1/3

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)
) s.s
County of Cook)

AFFIDAVIT OF HEIRSHIP

07.0300480 04

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

(6pg)

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 March 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.

Notary Public

Official Seal
Doris Joseph Procter
Notary Public, State of Illinois
My Commission Expires 05/27/08

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

* 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.

Local No. 324

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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

Feb 1, 2007 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

1. DECEASED—Name (First, Middle, Last): Elbert Counte Davis Sr.
2. SEX: Male
3. TIME OF DEATH: 12:25P M
3b. DATE OF DEATH (Month, Day, Yr.): April 13, 2003
4. SOCIAL SECURITY NUMBER: 355-20-7458
5a. AGE—Last Birthday (Years): 72
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Mo, Day, Yr): June 4, 1930
7. BIRTHPLACE (City and State or Foreign Country): Chicago, IL
8a. WAS DECEDENT A U.S. VETERAN?: No
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: N/A
8c. PLACE OF DEATH (Check only one, then complete): HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence
9b. FACILITY NAME (If not institution, give street and number): St. Margaret Mercy Hospital North
9c. CITY, TOWN, OR LOCATION OF DEATH: Hammond
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Alice Morrow
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work during most of working life. Do not use retired): Police
12b. KIND OF BUSINESS/INDUSTRY: CPD
13a. RESIDENCE—STATE: IL
13b. COUNTY: Cook
13c. CITY, TOWN, OR LOCATION: Calumet City
13d. STREET AND NUMBER: 100 Park Ave. UNit 707
13e. ZIP CODE: 60409
13f. INSIDE CITY LIMITS? ☐ No ☐ Yes
13g. ON A FARM? ☒ No ☐ Yes
14. 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. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+): 2

PARENTS

18. FATHER'S NAME (First, Middle, Last): John L. Davis
19. MOTHER'S NAME (First, Middle, Maiden Surname): Epsie I. Hill

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Alice Davis
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 100 Park Ave. Unit 707 Calumet city, IL 60409
20c. Relationship: Wife

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) ☐ Entombment
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): April 18, 2003 Oakland Memory Lanes
21c. LOCATION—City or Town, State: Dolton, IL
22a. EMBALMER'S NAME: John Noble
22b. EMBALMER'S LICENSE NO.: 9000031
23. WAS DEATH REPORTED TO CORONER? ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: John T. Noble
24b. LICENSE NUMBER (If not same): 9000031
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Burns-Kish FH #3002819 5840 Hohman Ave. Hammond, IN 46320 (for Catling FH, Chicago, IL 60628 signature only)

CAUSE OF DEATH

26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter terminal events such as cardiac or respiratory arrest, shock, or heart failure. Use only one cause on each line. Approximate Interval Between Onset and Death

Immediate cause (Final disease or condition resulting in death):
a. CARDIO PULMONARY ARREST.
Due to (or as a consequence of):
b. SHOCK
Due to (or as a consequence of):
c.
Due to (or as a consequence of):
d.

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last.

PART II. Other significant conditions: Conditions contributing to death but not resulting in Part I.
METASTATIC ADENOCARCINOMA IN ABDOMEN EXTENSIVE PULMONARY Embolism

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or No): No
28a. WAS AN AUTOPSY PERFORMED? (Yes or No): No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No): No

CERTIFIER

29a. 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) or stated.
☐ HEALTH OFFICER On the basis of examination and/or investigation, in 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, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated

29b. SIGNATURE AND TITLE OF CERTIFIER: Nomani, MD
29c. MEDICAL LICENSE NO.: 01051877A
29d. DATE SIGNED (Month, Day, Year): 4-18-03 (APPT)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 29 (Type/Print): R. Nomani M.D. 5815 Calumet Ave. Hammond, IN 46320

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Franklin D. Brenner Jr. M.D.
32. DATE FILED (Month, Day, Year): April 21, 2003

33. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? (Yes or No)
34d. DESCRIBE HOW INJURY OCCURRED
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
34g. DATE PRONOUNCED DEAD (Month, Day, Year)
34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.

