

UNOFFICIAL COPY



AFFIDAVIT OF HEIRSHIP

Doc#: 0715942020 Fee: \$50.00
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 06/08/2007 08:11 AM Pg: 1 of 3

STATE OF ILLINOIS)
COUNTY OF COOK) SS.

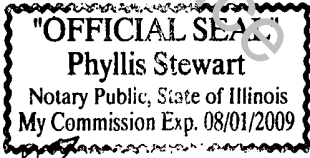
The undersigned, being duly sworn upon oath, deposes and states as follows:

Handwritten number 2696/9692

- 1. That she/he is the surviving DAUGHTER of the decedent.
2. The she/he resides at 274 CRANDON AVE, CALUMET CITY #1.
3. That attached hereto is a certified copy of the medical certificate of death of the decedent.
4. That the decedent was an owner of the premises described in Lawyers Title Insurance Corporation Commitment for Title Insurance, Order No. USW-
5. That the value of the decedent's estate at the date of her/his death was less than \$250,000
6. That the decedent died testate/intestate.
7. That the decedent (was) was not married 1 time(s) at the time of her/his death.
8. That only ONE child/children was/were born to or adopted by decedent as a result of her/his marriage; namely, the undersigned and
9. That the undersigned is 51 years of age and is married to
10. That no children other than those enumerated in Paragraph Eight hereof were born to or adopted by the decedent.
11. The decedent died on 8-23-06 (date), and was, at the time of (her) his death, 80 years of age and married to none

This affidavit is made for the purpose of inducing Lawyers Title Insurance Corporation to show title in the aforesaid real estate in VANESSA H. MITCHELL, all of whom are competent adults.

Further Affiant sayeth not.
Vanessa H. Mitchell



SUBSCRIBED AND SWORN TO BEFORE ME THIS 3-5-07

Phyllis Stewart - NOTARY PUBLIC

My commission expires: 8-1 2009

UNOFFICIAL COPY**INDIANA STATE DEPARTMENT OF HEALTH**

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

* 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. 563**CERTIFICATE OF DEATH**State Indy 24 2006 Date Issued Hammond Health Commission

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

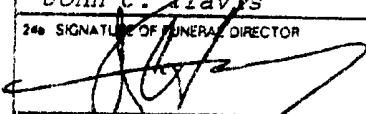


INFORMANT

DISPOSITION

CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

1 DECEASED—NAME (First Middle, Last) Essie L. Hale		2 SEX Female	3a TIME OF DEATH 4:21 P.M.	3b DATE OF DEATH (Month Day Year) August 23, 2006
4 SOCIAL SECURITY NUMBER 350-22-8281	5a AGE—Last Birthday (Years) 80	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo. Day, Yr) April 7, 1926
7a WAS DECEDENT A U.S. VETERAN? No	7b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	8a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)		
9a FACILITY NAME (If not institution give street and number) 535 Logan Dr. #904		9b CITY TOWN OR LOCATION OF DEATH Hammond	9c COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Widowed	11 SURVIVING SPOUSE (If wife, give maiden name) None	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Laborer	12b KIND OF BUSINESS/INDUSTRY Factory	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY TOWN OR LOCATION Hammond	13d STREET AND NUMBER 535 Logan Dr. # 904	
13e ZIP CODE 46320	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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) Emergency/Secondary (0-12) 12 Colleges (1-4 or 5+)		18 FATHER'S NAME (First Middle, Last) Joseph Benison		
19 MOTHER'S NAME (First Middle, Maiden Surname) Everlena Norris			20a INFORMANT'S NAME (Type/Print) Everlynn Hale	
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 14523 S. Wabash Riverdale, IL 60827		20c Relationship Daughter		
21a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) September 2, 2006 Logon Cemetery		21c LOCATION—City or Town, State Forkland, AL
22a EMBALMER'S NAME John C. Prayls		22b EMBALMER'S LICENSE NO. 29900125	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR 		24b LICENSE NUMBER (of License) 29900125	25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Coleman Williams & Hicks 19900066 101 N. Karwick Rd. Michigan City, IN For Jones FH, LLC Chicago, IL	
26 PART I Enter the diseases, injuries or complications that caused the death. Do not enter nonspecific terms 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. Vascular collapse		Unknown
Conditions if any, which gave rise to the immediate cause, stating the underlying cause last		b. Due to arteriosclerotic heart and vascular disease		
		c. DUE TO (OR AS A CONSEQUENCE OF)		
		d. DUE TO (OR AS A CONSEQUENCE OF)		
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I				
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) N/A	
29a CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) as stated. <input type="checkbox"/> 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. Chief Deputy <input checked="" type="checkbox"/> 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 		29c MEDICAL LICENSE NO. N/A
29d DATE SIGNED (Month Day Year) August 24, 2006		30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) Jeffrey R. Wells, Chief Deputy, 2900 West 93rd Avenue, Crown Point, Indiana 46307		
31 HEALTH OFFICER'S SIGNATURE 				32 DATE FILED (Month Day Year) August 24, 2006
33 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		34a DATE OF INJURY (Month Day Year) August 23, 2006	34b NATURE OF INJURY Stroke	34c INJURY AT WORK? Yes
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) August 23, 2006		
34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.				

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U.S. WORLDWIDE TITLE SERVICES, LLC
2720 S River Road
DesPlaines, IL 60018
Authorized Agent of Lawyers Title Insurance Corporation

File No. **USW-070009692**

Exhibit A

LOT 11 IN BLOCK 3 IN CRYERS STSTE STREET ADDITION, SUBDIVISION OF THE NORTHWEST 1/4 OF THE NORTHEAST 1/4 OF SECTION 12 TOWNSHIP 36 NORTH RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY ILLINOIS.

PIN: 29-12-201-022-0000

**274 CRANDON AVE.
CALUMET CITY IL. 60409**

Property of Cook County Clerk's Office