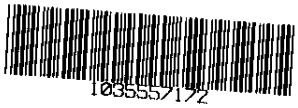

1035557172

Doc#: 1035557172 Fee: $46.00
Eugene "Gene" Moore RHSP Fee:$10.00
Cook County Recorder of Deeds
Date: 12/21/2010 01:07 PM Pg: 1 of 6

Recording Cover sheet

Mail To:
Carrington Title Partners, LLC
1919 S. Highland Ave., Ste 315-B
Lombard, IL 60148
(630)[illegible]-6049

Carrington Title file number: 2010-01834

___ Quit Claim Deed

___ Mortgage

___ Subordination Agreement

___ Power of Attorney

___ Deceased Joint Tenancy Affidavit & Death Certificate

X Other: Affidavit of heirship & Death Certificate

Notes/comments:

_____

_____

_____

AFFIDAVIT OF HEIRSHIP

State of Illinois
County of Cook

I, Joe Ingram state under the penalties of perjury:

1. I am of legal age, reside at 7950 S. Lafayette, Chicago IL, am the Brother of Gloria Montgomery (the decedent), and have knowledge of the facts stated in this affidavit of heirship.
2. The decedent, who died at 7950 S. Lafayette, Chicago IL on 11/7/1990, resided at 7950 S. Lafayette, Chicago IL where the decedent held property in fee simple.
3. The approximate value of decedent's estate at time of death was $80,000
4. The decedent died leaving: (select one)
   a. X No will
   b. _____ A will which has been filed with the clerk of the circuit court in _____ county, Illinois which will, to the best of my knowledge, is decedent's last will and bears the true signatures of the testator and the attesting witnesses (please attach a certified copy).
5. The decedent was married 1 time(s) to the following persons:

Name	Date of Termination of marriage # 1
Robert Montgomery	- Robert's death in 1967
	Date of Termination of marriage # 2
	Date of Termination of marriage # 3

6. The following Children were born to the above marriages:

Marriage # 1:

Name	Age	Marital Status
None		

Marriage # 1 continued:

Name	Age	Marital Status

Marriage # 2: N/A

Name	Age	Marital Status
Name	Age	Marital Status
Name	Age	Marital Status

Marriage # 3:

Name	Age	Marital Status
Name	Age	Marital Status
Name	Age	Marital Status

NOTE: Only the children listed above were born of each marriage and only the children above were born to the deceased.

7. The decedent: (select one)
   a. X did not have any other children during his/her life
   b. _____ did have the following children during his/her life, in addition to the children listed in the above marriage(s): (please attach additional sheet if necessary)

Name	Age	Marital Status
Name	Age	Marital Status
Name	Age	Marital Status

8. The decedent: (select one)
   a. X did not adopt any children during his/her life
   b. _____ did adopt the following children: (please attach additional sheet if necessary)

Name	Age	Marital Status

9. The following children of the decedent have died:
   a. X none
   b. _____ : (list names of deceased children below)

Name	Age	Date of Death	Marital Status

I attest the aforementioned to be true to the best of my knowledge.

Date: 12/16/10

Name

Subscribed and sworn to before me this 16th day of December, 2010.

OFFICIAL SEAL
JADA ELAINE LUCAS
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:08/02/12

Notary Public

DISTRICT 10.10

REGISTERED NUMBER

STATE FILE NUMBER 621173

MEDICAL CERTIFICATE OF DEATH

DECEASED–NAME FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. GLORIA		MONTGOMERY	2 FEMALE	3. NOVEMBER 7, 1990

COUNTY OF DEATH	AGE–LAST BIRTHDAY (YRS)	UNDER 1 YEAR MOS.	UNDER 1 YEAR DAYS	UNDER 1 DAY HOURS	UNDER 1 DAY MIN	DATE OF BIRTH (MONTH, DAY, YEAR)
4. COOK	5a. 55	5b.		5c.		5d. MARCH 31, 1935

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. OP/EMER. RM, INPATIENT (SPECIFY)
6a. CHICAGO	6b. JACKSON PARK HOSPITAL	6c. D.O.A

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. ROLLINGFORK, MS.	8a. WIDOWED	8b. NONE	9. NO

SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12)	College (1-4 or 5+)
10 [redacted]-6261	11a. HOMEMAKER	11b. OWN HOMW	12. -4-	

RESIDENCE (STREET AND NUMBER)	CITY, TOWN, TWP, OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	COUNTY
13a. 7950 SOUTH LAFAYETTE	13b. CHICAGO	13c. YES	13d. COOK

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. ILLINOIS	13f. 60620	14a. BLACK	14b. [X] NO ☐ YES SPECIFY:

FATHER–NAME FIRST	MIDDLE	LAST	MOTHER–NAME FIRST	MIDDLE	(MAIDEN) LAST
15. ANDERSON		INGRAM	16. SADIE		SMITH

INFORMANT'S NAME (TYPE OR PRINT)	RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
17a. JOE INGRAM	17b. BROTHER	17c. 7950 SOUTH LAFAYETTE, CHGO, IL

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
Immediate Cause (Final disease or condition resulting in death)	(a) ARTERIOSCLEROTIC VASCULAR HEART DISEASE	
DUE TO, OR AS A CONSEQUENCE OF		
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	(b) HYPERTENSION	
DUE TO, OR AS A CONSEQUENCE OF		
	(c)	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

DIABETES MELLITUS, PAST HISTOTY OF THYROID CANCER, OSTEOARTHRITIS

AUTOPSY (YES/NO)	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)
19a. NO	19b.

DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?
20a.	20b.	20c. YES ☐ NO [X]

I (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
21a. OCTOBER 3, 1990	21b. YES	21c. 2:10 PM

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

22a. SIGNATURE ▶	DATE SIGNED (MONTH, DAY, YEAR)
	22b. 11-08-90

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)	ILLINOIS LICENSE NUMBER
22c. PATEL BABUBHAI P. M.D., 6740 S. STONY ISLAND, CHICAGO, ILLINOIS 60649	22d. 036067745

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.	

BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY–NAME	LOCATION CITY OR TOWN	STATE	DATE (MONTH, DAY, YEAR)
24a. BURIAL	24b. LINCOLN CEMETERY	24c. CHICAGO,	ILLINOIS	24d. 11-16-90

FUNERAL HOME NAME	STREET AND NUMBER OR R.F.D.	CITY OR TOWN	STATE	ZIP
25a. S. B. RAWLS MORTUARY	6018 SOUTH STATE STREET,	CHICAGO,	ILLINOIS	60621

FUNERAL DIRECTOR'S SIGNATURE	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25b. ▶ S. B. Rawls	25c. 7826

LOCAL REGISTRAR'S SIGNATURE	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
26a. ▶ Virginia L. Parker, MBA	26b. NOV 0 9 1990

VR200 (Rev. 5/89) Illinois Department of Public Health—Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)

NOV 9 1990

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

I, VIRGINIA L. PARKER, M.P.A. ACTING LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

Carrington Title Partners, LLC
1919 S. Highland Ave., Building B, Suite 315
Lombard, IL 60148
A Policy Issuing Agent for
Fidelity National Title Insurance Company

EXHIBIT A

LOT TWENTY-EIGHT (28) IN BLOCK ONE (1) IN MCINTOSH BROS. STATE STREET ADDITION IN THE EAST HALF OF SECTION 33, TOWNSHIP 38 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Commonly known as: 7950 South Lafayette; Chicago, IL 60620
PIN Number: 20-33-206-038