



Doc#: 0730639060 Fee: \$50.50  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 11/02/2007 10:14 AM Pg: 1 of 3

## AFFIDAVIT OF HEIRSHIP

I, Melvyn Lenton after being duly sworn, under oath, deposes and states as follows:

That he resides at 1213 N. Waller, Chicago, IL 60623.

That he is the son of Jeff Lenton Jr., who died intestate in Chicago, Cook County Illinois on died on September 28, 2006, and is familiar with his family and personal history.

That the decedent was married twice once to Lizzie L. Lenton, in the State of Illinois in the year of 1951, and from this union four children were born, Jeff Lenton, Melvyn Lenton, Derrick Lenton and Marcus Lenton ( deceased ), and that no other children were born or adopted to this union. That decedent divorced Lizzie L. Lenton, August 5, 1976. The decedent then married Ollie Lenton, in the year 1998, and that no children were born or adopted to this union. That Ollie Lenton, remained married to the decedent until his death.

That the decedent has the following living heirs:

Son: Jeff Lenton

Son: Melvyn Lenton

Son: Derrick Lenton

Grandson: Marcus Lenton Jr.

That at the time of the decedent's death he was the owner of of certain real property, commonly known as 1411 S. Kostner, which is located in the City of Chicago, Cook County, Illinois.

Legal Description: Lot 4 in block 4 in Tabor's Subdivision of Blocks 5,6,9,10,11 and 12 in Subdivision by L.C. Paine Freer ( as receiver ) of the West ½ of the Northeast 1/4 of section 22, Township 39 North, Range 13, East of the Third Principal Meridian, Recorded September 27, 1909, as Document 4443999, in Cook County, Illinois.  
P.I. N. 16-22-216-002-0000

# UNOFFICIAL COPY

All funeral expenses to A.A. Rayner's Funeral Home have been paid in full.

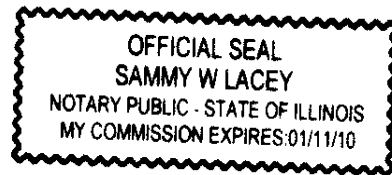
The value of the decedent's estate is less than \$25,000.00.

That all just debts have been paid.

That based upon this information, there are no other known living heirs of the decedent, Jeff Lenton Jr.

AFFIDAVIT FURTHER SAYETH NAUGHT.

Melvyn B. Lenton  
Melvyn Lenton



SUBSCRIBED and SWORN to before me

this the 7<sup>th</sup> day of September 7, 2007

Sammy W. Lacey  
NOTARY PUBLIC

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DECEASED'S BIRTH NO.		REGISTRATION DISTRICT NO. <u>1624</u>		STATE OF ILLINOIS		STATE FILE NUMBER	
		REGISTERED NUMBER <u>438</u>		<b>MEDICAL CERTIFICATE OF DEATH</b>			
DECEASED-NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. <u>JEFF JR.</u>				<u>LENTON</u>	2. <u>M</u>	3. <u>09-28-06</u>	
COUNTY OF DEATH		AGE-LAST BIRTHDAY (YRS)		UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	
4. <u>Cook</u>		5a. <u>73</u>		5b. <u>51</u>	5c. <u>33</u>	5d. <u>04-23-33</u>	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				IF HOSP OR INST. INDICATE D.O.A. OR DATE OF DEATH (SPECIFY)	
6a. <u>520 S. MAPLE AVE</u>		6b. <u>RUSH OAK PARK HOSPITAL</u>				6c. <u>ICU RM. 513</u>	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
7. <u>Brookfield, Mo</u>		<u>MARRIED</u>		8b. <u>LENTON, OLLIE Nichols</u>		9. <u>No</u>	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
10. <u>426-54-6671</u>		11a. <u>Laborer</u>		11b. <u>General</u>		12. <u>10</u>	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY	
13a. <u>1411 S. KOSTNER 1ST</u>		13b. <u>CHICAGO, IL</u>		13c. <u>YES</u>		13d. <u>COOK</u>	
STATE		ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES. IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)			
13e. <u>IL.</u>		13f. <u>60623</u>	14a. <u>BLACK</u>	14b. <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES SPECIFY: <u>BLACK</u>			
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE LAST (MAIDEN) LAST					
15. <u>Jeff Lenton Sr.</u>		16. <u>Vera Herman</u>					
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
17a. <u>Ollie Lenton</u>		17b. <u>Spouse</u>		17c. <u>1411 S. Kostner 1st Fl Chgo, IL</u>			
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.					
Immediate Cause (Final disease or condition resulting in death)		(a) <u>RIGHT LOWER LOBE PNEUMONIA.</u>					
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (b) STATING THE UNDERLYING CAUSE LAST.		(b) <u>PLEURAL EFFUSION</u>					
		(c) <u>MESOTHELIOMA.</u>					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		AUTOPSY (YES/NO) 19a. <u>No</u> 19b. <u>No</u>					
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION				IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. <u>YES</u> <input type="checkbox"/> <u>NO</u> <input type="checkbox"/>	
20a. <u>9-28-06</u>		20b. <u>CHRONIC RENAL FAILURE ON HEMODIALYSIS</u>				20d. <u>5:10 P.M.</u>	
1 (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		21. <u>9-28-2006</u>			
21a. <u>9-28-06</u>		21b. <u>No</u>		21c. <u>03606462</u>			
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		22. <u>Smith &amp; Thomas F. H. 5708 W. Madison Chicago, IL 60644</u>					
22a. SIGNATURE <u>Smith &amp; Thomas F. H.</u>		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)				ILLINOIS LICENSE NUMBER	
22b. <u>6905 A W CERMAK ROAD, BERYN IN 60402.</u>		22c. <u>Smith &amp; Thomas F. H.</u>				22d. <u>03606462</u>	
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.					
23. <u>Smith &amp; Thomas F. H.</u>		23a. <u>Smith &amp; Thomas F. H.</u>				23b. <u>Smith &amp; Thomas F. H.</u>	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY-NAME		LOCATION CITY OR TOWN STATE		DATE (MONTH, DAY, YEAR)	
24a. <u>Burial</u>		24b. <u>Oakridge</u>		24c. <u>Hillside, IL</u>		24d. <u>10/4/06</u>	
FUNERAL HOME		NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE ZIP	
25a. <u>Smith &amp; Thomas F. H.</u>		25b. <u>Smith &amp; Thomas F. H.</u>		25c. <u>Smith &amp; Thomas F. H.</u>		25d. <u>Smith &amp; Thomas F. H.</u>	
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER				DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
25e. <u>Smith &amp; Thomas F. H.</u>		25f. <u>Smith &amp; Thomas F. H.</u>				25g. <u>Smith &amp; Thomas F. H.</u>	
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)				26b. <u>Smith &amp; Thomas F. H.</u>	
26a. <u>Smith &amp; Thomas F. H.</u>		26c. <u>Smith &amp; Thomas F. H.</u>				26d. <u>Smith &amp; Thomas F. H.</u>	

County of Cook  
State of IllinoisOffice of County Clerk  
David OrrDavid Orr  
DAVID ORR COUNTY CLERK

This copy is not valid unless displaying embossed seals of Cook County and County Clerk signature.

