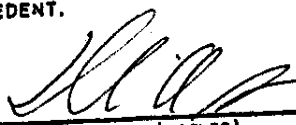


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STATEMENT of INFORMATION				TITLE INSURANCE APPLICATION NUMBER	
Interrogatories Re: Estate of <u>George Brown</u> , deceased					
NAME OF AFFIANT <u>David Brown</u>			ADDRESS OF AFFIANT <u>9051 S. Racine, Chgo, IL 60620</u>		
RELATIONSHIP OF AFFIANT TO DECEASED: <u>Son</u>			OCCUPATION OF DECEASED: <u>Retired</u>		
DATE OF DEATH OF DECEDENT: <u>9/7/03</u>		AGE OF DECEDENT: <u>78</u>		NOTE: DEATH CERTIFICATE MUST BE FURNISHED.	
RESIDENCE OF DECEASED FOR THE TEN YEARS PRECEDING DATE OF DEATH	FROM (DATE)	TO (DATE)	STREET NUMBER	CITY	STATE
	<u>1968</u>	<u>2003</u>	<u>9051 S. Racine</u>	<u>Chgo</u>	<u>IL</u>
IS THE ESTATE OF THE DECEDENT BEING PROBATED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, STATE IN WHAT COUNTY AND STATE HAVE THE ADMINISTRATION PROCEEDINGS BEEN COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> NO					
DID THE DECEDENT LEAVE A WILL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, HAS IT BEEN ADMITTED TO PROBATE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF NO, HAS IT BEEN FILED WITH THE CLERK OF THE PROBATE COURT OF CCI IN THE UNPROVED WILL BOX? <input type="checkbox"/> YES <input type="checkbox"/> NO					
WHAT WAS THE TOTAL VALUE OF THE ESTATE OF THE DECEDENT, INCLUDING THE PROPERTY DESCRIBED IN THE ABOVE TITLE INSURANCE APPLICATION, AS WELL AS ALL PERSONAL PROPERTY AND OTHER REAL ESTATE IN ILLINOIS OR ELSEWHERE IN THE U.S., PROCEEDS OF INSURANCE ON THE LIFE OF THE DECEDENT, CASH, SECURITIES, BANK DEPOSITS AND THE INTEREST OF THE DECEDENT IN REAL, OR PERSONAL PROPERTY, IF ANY HELD IN JOINT TENANCY?					\$ <u>180,000</u>
WHAT WAS THE APPROXIMATE NET VALUE OF THE ESTATE AVAILABLE FOR DISTRIBUTION?					\$ <u>180,000</u>
APPROXIMATELY HOW MUCH OF THIS WAS CASH OR MARKETABLE SECURITIES?					\$ <u>0</u>
WHAT OTHER REAL ESTATE WAS OWNED BY THE DECEASED AT ANY TIME WITHIN 10 YRS. FROM THE DATE OF DEATH, IN ADDITION TO THAT DESCRIBED IN THE ABOVE NUMBERED TITLE INSURANCE APPLICATION?	LOCATION	NATURE OF IMPROVEMENTS	APPROXIMATE GROSS VALUE	UNPAID BALANCE OF MORTGAGE SIGNED / ASSUMED	ARE THERE ANY EXISTING DEFULTS IN THE MTG. PAYMENTS <input type="checkbox"/> YES <input type="checkbox"/> NO
	<u>NA</u>		\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<u>NA</u>			\$	\$
HAD THE DECEDENT BEEN A RECIPIENT OF ANY PENSION UNDER THE ILLINOIS OLD AGE PENSION ACT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
IF YES, HOW MUCH A MONTH \$ _____ AND FOR HOW MANY MONTHS? _____					
HAVE ALL EXPENSES OF THE LAST ILLNESS AND BURIAL OF THE DECEASED, DOCTOR'S, HOSPITAL AND UNDERTAKER'S BILLS BEEN PAID IN FULL? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				NOTE: RECEIPTS FOR THESE ITEMS TO BE PRODUCED	

