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Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 05/28/2014 02:16 PM Pg: 1 of 6

Property of Cook County Clerk's Office

STZ 01146-23772 $\frac{1}{2}$ me

AFFIDAVIT OF HEIRSHIP BY
Sayeed Nurul Iqbal

Prepared by & Return to:
Laurie A Taylor
Attorney at Law
Two Trans Am Plaza Dr.
Ste 290
Oak Brook, IL 60481

STEWART TITLE
800 E. DIEHL ROAD
SUITE 180
NAPERVILLE, IL 60563

UNOFFICIAL COPY**AFFIDAVIT OF HEIRSHIP**

Preparer File:

FATIC No.:

SAYEED NURUL IQBAL (Affiant) being duly sworn upon oath, deposes and states:

1. That the Affiant resides at: 5316 N. BOWMANVILLE AVENUE, FRONT, CHICAGO, IL. 60625.
2. That the Affiant is A SURVIVING CHILD (Relationship) of ASKARI BEGUM IQBAL (Decedent) DOB FEBRUARY 2, 1937.
3. That the Decedent died on APRIL 15, 2014 in the State of MICHIGAN. (Death Certificate has been already provided.)
4. That the Decedent died owning an interest in the property legally described as follows:
FOUR SEASONS DEVELOPMENT COMPANY, LLC.
5. That the Decedent died WITHOUT LEAVING A WILL.
6. That the Decedent was married to the following individuals, and no others:

Name	Status	Age
SYED NURUL IQBAL	HUSBAND	PRE-DECEASED HIS WIFE
		ASKARI BEGUM IQBAL

7. That the following children were born to, or adopted by the Decedent and no others. (Give names of descendants of any child who is deceased.)

Name	Status	Age
SAYEED NURUL IQBAL	CHILD	48
SHAMS NURUL IQBAL	CHILD	49
SEEMAB NURUL IQBAL	CHILD	46

8. That to the best information and belief of the Affiant, no children were born to the Decedent out of wedlock, except as follows: NONE
9. That in the event the Decedent died without wife or child surviving, to the Affiant's best information and belief, the following represents the Decedent's heirship (give in detail):

THE DECEDENT, ASKARI BEGUM IQBAL, DIED LEAVING NO SURVIVING SPOUSE AND DIED LEAVING THREE CHILDREN, SAYEED NURUL IQBAL, SHAMS NURUL IQBAL AND SEEMAB NURUL IQBAL.



First American
Title Insurance Company

Affidavit of Heirship

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AFFIDAVIT OF HEIRSHIP

10. That the total value of the estate of the Decedent including the taxable interest in the aforesaid property is \$_ZERO.

11. That no claims have been filed against a Decedent and that all expenses of illness and or funeral expenses have been paid in full, or, that the following claims will be paid from the proceeds of the subject property:

THERE HAVE NOT BEEN ANY CLAIMS FILED OR ANY FUNERAL EXPENSES THAT HAVE NOT BEEN PAID FOR.

12. That the Federal Estate Tax (has / has not) been paid, that the Illinois Estate Tax (has / has not) been paid; that no (Federal Estate Tax / Illinois Estate Tax) is due.

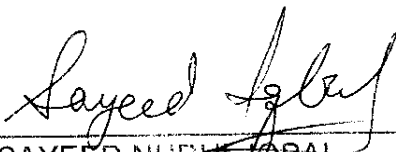
NO FEDERAL ESTATE TAX IS DUE.

13. That the Affiant makes this Affidavit to FOUR SEASONS DEVELOPMENT COMPANY, LLC.

14. That the Decedent's heirs have relinquished any interest that they may have in FOUR SEASONS DEVELOPMENT COMPANY, LLC or in the property located at 1920 N. Lincoln Avenue, Chicago, IL to Tina Truong

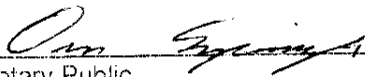
Further Affiant sayeth not.

All riders and pages attached are intended to be incorporated in and to be a part of the Affidavit of the purposes stated.

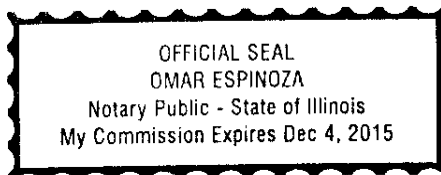


Affiant – SAYEED NURUL QBAL

Subscribed and sworn to before me this 7th day of, MAY, 2014. .