SDH08-004 State Form 10110 (R5/1-99)

MAR-21-2007 11:29 From:BUSINESS SERVICES 708 283 3685 To:13122521566 P.4/10

03/01/2007 10:05 0000000000 TILLER JACKSON LAW PAGE 02/02

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.

[signature]
COUNTY CLERK

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO.
REGISTERED NUMBER 10
STATE FILE NUMBER 602361

DECEASED-NAME: 1. JOHN DAVIS
SEX: 2. MALE
DATE OF DEATH (MONTH, DAY, YEAR): 3. FEBRUARY 1, 1998
COUNTY OF DEATH: 4. COOK
AGE-LAST BIRTHDAY (YRS): 5a. 90
UNDER 1 YEAR: 5b.
UNDER 1 DAY: 5c.
DATE OF BIRTH (MONTH, DAY, YEAR): 6. JAN. 12 1908
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: 6a. CHICAGO
HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): 6b. 7039 SOUTH MAPLEWOOD
IF HOSP. OR INST. INDICATE DOA, OP/EMER., INPATIENT (SPECIFY): 6c. HOME
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): 7. MISSISSIPPI
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): 8. WIDOWED
NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): 9. NONE
SOCIAL SECURITY NUMBER: 10. 430-30-5840
USUAL OCCUPATION: 11a. ATTENDANT
KIND OF BUSINESS OR INDUSTRY: 11b. CEMETERY
EDUCATION: 12. 12 years
RESIDENCE (STREET AND NUMBER): 13a. 7039 SOUTH MAPLEWOOD
CITY, TOWN, TWP. OR ROAD DISTRICT NO.: 13b. CHICAGO
INSIDE CITY LIMITS (YES/NO): 13c. YES
COUNTY: 13d. COOK
STATE: 13e. ILLINOIS
ZIP CODE: 13f. 60636
RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY): 13g. BLACK
OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.): 14a. NO
FATHER-NAME (FIRST, MIDDLE, LAST): 15. JOHN DAVIS
MOTHER-NAME (FIRST, MIDDLE, MAIDEN LAST): 16. JULIA SMITH
INFORMANT'S NAME (TYPE/PRINT): 17a. ROBERT POWELL
RELATIONSHIP: 17b. NEPHEW
MAILING ADDRESS: 17c. 7039 SOUTH MAPLEWOOD, CHICAGO

18. PART I. Enter the diseases, injuries, 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) ADVANCED COLON CANCER &
DUE TO, OR AS A CONSEQUENCE OF: (b) PROBABLE LUNG CANCER
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.
AUTOPSY (YES/NO): 19a.
19b.
DATE OF OPERATION, IF ANY: 20a.
MAJOR FINDINGS OF OPERATION: 20b.
20c. Y ... NO

DATE DECEASED WAS LAST SEEN ALIVE (MONTH, DAY, YEAR): 21a. JANUARY 14, 1998
WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): 21b. NO
HOUR OF DEATH: 21c. 9:07 P.M.

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
22a. SIGNATURE: [signature]
DATE SIGNED (MONTH, DAY, YEAR): 22b. FEBRUARY 2, 1998
NAME AND ADDRESS OF CERTIFIER (TYPE/PRINT): 22c. SOWMYA S. NIMBALKAR, MD 5841 SOUTH MARYLAND CHICAGO, ILLINOIS 60637
LICENSE NUMBER: 22d. 036-093360
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): 23.

BURIAL, CREMATION, REMOVAL (SPECIFY): 24a. BURIAL
CEMETERY OR CREMATORY-NAME: 24b. ZION GROVE
LOCATION (CITY OR TOWN, STATE): 24c. SHELBY, MISSISSIPPI
DATE: 24d. FEB 5, 1998
FUNERAL HOME (NAME, STREET AND NUMBER OR R.F.D., CITY OR TOWN, STATE, ZIP): 25a. SEALS FUNERAL HOME LTD 8354 SOUTH MARQUETTE AVE CHICAGO, ILL 60617
FUNERAL DIRECTOR'S SIGNATURE: [signature]
FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 25b. 31-11120
LOCAL REGISTRAR'S SIGNATURE: 26a.
DATE FILED: 26b. FEB ...

