UNOFFICIAL CO

AFFIDAVIT OF HEIRSHIP



0721957103 Fee: \$28.50 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 08/07/2007 04:09 PM Pg: 1 of 3

(Above Space for Recorder's Use Only)

IVORY L. BAILEY, tormerly known as IVORY FOSTER, under the penalties of perjury states:

- The Decedent, GFNEVA BROWN, died with a last known address of 7933 S. Champlain 1. Ave., Chicago, Illino's £0619 on October 14, 2005, at the age of 84 years old.
- I am of legal age. I reside at 10328 S. Union Ave., Chicago, Illinois 60628. I am the 2. daughter of the Decedent.
- Decedent was married twice but had 1 chi'd out of wedlock. She divorced her first 3. husband. No children were born to this union. Her second husband was Alfonso Winfield, whom she divorced. No children were born to this union
- 4. The child is Ivory Louise Bailey.
- 5. The child is alive, competent, and of legal age.
- Clarks 6. Except as otherwise herein specifically mentioned and set forth, there were no adoptions and 1 child born out of wedlock known to Affiant.
- 7. Decedent left a will. See attached.
- The legal description of the real estate that the decedent owned is attached hereto as 8. exhibit "A".
- Based on the foregoing, Decedent left surviving, as Decedent's only Heirs, the following, 7. all of whom survived Decedent, and, in the absence of an indication to the contrary, are of legal age and mentally competent:

NEVA MARIE FOSTER is living, of legal age, and competent. ROBERT FOSTER is living, of legal age, and competent.. IVORY L. BAILEY is living, of legal age, and competent.

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Further Affiant sayeth not. Juany L. Bailey IVORY H. BAILEY
State of Illinois, County of cook ss, I, the undersigned, a Notary Public In and for said County, in the State aforesaid, DO HEREBY CERTIFY that IVORY L. BAILEY, personally known to me to be the same person whose nameis subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that she signed, sealed and delivered the said instrument as her free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.
Given under my hand and official sea, this
Commission expires OFFICIAL SEAL ANTHONY D. ANC. EWS NOTARY PUBLIC, STATE OF ILLIP JOS NOTARY PUBLIC NOTARY PUBLIC
This instrument was prepared by Anthony D. Andrews, 936 W 175 th Street, Suite 2NE, Homewood, Illinois 60430 $20 - 344 - 205 - 0.00$
Commission expires NOTARY PUBLIC This instrument was prepared by Anthony D. Andrews, 936 W 175 th Street, Suite 2NE, Homewood, Illinois 60430 Anthony D. Andrews 930 W. 175 th Street, Suite 2NE Homewood, IL 60430 OR
OR
Recorder's Office Box No

LOT SEVENTEEN (17), IN BLOCK THREE (3) IN CHATHAM FIELDS, A SUBDIVISION OF THE NORTH EAST QUARTER (1/4), OF SECTION 34, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE 3RD PRINCIPAL MERIDIAN.

