

UNOFFICIAL COPY



0728311024

Doc#: 0728311024 Fee: \$ ~~25.00~~ 28.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 10/10/2007 10:04 AM Pg: 1 of 3

Stewart Title of Illinois
2 North LaSalle # 625
Chicago, Illinois 60602
312-849-4243
STCIL _____

STEWART TITLE OF ILLINOIS
2 N. LaSalle Street
Chicago, IL 60602
312-849-4243

AFFIDAVIT OF HEIRSHIP

53890
STEWART TITLE OF ILLINOIS
2 N. LaSalle Street
Chicago, IL 60602
312-849-4243

COMMITMENT - LEGAL DESCRIPTION

LOTS 21, 22 AND 23 IN BLOCK 1 IN LINCOLN MANOR FOURTH ADDITION, BEING A SUBDIVISION OF THAT PART OF THE EAST 1/2 OF THE NORTHEAST 1/4 OF SECTION 3, TOWNSHIP 36 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

41/2 West 135th Place
Robbins, IL.

28-03-205-016, -017, -018

42c

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AFFIDAVIT OF HEIRSHIP

I, BERNICE TONEY, on oath state:

STC 538190
2014

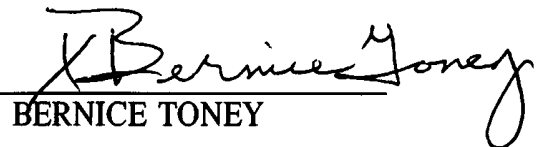
1. That Decedent, JAMES LANDFAIR JR., died at 8:16 p.m on March 23, 2007 at the age of 85 years.

2. I am of legal age. I reside at 7631 S. Seeley Avenue, Chicago, Illinois 60620. I am a Sister in Law of the Decedent.

3. The Decedent was married once and only once to MARY LANDFAIR.

4. That no children were born to or adopted by the Decedent.

5. Based on the foregoing, Decedent left as his only heir at law his wife, MARY LANDFAIR who survived the Decedent.


BERNICE TONEY

Subscribed and sworn to before me this 2nd day of October, 2007.



Notary Public



Property of Cook County Clerk's Office

UNOFFICIAL COPY

CERTIFICATION OF VITAL RECORD

BLUE ISLAND, ILLINOIS DISTRICT 16.31

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.31
REGISTERED NUMBER 109

DECEDENT'S BIRTH NO. _____ STATE FILE NUMBER _____

1. **DECEASED** NAME: JAMES LANDFAIR JR SEX: MALE DATE OF DEATH: 03/23/2007

2. COUNTY OF DEATH: Blue Island AGE-LAST BIRTHDAY (MM/DD): 54/85 UNDER 1 YEAR: NO UNITS: 5d DATE OF BIRTH: 09/14/1921

3. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: Blue Island HOSPITAL OR OTHER INSTITUTION: St. Francis Hospital IN-HOSP. OR INPT. INDICATE D.O.A. (SPECIFY): Inpatient

4. BIRTHPLACE (CITY, STATE OR FOREIGN COUNTRY): Lexington MS MARRIAGE STATUS: Married NAME OF SURVIVING SPOUSE: Mary McGee WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO): Yes

5. SOCIAL SECURITY NUMBER: _____ USUAL OCCUPATION: Retired KIND OF BUSINESS OR INDUSTRY: Welding EDUCATION: 9

6. RESIDENCE (STREET AND NUMBER): 4112 W. 135th St CITY, TOWN, TWP. OR ROAD DISTRICT NO.: Robbins INSIDE CITY (YES/NO): Yes COUNTY: Cook

7. STATE: Illinois ZIP CODE: 60472 RACE: Black OF HISPANIC ORIGIN? (YES/NO): NO SPECIFY: _____

8. FATHER'S NAME: James Landfair Sr MOTHER'S NAME: Margie McGee

9. INFORMANT'S NAME: Bernice Tony RELATIONSHIP: Sister in Law MAILING ADDRESS: 631 S. Seely Chicago, IL 60620

10. PART I. IMMEDIATE CAUSE: Cardiovascular

11. CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE: Myocardial infarction

12. PART II. OTHER SIGNIFICANT CAUSES: _____

13. DATE OF OPERATION: _____ MAJOR FINDINGS OF OPERATION: _____

14. (10b) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)

15. SIGNATURE: _____ NAME AND ADDRESS OF CERTIFIER: 12507 S. Karlov Ave, Chicago, IL 60645

16. NAME OF ATTENDING PHYSICIAN: _____

17. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial CEMETERY OR CREMATORY NAME: Lincoln Cemetery LOCATION: Chicago, IL

18. FUNERAL HOME: Perry's Twin City Mortuary Service 110 W. Vine St. Champaign, IL 62701

19. LOCAL REGISTRAR'S SIGNATURE: _____ DATE FILED BY LOCAL REGISTRAR: March 29, 2007

CERTIFIED COPY OF VITAL RECORDS

I HEREBY CERTIFY THAT THE FOREGOING is a true and correct copy of the DEATH record for the individual named therein 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, STILL BIRTHS and DEATHS.

D23585

DATE ISSUED

MAR 29 2007

ISSUED AT:

13051 GREENWOOD AVE. BLUE ISLAND, ILLINOIS 60406

Local Registrar Signature

LOCAL REGISTRAR

This copy not valid unless prepared on engraved border displaying seal and signature of Local Registrar.