Notary Public



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COMMITMENT FOR TITLE INSURANCE

SCHEDULE A

Exhibit A - Legal Description

PARCEL 1:

UNIT C3 IN THE 1920 LINCOLN CONDOMINIUM, AS DELINEATED IN THE SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE:

PARTS OF LOTS 14, 15, 18, THE 10 FOOT ALLEY NORTH OF AND ADJOINING SAID LOT 15 AND THE 40 FOOT STREET (LONERGAN STREET) LYING EAST OF AND ADJOINING LOT 15, ALL IN LONERGAN'S SUBDIVISION OF THE SOUTH 2 ACRES OF BLOCK 39 IN CANAL TRUSTEES SUBDIVISION IN SECTION 33, TOWNSHIP 40 NORTH, RANGE 14, EAST THE THIRD PRINCIPAL MERIDIAN, ALSO SAID TRACT INCLUDES PART OF LOT 1 IN THE SUBDIVISION OF LOTS 19, 20 AND 21 IN ARMSTRONG'S SUBDIVISION OF THE NORTH 3 ACRES AND LOTS 16 AND 17 IN LONERGAN'S SUBDIVISION OF THE SOUTH 2 ACRES OF BLOCK 39 IN CANAL TRUSTEES SUBDIVISION, AFORESAID, ALL OF THE ABOVE BEING TAKEN AS ONE TRACT, BOUNDED AND DESCRIBED AS FOLLOWS:

COMMENCING AT THE SOUTHWEST CORNER OF LOT 22 IN LONERGAN'S SUBDIVISION, AFORESAID; THENCE WEST ALONG THE NORTH LINE OF WEST WISCONSIN STREET, AND SAID NORTH LINE EXTENDED, A DISTANCE OF 83.61 FEET TO A LINE THAT IS 50 FEET EAST OF AND PARALLEL TO THE WEST LINE OF NORTH ORLEANS STREET, EXTENDED NORTH; THENCE NORTH ALONG SAID PARALLEL LINE, A DISTANCE OF 100.76 FEET TO ITS INTERSECTION WITH A LINE IS 44 FEET SOUTHEASTERLY OF AND PARALLEL TO THE NORTHWESTERLY LINE OF OGDEN AVENUE, AS OPENED BY ORDINANCE OF THE CITY COUNCIL; THENCE NORTHEASTERLY ALONG SAID LINE WHICH IS 44 FEET SOUTHEAST OF AND PARALLEL TO THE NORTHWESTERLY LINE OF OGDEN AVENUE, AS OPENED, A DISTANCE OF 94.83; FEET TO THE SOUTHWESTERLY LINE OF NORTH LINCOLN AVENUE, AS EXTENDED; THENCE SOUTHEASTERLY ALONG THE SOUTHWESTERLY LINE OF NORTH LINCOLN AVENUE EXTENDED, A DISTANCE OF 64.36 FEET TO THE SOUTHEASTERLY LINE OF NORTH OGDEN AVENUE, AS OPENED; THENCE SOUTHWESTERLY ALONG THE SOUTHEASTERLY LINE OF NORTH OGDEN AVENUE, AS OPENED, TO THE WEST LINE OF LOT 18 IN LONERGAN'S SUBDIVISION, AFORESAID; THENCE SOUTH ALONG THE WEST LINE OF LOTS, 18, 19, 20, 21 AND 22 IN SAID LONERGAN'S SUBDIVISION TO THE PLACE OF BEGINNING, IN COOK COUNTY, ILLINOIS

WHICH SURVEY IS ATTACHED AS EXHIBIT "B" TO THE DECLARATION CONDOMINIUM RECORDED IN THE OFFICE OF THE RECORDER OF DEEDS OF COOK COUNTY, ILLINOIS ON December 5, 1986 AS DOCUMENT NUMBER 86581214, TOGETHER WITH IT UNDIVIDED INTEREST IN THE COMMON ELEMENTS, AS DEFINED AND SET FORTH IN THE DECLARATION OF CONDOMINIUM, IN COOK COUNTY, ILLINOIS.

