UNOFFICIAL C

AFFIDAVIT OF HEIRSHIP

0930308251 Fee: \$44.25 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds Date: 10/30/2009 12:51 PM Pg: 1 of 4

STATE OF ILLINOIS

COUNTY OF COOK

Above Space for Recorder's Use



AFFIDAVIT OF HEIRSHIP

KENNETH KLOTH, being first duly sworn on oath, says:

- 1. That he is of legal age and is under no legal disability and that he resides at 9111 South Roberts Road, Hickory Hills, Illinois, and that he has knowledge of the heirship of Leonard White and Grace C. White by reason of the fact that he was the brother of Grace C. White.
- 2. That Leonard White and Grace C. White owned the real estate described in this Affidavit in joint tenancy. That Leonard White died on January 2, 1990, and Grace C. White died on March 31, 1990, and copies of their death certificates are attached hereto.
- 3. That Leonard White and Grace C. White were married only once and that was to each other. One (1) child was born as a result of their marriage, nanely Leonard White a/k/a Leonard W. White. Neither Leonard White or Grace C. White ever had or adopted any other children during their lifetime
- 4. That the only heir of Leonard White and Grace C. White vas their son LEONARD WHITE a/k/a LEONARD W. WHITE.

ADDRESS OF PROPERTY:

3819 West 80th Street, Chicago, Illinois

PERMANENT REAL ESTATE INDEX NUMBER: 19-35-106-076-0000

Signed and Subscribed before me this 212-day of August, 2009

KENNETH KLOTH

TICOR TITLE 617461

This instrument was prepared by: Lee Montgomery 4550 W. 103rd St. Oak Lawn, IL

60452

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I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item I and that this record was established and filed in my office in accordance with the provisions of the Illinois statues relating to the registration of births, stillbirths and deaths.

1500 S. Maybrook Drive, Maywood, Illinois 60153		
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PARTE FAMILIARY WAS INVOLVED IN THIS DEATH THE CORONER OR NEOCAL EXAMINER MUST BE HOTIPED STATE ILLI IN O I S 60652 RESILINOS LICENSE NUMBER 8533 AL REGISTRAFIMONTY FAR BEST 33 THASFER IN 1999 IN THE BEST 33	WENTERMINEST AND STAND APPROXIMATE METRYA APPROXIMATE METRY WHE AUTOSYPHOMOS AVALUE E PRICHTO COMPLETIONS CAUSE OF GEATHO PRESING. 19B. THERE A PREGNANCY IN PAST THESE S [1 NO [.] F DEATH 11:05 P M GNED (MONTH, DAY YEAR) JH 3,140 SLICENSE NUMBER	INOWTH DAY YEARS Y 2 1990 YEARS 1907 IF HOSE PORINST, MOICATE DO A OPEMER RM, INPATIENT SECUENT ECHEST GRANDE COMPLETED COMPOSITION COUNTY 136 COOK FYCUBAN MENCAN, PUERTORICAN &C. FYCUBAN MENCAN, PUERTORICAN &C. TYOR TOWN, STATE ZIP) COLINTY 136 COOK FYCUBAN MENCAN, PUERTORICAN &C. TYOR TOWN, STATE ZIP) COLINTY 136 COOK FYCUBAN MENCAN, PUERTORICAN &C. TYOR TOWN, STATE ZIP)

