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Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 07/24/2009 09:31 AM Pg: 1 of 4

AFFIDAVIT OF HEIRSHIP SINGLE INDIVIDUAL WITH NO DESCENDANTS

Toinette Townsend
being first duly sworn on oath deposes:

1. I reside at 12244 S. Michigan
Ed. Madison, WI 53711 [address],
and am of legal age and related to
decendent, being a daughter [state relationship].

2. Decendent died on 7-22-06 [date] at the approximated age of 51 [years], He or she resided prior to his or her death at 12244 S. Michigan Chicago, IL [address].

3. Decendent was never married, and never had or adopted any children in his or her lifetime. N/A

4. James Townsend, the father of decendent, who predeceased decendent, was married to Barbara Townsend, the mother of decendent who predeceased decendent. They were each married only once. The marriage was terminated by death. 2 children were born and none adopted in that marriage. No other children were ever born to or adopted by James Townsend

and Barbara Townsend in their lifetimes. The children are as follows:

A. Stephanie Harris, decendent in this affidavit.

B. _____, who predeceased decendent, was married to James Townsend who is living [or deceased]. They were each married only once. The marriage was terminated by death. 2 child was [or, children were] born and none adopted. No other children were ever born to or adopted by James Townsend or

Barbara Townsend in their lifetimes. The child's [of, children are] as follows:

1. Stephanie Harris who is living, of legal age.

2. Toinette Townsend [List other children as appropriate]

C. _____ who predeceased decendent, was married to _____ who is living [or deceased]. They were each married only once. The marriage was terminated by death. _____ children were born and none adopted in that marriage. No other children were ever born to or adopted by _____ or

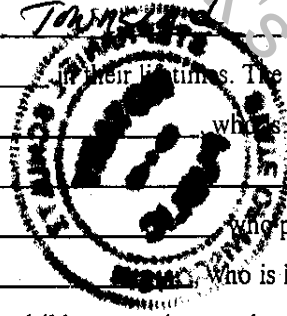
_____ in their lifetimes. The children are as follows:

1. _____, who is living, of legal age.

2. _____, who is living, of legal age.

3. _____, who predeceased decendent, was married to _____.

They were each married only once. Their marriage was terminated by divorce. _____ children were born and none adopted in that marriage



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No other children were ever born to or adopted by _____ or

_____ in their lifetimes. The children are as follows:

- 1. _____, who is living, of legal age.
- 2. _____, who is living, of legal age.
- 3. _____, who predeceased decedent, was married to _____.

They were each married only once. Their marriage was terminated by divorce. _____ children were born and none adopted in that marriage.

No other children were ever born to or adopted by _____ or

_____ in their lifetimes. The children are as follows:

- a. _____, who is living, of legal age.
- b. _____, who is living, of legal age.
- c. _____, who is living, and is a minor.
- d. _____, who is living, and is a minor.
- D. _____, who is living, of legal age.
- E. _____, who is living, and is a minor.

5. None of the above heirs have been adjudicated disabled.

6. I make this affidavit for the sole purpose of establishing the heirship of the decedent in the Probate Division of the Circuit Court Cook County, Illinois

Janette Jurend

 (Signature of Affiant)

Signed and sworn to before me on this 16th day of July, 2009 [date]



Stephanie Schulz
 _____, Notary Public.