DEPARTMENT OF PUBLIC HEALTH CITY OF CHICAGO

delm, " LOCAL REGISTRAR

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0721957103 Page: 3 of 3 Y in the MACCOLA SED Haj. REGISTERED NUMBER CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER SOCIAL SECURITY NUMBER COUNTY OF DEATH NAME AND ADDRESS OF CERTISHER (TYPE OF STATE BIRTHPLACE (CITY AND STATE OR (DID)(DID NOT) ATTEND THE DECEASED AND JAST SAW HIM/HER ALIVE ON DATE OF OPERATION, IF ANY PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART1. INFORMANT'S NAME (TYPE OF PRINT) 13a RESIDENCE (STREET AND NUMBER) DECEASED-NAME TO THE BEST OF MY KNOWKEDOE, DEATHOCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTITIEF 22c. 18. PARTI. 22a. SIGNATURE > FUNERAL DIRECTOR SSIGNATURE FUNERAL HOME 24a BURIAL BURIAL CREMATION, Immediate Cause (Final disease or condition resulting in death) CKSBURG. 26 320 7933 CLOSI L ないてのた 台の大 HICAGO イナノガム ソロンモンム Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or shock, or heart failure. List only one cause on each line. 13160619 ZIP CODE UNERDAL CEMETERY OF CREMATORY-NAME DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS & CONSEQUENCE OF a 0 FIRST MIDDLE WIDOWED, DIVORCED (SPECIFY) 8a. USUAL OCCUPATION MAJOR FINDINGS OF OPERATION MARKUNIN (TYPE OR PRINT) S LABORER MEDICAL CERTIFICATE OF DEATH (MONTH, DAY, YEAR) RACE (WHITE, BLACK, AMERICAN HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Frank 621-4 MIDDLE ソファクロ JROWS 793 m.D. LAST STREET AND NUMBER OR R.F.D. YAS) TYPE OF PRINT) 136. CITY, TOWN, TWP, OR ROAD DISTRICT NO 2000 RELATIONSHIP 17b. UNDER 1 YEAR NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <u>.</u> KIND OF BUSINESS OR INDUSTRY Service Services ひめいこ DAULITEID 0 Robert X10160 LAST してはない w 24c. LOCATION OF HISPANIC ORIGIN? (SPECIFY NO OR YES IF YES, SPECIFY CUBAN ME, CAN, PUERTO RICAN, etc.) MOTHER-NAME 6 UNDER 1 DAY MARRIAIN MAILING ADDRESS (STREET AND NO. OR R.) D., CITY OR Š Charge & Colo 26 21b. 10328 EXAMINER NOTIFIED? CITY OR TOWN SEX FIRST EMALE 3. DATE OF BIRTH (MONTH, DAY, YEAR) EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLY (ED.)

Elementary/Secondary (0-12)

College (1-4 or 5+) 2 アルシ DATE FILED BY LOCAL REGISTRAR " WICAGO FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER (YESNO) SPECIFY: DATE OF DEATH (MONTH, DAY, YEAR) 034-011950 MIDOLE (YESNO) AUTOPSY (YES/NO) 1NO13 24d.6 piratory arrest CIBER IF FEMALE, WAS THERE A PREGNANCY IN PAST 200 THREE MONTHS? NOTE: IF AN MAJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MAJST BE NOTHFIED. ILLINOIS LICENSE NUMBER DATE SIGNED HOUROFDEATH 1921 <u>13</u>d OP/EMER. RM, INPATIENT (SPECIFY) HINDIS YES | NO | 036061662 196 WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) DATE OWN, STATE. シャドハ とのひし (MAIDEN) 0 10/8 APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH (MONTH, DAY, YEAR) (MONTH, DAY, YEAR) 5 21205 2005 LAST 0 75 S I, JOHN L. WILHELM M.D., LOCAL **ACCOMPANYING CERTIFICATE ON THIS** AND DEATHS FOR THE CITY OF CHICAGO THE RECORDS OF BIRTHS, STILLBIRTHS SHEET IS A TRUE COPY OF A RECORD BY VIRTUE OF THE LAWS OF THE STATE CERTIFY THAT I AM THE KEEPER OF LAW AND ORDINANCES. KEPT BY ME IN ORDINANCE OF SAID THE CITY OF CHICAGO; THAT THE OF ILLINOIS AND THE ORDINANCES OF VECISTRAR OF VITAL STATISTICS OF MULTICOLOR SIGNATURE SEAL IS AFFIXED. THIS CERTIFICATE COPY VALID WHEN

/R200 (Kev. 5:89)

Illinois Department of Public Health-Division of Vital Records

(BASEDON 1989 IJ S STANDARD CERTIFICATE)

CITY OF CHICAGO COUNTY OF COOK STATE OF ILLINOIS

6世年873

BIATH NO.

DISTRICT NO 16.10

STATE OF ILLINOIS