0930308251 Page: 3 of 4 and correct copy hat this race decided of the true certify nereby cord for leced offi registration iled deaths and the IGNED Chief 60153 Depu Health Official re, Maywood, Illi Title, nois. of Publ C tment County Cook Maywood, Drive s. Maybrook 1500 gistrar. REGISTRATION DISTRICT NO. CHY, TOWN, TWP, OR ROAD DISTRICT NUMBER COUNTY OF DEATH BIRTHPLACE (CITYANDSTATE OR FOREIGN COUNTRY)
7 CHICAGO, IL DECEASED -NAME REGISTERED CONDITIONS, IF ANY
WHICH GIVE RISE TO
IMMEDIATE CAUSE (a)
STATING THE UNDERLYING :3a SOCIAL SECURITY NUMBER RESIDENCE (STREET AND NUMBER) 10_351-03-7893 13e INFORMANT'S NAME (TYPE OR PRINT) FATHER-NAME 20a DATE OF OPERATION, IF ANY PART II. Other significant conditions contributing to death but not resulting in the "rightly ing cause given in PART I õ AND LAST SAW HIM/HER ALIVE ON 24a. BURIAL, CHEMATION REMOVAL (SPECIFY) 24a. BURIAL NAME OF ATTENDING PHYSIC, AN IF OTHER THAN CERTIFIER NAME AND ADDRESS OF CERTIFICA TO THE BEST OF MY KNOWLEDGE DEATH C. CURREDAT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED CAUSE LAST 25a. 22c RICITAIN 22a. SIGNATURE > LOCAL PRESIDENT PRESIDENT LABOR FUNERAL DIRECTORS GNATURE FUNERAL HOME Immediate Cause (Final disease or condition esulting in death) 250. KAR KENNETH ILLINOIS 3819 W. COLONIAL CHAPEL MOVATICA Oak Lawn RUTAL FIRST 80TH ST. Ø KLOTH CHART ES Enter the diseases, or complications that caused the death. Do not enter the note of dying, such as cardiac or respiratory arrest, shock, or freat failure. List only orre-cause on each line. 131 ZIP CODE Grace Anna 4 CANUTONA DUE TO, OR AS A CONSEQUENCE OF CEMETERY OF CHEMATORY -NAME DUE TO, OR AS A CONSEQUENCE OF 0 A INTERMATOR PROTECTION 60652 PICCIM MAPPIED, NEVER MAPRIED, WIDOWED, DIVORCED (SPECIFY) i ia. 8a WIDOWED USUAL OCCUPATION MAJOR FINDINGS OF CITERATION MEDICAL CERTIFICATE OF DEATH OAKRIDGE CLERK (TYPE OF PRIMI) ADVANCED CONCRETIVE THAT FAILURE MO: 1H, C. Y, YEAH) A MORIO SCLETO 5525 S. 14a. HACE (WHITE BLACK AMERICAN HODAN, 6K) (SPECIFY)
148. WHITE RANGE OF AGE-LAST BIRTHDAY IYRS) leb Christ Hospital & Medical Center HOSPITAL OR OTHER INSTITUTION NAME (IF NOT INEITHER GIVE STREET AND NUMBER) MIDDLE 8625 S. CICENO AN CHICAGO IL GOLSZ Deareda K[OTH AST STREET AND NUMBER OH R F D 13b CHICAGO,
OF HISPANIC ORIGIN? (SPECEV) DOLVES FYES, SPECEV CUBAN, MEXICAN PUERTORICAN &C. CITY, TOWN, TWP, OR ROAD DISTRICT NO 73RD AVE. (TYPE OHPRINT) STATE OF ILLINOIS UNDERTYEAR UNDE 17b. NAME OF SURVIVING SPOUSE (MAIDENNAME, IF WIFE) KINDOFBUSINESSOBINDUSTRY 89 11b PUBLISHING WWXC11 30 (420 BROTHER 17:5131 White NONE 24c LOCATION MOTHER-NAME 140 HEMAI 50 ORLAND PARK UNDER I DAY MAILING ACORESS ISTREET AND NO OTHER D. GITY OF BOM & TE ZIP X NO HILLSIDE 2 2.Female DISENSE 210 EXAMINET NOT FIED? YES NO DATE OF BIRTH (MONTH DAY, YEAR) CITY OF TOWN FIRST ROBERTS ROAD APT. TALEDA 12 EDUCATION ISPEC YON.
Flamentary Secondary It (12)
12 CITY OR TOWN OCTOBER 24, 8 ILLINOIS INCID ECTY ILLINOIS (L) DATE OF DEATH IMMINTH, DAY YEAR! SPECIFY. FUNERAL DIRECTOR'S ILLINOISTICENSE NUMBER 3140 MIDDLE March 31, 1990 AUTOPSY (YES:NO) STATE 19a. 9436 WOO. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? HOUR OF DEATH DATESIGNED NOTE: IF ANHJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED. 22d 036-031360 ILLINOISLICENSENUMBER PHOSP OR INST. INDICATE DO A. OPEMER PM. INPATIENT (SPECIFY) COUNTY College (1-4 or 5 +) 130. YES () NO [] 1915 (BASED ON 1989 Ú S. STANDARD CERTIFICATE) vapatient 196 WERE WHO FOUNDED BY DEATH OF SENDINGS AVAILABLE PERSENDINGS AVAILA

COOK

(MAIDEN) LAST

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WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)

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HICKORY

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APPROXIMATE INTERVAL BETWEEN CHISET AND OF A TH

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60462

W

24d. DATE

4-3-1990

(MONTH DAY YEAR)

APN. 2,1990

7:03A.

(MONTH DAY YEAR)

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TICOR TITLE INSURANCE COMPANY

ORDER NUMBER: 2000 000617461 OC

STREET ADDRESS: 3819 W 80TH ST

CITY: CHICAGO COUNTY: COOK COUNTY

TAX NUMBER: 19-35-106-076-0000

LEGAL DESCRIPTION:

LOT 8 AND THE EAST 10 FEET OF LOT 9 IN BLOCK 1 IN NELSON'S MARQUETTE PARK 36, OF LAN, IN COOK COUNTY CLORES OFFICE ADDITION TO CHICAGO, A SUBDIVISION OF THE SOUTHEAST 1/4 OF THE NORTHWEST 1/4 OF THE NORTHWES 1 1/4 OF SECTION 35, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERITIAN, IN COOK COUNTY, ILLINOIS.