ap 10/18/09

STATE OF ILLINOIS
County of Cook

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DAVID ORR County Clerk

AUGUST 1, 2006

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

DECEDED'S BIRTH NO.		REGISTRATION DISTRICT NO. 16.0		STATE OF ILLINOIS				STATE FILE NUMBER		
		REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH						
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS		DECEASED NAME FIRST MIDDLE LAST			SEX		DATE OF DEATH (MONTH, DAY, YEAR)			
A		1. Barbara Ann Harris-Townsend			2. Female		3. July 22, 2006			
B		4. Cook		AGE-LAST BIRTHDAY (YRS) 55		UNDER 1 YEAR MOS. DAYS		UNDER 1 DAY HOURS MIN.		
C		CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			DATE OF BIRTH (MONTH, DAY, YEAR)			
D		6a. Oak Lawn		6b. Advocate Christ Medical Center			5d. February 16, 1955			
E		BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM, INPATIENT (SPECIFY)		
DECEASED		7. Mississippi		8a. Married		8b. James Townsend		8c. Inpatient		
B		SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)		
C		10. 319-52-9021		11. Postal Worker		11b. U. S. P. S.		12. 12		
D		RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY		
E		13a. 12244 S. Michigan		13b. Chicago		13c. Yes		13d. Cook		
PARENTS		FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)				
1		15. Jonnine Harris				16. Esquenna Boyd				
2		INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)				
3		17a. Andrew Leak		17b. Records		17c. 7838 S. Cottage Grove Chgo. IL 60619				
CAUSE		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	
4		Immediate Cause (Final disease or condition resulting in death)		(a) Sarcoidosis						
5		CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) Idiopathic Pulmonary Fibrosis						
6				(c)						
7		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.							AUTOPSY (YES/NO)	
8		DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		19. No		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)		
9		20a.		20b.		20c. NO		20d. NO		
CERTIFIER		(DID/DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH				
1		21a. 07 21 2006		21b. No		21c. 12:47 P. M.				
2		TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.							DATE SIGNED (MONTH, DAY, YEAR)	
3		22a. SIGNATURE <i>Paul McFarlene</i>		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		22b. 7/24/2006		ILLINOIS LICENSE NUMBER		
4		22c. 9401 South Pulaski		22d. Evergreen Park, IL 60805		22e. 036-094038		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		
DISPOSITION		BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY-NAME		LOCATION CITY OR TOWN STATE		DATE (MONTH, DAY, YEAR)		
1		24a. Burial		24b. Mt Greenwood		24c. Chicago, Illinois		24d. 7/29/2006		
2		FUNERAL HOME NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE		ZIP		
3		25a. Leak And Sons Funeral Home		25b. 7838 s. Cottage Grove Chicago, Illinois 60619		25c. 031-007489		25d. 08-1-06		
4		FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		26b.		
5		25b. <i>David Orr</i>		25c. 031-007489		25d. 08-1-06		26b.		
6		LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		26a.		26b.		
7		26a. <i>David Orr</i>		26b. 08-1-06		26c.		26d.		

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Office of the Cook County Clerk

Map Department Legal Description Records

P.I.N. Number: 25271290290000

The legal description card(s) below is prepared in a format used for official county record-keeping, and can be used by the Cook County Recorder's Office to access their tract books.

If you need assistance interpreting this description, please obtain a copy of our instruction sheet "How to Read a Legal Description Card", available from the counter clerk or at our website www.cookctyclerk.com

Please verify the Property Identification Number or P.I.N. (also known as the "Permanent Real Estate Index Number"). If this is not the item you requested, please notify the counter clerk.

AREA	SUB-AREA	BLOCK	PARCEL	CODE	WARRANT	ITEM	ALY	FIRST SUFFIX	SECOND SUFFIX	THIRD SUFFIX	CHG
25	27	129	029	7002	94	350					
OFFICE OF THE CLERK OF COOK COUNTY, ILLINOIS PERMANENT REAL ESTATE INDEX NUMBER AND LEGAL DESCRIPTION											
VOLUME ██████████ 293											
AREA SUB-AREA BLOCK PARCEL TAX CODE											
25-27-129-29 7002											
FIRST ADD 22/27/37/14											
TO KENSINGTON 28 37 14											
YOUNG & CLARKSONS SUB											
L SB BLOCK											
6 2 17											

AREA	SUB-AREA	BLOCK	PARCEL	CODE	WAR-RANT	ITEM	FIRST SUFFIX	SECOND SUFFIX	THIRD SUFFIX	CHG
0	0	0	0	0	0	0	0	0	0	0
4	6	4	6	5	5	5	5	5	5	5
1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9

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