTHER NAME FIRST MIDDLE LAST		F. FILED (FILE NUMBER)	
JOHN DAVIS		JOHN JONES		60. HOSPITAL	
INFORMANT NAME (GIVE FULL NAME)		RELATIONSHIP		F. FILED (FILE NUMBER)	
ROBERT POWERS		NEPHEW		60. HOSPITAL	
TELEPHONE		F. FILED (FILE NUMBER)		F. FILED (FILE NUMBER)	
1. ADVANCED COLON CANCER & DUE TO CRASH CONSEQUENCED		2. PROBABLE LUNG CANCER		3. DUE TO CRASH CONSEQUENCED	
DATE OF OPERATION (IF ANY)		MORPHOLOGY OF OPERATION		F. FILED (FILE NUMBER)	
JANUARY 14, 1998		NO		60. HOSPITAL	
TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE SAME DATE AND PLACE AND DUE TO THE CAUSE(S) STATED		F. FILED (FILE NUMBER)		F. FILED (FILE NUMBER)	
22a. SIGNATURE		22b. NAME AND ADDRESS OF CERTIFIER		22c. DATE	
SOFIYA S. NIKHILINERI, MD		5841 SOUTH MARYLAND CHICAGO, ILLINOIS 60637		FEBRUARY 2, 1998	
23a. NAME OF ATTENDING PHYSICIAN (OTHER THAN CERTIFIER)		23b. STREET AND NUMBER OF R.F.D.		23c. CITY OR TOWN	
NONE		23d. ZION GROVE		23e. MISSISSIPPI	
24a. FUNERAL HOME		24b. STREET AND NUMBER OF R.F.D.		24c. CITY OR TOWN	
SEALS FUNERAL HOME LTD 8354 SOUTH MARQUETTE AVE CHICAGO, ILL 60657		24d. ZION GROVE		24e. MISSISSIPPI	
25a. SIGNATURE		25b. STREET AND NUMBER OF R.F.D.		25c. CITY OR TOWN	
Chas. Seals		25d. ZION GROVE		25e. MISSISSIPPI	

RECEIVED IN BAD CONDITION

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JONATHAN CHAPMAN ESQ

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STATE OF ILLINOIS
STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16:33
REGISTERED NUMBER 755

DECEASED-NAME FIRST MIDDLE LAST
Epsie Irene Davis

1. COUNTY OF DEATH 2. SEX
Cook Female

3. DATE OF DEATH MONTH DAY YEAR
November 29, 2002

4. AGE LAST BIRTHDAY MONTH DAY YEAR
58 99 58 June 25, 1903

5. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER
Cook

6. EVERGREEN PARK
BIRTHPLACE (IF BORN IN U.S.)
MINERAL SPRING, ARK
BIRTHPLACE (IF BORN OUTSIDE U.S.)
SOCIAL SECURITY NUMBER
111-07-5592

7. MARRIED, NEVER MARRIED, WIDOWED, OR DIVORCED (IF EVER)
MARRIED
8. NAME OF SURVIVING SPOUSE (MARRIED)
NONE

9. NAME OF OTHER INSTITUTION (IF NOT MARRIED)
EMERALD PARK HEALTH CARE CTR
10. NAME OF BUSINESS OR INDUSTRY
NONE

11. TYPE OF DEATH
11a. At home
11b. In a hospital
11c. In a nursing home
11d. In a hospice
11e. In a prison
11f. In a military institution
11g. In a hospital
11h. In a nursing home
11i. In a hospice
11j. In a prison
11k. In a military institution

12. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER
Chicago

13. STATE
Illinois

14. RACE
Afro-American

15. RELATIONS TO DECEASED
Nancy Vaughn

16. MAILING ADDRESS (STREET AND NO. OR R.F.D. CITY AND STATE)
176 Daugherty 9510 So. Constance Chicago, IL 60617

17. IMMEDIATE CAUSE (Find disease or condition resulting in death)
Dematin

18. PARTIAL
CONDITIONS IF ANY WHICH GIVE RISE TO MAJOR CAUSE OF DEATH
Dematin

19. DATE OF OPERATION, IF ANY
NONE

20. DATE OF OPERATION, IF ANY
NONE

21. DATE OF OPERATION, IF ANY
NONE

22. SIGNATURE
W. Jones-O'Bea

23. NAME AND ADDRESS OF PHYSICIAN
W. Jones-O'Bea

24. NAME OF ATTESTING PHYSICIAN
W. Jones-O'Bea

25. NAME OF ATTESTING PHYSICIAN
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100. NAME OF ATTESTING PHYSICIAN
W. Jones-O'Bea

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD OF THE PERSON IN ITEM #1 AND THAT THIS RECORD WAS ESTABLISHED AND FILED IN MY OFFICE IN ACCORDANCE WITH THE PROVISIONS OF THE ILLINOIS STATUTES RELATING TO THE REGISTRATION OF BIRTHS, STILLBIRTHS AND DEATHS.

DATE DECEMBER 10 2002

AT EVERGREEN PARK, ILLINOIS

REGISTRAR Annette Thayer

DEPUTY REGISTRAR