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HAVE ALL DEBTS OF THE DECEASED, INCLUDING PARTNERSHIP OBLIGATIONS, IF ANY, AND CLAIMS AGAINST THE ESTATE BEEN FULLY PAID? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, DESCRIBE ALL UNPAID ITEMS IN DETAIL (USE SEPARATE SHEET IF NECESSARY).	
HAD THE DECEASED AT ANY TIME AFTER JANUARY 1, 1952 BEEN CONFINED IN A STATE OF ILLINOIS MENTAL HOSPITAL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	NOTE: RECEIPTS TO BE PRODUCED.
IF YES, HAVE ALL CHARGES IN CONNECTION THEREWITH BEEN PAID IN FULL? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IS THE DECEDENT'S ESTATE LIABLE ON ANY LEASE, CONTRACT, MORTGAGE, JUDGMENT, DEFICIENCY DECREE OR OTHER OBLIGATIONS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IF YES, DESCRIBE FULLY.	
IS THE ESTATE LIABLE TO OR SUBJECT TO A CLAIM ON THE PART OF ANY ONE FOR PERSONAL OR NURSING SERVICES RENDERED OR ROOM AND BOARD FURNISHED TO THE DECEDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, TO WHOM AND FOR HOW MUCH?
WAS THE DECEASED, AT THE TIME OF HIS OR HER DEATH, ACTING AS ADMINISTRATOR OF THE ESTATE OF OR AS EXECUTOR, OR TRUSTEE UNDER THE WILL OF ANY PERSON? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
IF YES, HAS SUCH ESTATE BEEN CLOSED OR A SUCCESSOR TRUSTEE APPOINTED, THEREBY TERMINATING ALL LIABILITY OF THE DECEDENT'S FIDUCIARY? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
WAS THE DECEDENT'S ESTATE SUBJECT TO ILLINOIS INHERITANCES TAXES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
WERE THE PREMISES IN QUESTION SCHEDULED IN THE RETURN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
HAS THE TAX, IF ANY, BEEN PAID? <input type="checkbox"/> YES <input type="checkbox"/> NO	NOTE: IF YES, RECEIPT, OR RELEASE AS TO PREMISES IN QUESTION TO BE PRODUCED.
WAS THE ESTATE OF SUFFICIENT SIZE TO BE SUBJECT TO FEDERAL ESTATE TAX? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
WAS A PRELIMINARY NOTICE ON FORM 704 FILED OR WAS ONE REQUIRED TO BE FILED WITH THE DISTRICT DIRECTOR OF INTERNAL REVENUE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
HAVE ALL INCOME, PERSONAL PROPERTY, RETAILERS' OCCUPATIONAL AND OTHER TAXES DUE AND OWING BY THE DECEDENT OR HIS OR HER ESTATE BEEN FULLY PAID AND DISCHARGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
AFFIANT STATES THAT THE FOREGOING ANSWERS TO INTERROGATORIES ARE TRUE AND THAT HE MAKES THIS AFFIDAVIT AND ANSWERS TO INTERROGATORIES TO INDUCE FREE AND CLEAR OF CLAIMS, ADMINISTRATION EXPENSES, TAXES AND OTHER OBJECTIONS, IF ANY, RELATING TO THE ESTATE OF SAID DECEDENT.	
 (SIGNED)	
STATE OF ILLINOIS) COUNTY OF COOK) SS	PRESENTED TO
SUBSCRIBED AND SWORN TO BEFORE ME BY THE SAID <u>David Brown</u> THIS <u>5th</u> DAY OF <u>October</u> <u>2006</u>	<div style="border: 2px dashed black; padding: 5px; text-align:center;"> "OFFICIAL SEAL" Arnetta C. Meakens Notary Public, State of Illinois My Commission Exp. 08/24/2009 </div>
<u>Arnetta C. Meakens</u> NOTARY PUBLIC	By _____ ADDRESS _____

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Legally described as: THE NORTH 12 FEET OF LOT 27, ALL OF LOT 28 AND THE SOUTH 5 FEET OF LOT 29 IN BLOCK 5 IN W. O. COLE'S SUBDIVISION OF THE NORTH EAST QUARTER OF SECTION 5, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PROPERTY TAX PIN 25-05-226-043-0000

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9. a) Pursuant to the Last Will and Testament of _____, the decedent herein, left his/her entire estate, both real and personal, to _____.

b) The decedent died intestate.

10. That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of \$180,000.00 dollars.

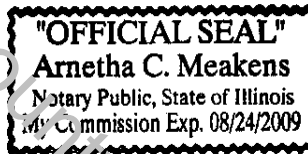
11. The foregoing is based upon my own personal knowledge and belief, is true, and if called upon as a witness I would competently and consistently testify thereto.

FURTHER AFFIANT SAYETH NOT.

Almond Brown Greene
AFFIANT

SUBSCRIBED AND SWORN TO
BEFORE ME THIS _____ DAY
OF 10 - 5 2006

Arnetha C. Meakens
NOTARY PUBLIC



Property of Cook County Clerk's Office

OCTOBER 2, 2006

STATE OF ILLINOIS
County of Cook)

UNOFFICIAL COPY

DAVID ORR, County Clerk

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.