RECEIVED IN BAD CONDITION

MAR-21-2007 11:30 From:BUSINESS SERVICES 708 283 5686 To:13122521566 P.5/10

02/27/2007 15:28 7733747100 JONATHANCHAPMAN ESQ PAGE 04/10

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16:33

REGISTERED NUMBER 755

STATE FILE NUMBER

1. DECEASED–NAME (FIRST, MIDDLE, LAST)	Epsie Irene Davis
2. SEX	Female
3. DATE OF DEATH (MONTH, DAY, YEAR)	November 29, 2002
4. COUNTY OF DEATH	Cook
5a. AGE–LAST BIRTHDAY (YEARS)	99
5b. UNDER 1 YEAR (MOS. / DAYS)	
5c. UNDER 1 DAY (HOURS / MIN.)	
5d. DATE OF BIRTH (MONTH, DAY, YEAR)	June 29, 1903
6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER	Evergreen Park
6b. HOSPITAL OR OTHER INSTITUTION–NAME	Emerald Park Health Care Ctr
6c. IF HOSP. OR INST., INDICATE D.O.A., OP/EMER. RM, INPATIENT (SPECIFY)	Inpatient
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	Mineral Sprg, AK
8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	Widowed
8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME)	
9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	No
10. SOCIAL SECURITY NUMBER	345-07-5592
11a. USUAL OCCUPATION	Homemaker
11b. KIND OF BUSINESS OR INDUSTRY	At home
12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) College (1-4 or 5+)	12 yrs
13a. RESIDENCE (STREET AND NUMBER)	9510 So. Constance
13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO.	Chicago
13c. INSIDE CITY LIMITS (YES/NO)	Yes
13d. COUNTY	Cook
13e. STATE	Illinois
13f. ZIP CODE	60617
14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	Afro-American
14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES–IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)	☒ NO ☐ YES SPECIFY:
15. FATHER–NAME (FIRST, MIDDLE, LAST)	Judge Hill
16. MOTHER–NAME (FIRST, MIDDLE, (MAIDEN) LAST)	Nancy Vaugh
17a. INFORMANT'S NAME (TYPE OR PRINT)	Melba R. Bright
17b. RELATIONSHIP	Daughter
17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)	9510 So. Constance Chicago, IL60617

18. PART I. Enter the diseases, 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.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Immediate Cause (Final disease or condition resulting in death)	(a) Dementia	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST	DUE TO, OR AS A CONSEQUENCE OF (b) arthy Hm;	
	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.

19a. AUTOPSY (YES/NO)	No
19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)	
20a. DATE OF OPERATION, IF ANY	
20b. MAJOR FINDINGS OF OPERATION	
20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?	YES ☐ NO ☐
21a. I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)	Nov 2002
21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	NO
21c. HOUR OF DEATH	2:25 A. M.

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

22a. SIGNATURE	[signature]
22b. DATE SIGNED (MONTH, DAY, YEAR)	12-3-02
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)	Mahir Al Kabaytarian 2315 W Belmont Chicago IL 60618
22d. ILLINOIS LICENSE NUMBER	036-094781
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)	

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

24a. BURIAL, CREMATION, REMOVAL (SPECIFY)	Burial
24b. CEMETERY OR CREMATORY–NAME	Burr Oak
24c. LOCATION (CITY OR TOWN, STATE)	Alsip, Illinois
24d. DATE (MONTH, DAY, YEAR)	Dec 6, 2002
25a. FUNERAL HOME (NAME, STREET AND NUMBER OR R.F.D., CITY OR TOWN, STATE, ZIP)	W. Jones-O'Bee 7605 So. Halsted St. Chicago, Illinois 60620
25b. FUNERAL DIRECTOR'S SIGNATURE	[signature]
25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	034-009960
26a. LOCAL REGISTRAR'S SIGNATURE	Annette Thaxes (K.K.)
26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	

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 [signature]

DEPUTY REGISTRAR ________