David Orr
COUNTY CLERK

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. 16:33		STATE OF ILLINOIS				STATE FILE NUMBER		
		REGISTERED NUMBER 491		MEDICAL CERTIFICATE OF DEATH						
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS		1. DECEASED NAME George Brown			SEX 2. Male		DATE OF DEATH (MONTH, DAY, YEAR) 3. August 7, 2003			
4. COUNTY OF DEATH Cook		AGE-LAST BIRTHDAY (YRS) 5a. 78		UNDER 1 YEAR MOS. DAYS		UNDER 1 DAY HOURS MIN.		DATE OF BIRTH (MONTH, DAY, YEAR) 5d. November 27, 1924		
6a. Evergreen Park		6b. Little Company Of Mary		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INFATIENT (SPECIFY) 6c. D.O.A.			
7. Hermanville, MS		BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Widowed		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. None		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. Yes		
10. 427-48-4008		SOCIAL SECURITY NUMBER		USUAL OCCUPATION 11a. Laborer		KIND OF BUSINESS OR INDUSTRY 11b. US Steel		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 12th		
13a. 9051 Racine Avenue		RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13b. Chicago		INSIDE CITY (YES/NO) 13c. Yes		COUNTY 13d. Cook		
13e. Illinois		STATE		ZIP CODE 13f. 60619		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. Black American		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
15. George J. Brown		FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 16. Irma Jones		INFORMANT'S NAME (TYPE OR PRINT) 17a. Mary Brown				
				RELATIONSHIP 17b. Daughter		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 7917 Greenwood Chicago, Illinois 60619				
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) Coronary Atherosclerosis								
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) DUE TO, OR AS A CONSEQUENCE OF								
		(c) DUE TO, OR AS A CONSEQUENCE OF								
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.										
20a.		DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		20b.		UTOPSY (YES/NO) 19a. NO		
								WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b.		
21a.		I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. YES		HOUR OF DEATH 21c. 10:10 a.m.				
22a.		SIGNATURE		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. Dr. N. Saladi 9831 S. Western Ave. - Chicago, Illinois		DATE SIGNED (MONTH, DAY, YEAR) 22b. August 7, 2003				
						ILLINOIS LICENSE NUMBER 22d. 036092395				
23.		BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial		CEMETERY OR CREMATORY-NAME 24b. Abraham Lincoln Cemetery		LOCATION 24c. Elwood Illinois		DATE (MONTH, DAY, YEAR) 24d. 08-12-2003		
25a.		FUNERAL HOME		NAME 25b. W. W. Holt		STREET AND NUMBER OR R.F.D. 175 W. 159th St.		CITY OR TOWN Harvey Illinois		
								STATE Illinois		
								ZIP 60426		
26a.		LOCAL REGISTRAR'S SIGNATURE		25c.		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. August 11, 2003		

UNOFFICIAL COPY

OCTOBER 12, 2006

STATE OF ILLINOIS
County of Cook

DAVID ORR, County Clerk

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.

David Orr
COUNTY CLERK

PERMANENT CERTIFICATE
 TEMPORARY CERTIFICATE

REGISTRATION DISTRICT NO. **16.10**
REGISTERED NUMBER

MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FILE NUMBER

287 May 00

607867

1. DECEASED - NAME FIRST MIDDLE LAST Eppie Brown		SEX Female	DATE OF DEATH (MONTH, DAY, YEAR) May 11th 2000
4. COUNTY OF DEATH Cook		AGE - LAST BIRTHDAY (YRS) 5a. 77	DATE OF BIRTH (MONTH, DAY, YEAR) 5. Just 21, 1922
6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER Chicago		6b. HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER C. OR D. STREET AND NUMBER) Saint Bernard	
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MACON, MS.		8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) GEORGE BROWN	
10. SOCIAL SECURITY NUMBER 340-24-1876		12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) 2+ College (1-4 or 5+) 2+	
13a. RESIDENCE (STREET AND NUMBER) 9051 So. Racine		13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO. Chicago	
13c. STATE Illinois		13d. COUNTY Cook	
13e. ZIP CODE 60620		14. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) NO	
14a. RACE (WHITE, BLACK, AMERICAN INDIAN, OR SPECIFY) Black		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
15. FATHER - NAME FIRST MIDDLE LAST Bonnie Stewart		16. MOTHER - NAME FIRST MIDDLE (MAIDEN) LAST Phoebe LOMAX	
17a. INFORMANT'S NAME (TYPE OR PRINT) GEORGE BROWN		17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 9051 So. Racine Chicago IL 60620	
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. (a) Hypertension Cardiovascular Disease		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) (c)			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		ALL TISSUE (YES/NO) NO	
20a. NATURAL, ACCIDENT, HOMICIDE, SUICIDE, OR UNDETERMINED (SPECIFY) Natural		20b. DATE OF INJURY (MONTH, DAY, YEAR)	
20c. INJURY AT WORK (YES/NO)		20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I) M. 20c	
20e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY)		20f. LOCATION (CITY, VIL OR TOWN, OR TWP, OR RD. DIST. NO., COUNTY, STATE)	
20g. I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT		20h. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. CORONER'S - MEDICAL EXAMINER'S SIGNATURE <i>Dr. Segovia</i>		21b. THE DECEDENT WAS PRONOUNCED DEAD ON MONTH May DAY 11 YEAR 2000	
22a. CORONER'S PHYSICIAN'S NAME (Type or Print) <i>Dr. Segovia</i>		21c. AT 1159 M.	
22b. DATE SIGNED (MONTH, DAY, YEAR)		22c. DATE SIGNED (MONTH, DAY, YEAR) May 16, 2000	
23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		23b. CEMETERY OR CREMATORY - NAME CEDAR PARK CEMETERY	
24a. FUNERAL HOME		24b. LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR) Chicago Illinois 5-18-2000	
25a. FUNERAL DIRECTOR'S SIGNATURE <i>Leak + Son</i>		25b. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031-007489	
26a. LOCAL REGISTRAR'S SIGNATURE <i>Sheila Lopez</i>		26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) MAY 17 2000	