PARCEL 2:

UNIT C4 AND P-4 IN THE 1920 LINCOLN CONDOMINIUM, AS DELINEATED IN THE SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE:

PARTS OF LOTS 14, 15, 18, THE 10 FOOT ALLEY NORTH OF AND ADJOINING SAID LOT 15 AND THE 40 FOOT STREET (LONERGAN STREET) LYING EAST OF AND ADJOINING LOT 15, ALL IN LONERGAN'S SUBDIVISION OF THE SOUTH 2 ACRES OF BLOCK 39 IN CANAL TRUSTEES SUBDIVISION IN SECTION 33, TOWNSHIP 40 NORTH, RANGE 14, EAST THE THIRD PRINCIPAL MERIDIAN, ALSO SAID TRACT INCLUDES PART OF LOT 1 IN THE SUBDIVISION OF LOTS 19, 20 AND 21 IN ARMSTRONG'S SUBDIVISION OF THE NORTH 3 ACRES AND LOTS 16 AND 17 IN LONERGAN'S SUBDIVISION OF THE SOUTH 2 ACRES OF BLOCK 39 IN CANAL TRUSTEES SUBDIVISION, AFORESAID, ALL OF THE ABOVE BEING TAKEN AS ONE TRACT, BOUNDED AND DESCRIBED AS FOLLOWS:

COMMENCING AT THE SOUTHWEST CORNER OF LOT 22 IN LONERGAN'S SUBDIVISION, AFORESAID; THENCE WEST ALONG THE NORTH LINE OF WEST WISCONSIN STREET, AND SAID NORTH LINE EXTENDED, A DISTANCE OF 83.61 FEET TO A LINE THAT IS 50 FEET EAST OF AND PARALLEL TO THE WEST LINE OF NORTH ORLEANS STREET, EXTENDED NORTH; THENCE NORTH ALONG SAID PARALLEL LINE, A DISTANCE OF 100.76 FEET TO ITS INTERSECTION WITH A LINE IS 44 FEET SOUTHEASTERLY OF AND PARALLEL TO THE NORTHWESTERLY LINE OF OGDEN AVENUE, AS OPENED BY ORDINANCE OF THE CITY COUNCIL; THENCE NORTHEASTERLY ALONG SAID LINE WHICH IS 44 FEET SOUTHEAST OF AND PARALLEL TO THE NORTHWESTERLY LINE OF OGDEN AVENUE, AS OPENED, A DISTANCE OF 94.83; FEET TO THE SOUTHWESTERLY LINE OF NORTH LINCOLN AVENUE, AS EXTENDED; THENCE SOUTHEASTERLY ALONG THE SOUTHWESTERLY LINE OF NORTH LINCOLN AVENUE EXTENDED, A DISTANCE OF 64.36 FEET TO THE SOUTHEASTERLY LINE OF NORTH OGDEN AVENUE, AS OPENED; THENCE SOUTHWESTERLY ALONG THE SOUTHEASTERLY LINE OF NORTH OGDEN AVENUE, AS OPENED, TO THE WEST LINE OF LOT 18 IN LONERGAN'S SUBDIVISION, AFORESAID; THENCE SOUTH ALONG THE WEST LINE OF LOTS, 18, 19, 20, 21 AND 22 IN SAID LONERGAN'S SUBDIVISION TO THE PLACE OF BEGINNING, IN COOK COUNTY, ILLINOIS

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pin # 14-33-401-066-1012

CK# 1920 N. Lincoln Ave, Unit C3
Chicago, IL 60614

Property of Cook County Clerk's Office

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REPORT IN PERMANENT BLACK INK

LF _____
CF 2528



STATE OF MICHIGAN DEPARTMENT OF COMMUNITY HEALTH CERTIFICATE OF DEATH

STATE FILE NUMBER
3547188

1. DECEASED'S NAME (Print, Middle, Last) BEGUM IQBAL ASKARI		2. DATE OF BIRTH (Month, Day, Year) Feb 02, 1937		3. SEX Female		4. DATE OF DEATH (Month, Day, Year) April 15, 2014	
5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS (Include AKA's if any)				6a. AGE - Last Birthday (Years) 77		6b. UNDER 1 YEAR MONTHS _____ DAYS _____	
7a. LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c) St. John Hospital				7b. CITY, VILLAGE, OR TOWNSHIP OF DEATH Detroit		7c. COUNTY OF DEATH Wayne	
8a. CURRENT RESIDENCE - STATE Michigan		8b. COUNTY Grosse Pointe Park		8c. LOCALITY (Check the box that describes the location) <input type="checkbox"/> CITY OR VILLAGE <input type="checkbox"/> TOWNSHIP <input type="checkbox"/> UNINCORPORATED PLACE (Include ZIP code) 1429 Balfour		8d. STREET AND NUMBER (Include Apt. No. if applicable)	
9. ZIP CODE 48230		10. BIRTHPLACE (City and State or Country) INDIA		11. SOCIAL SECURITY NUMBER [REDACTED]		11. DECEASED'S EDUCATION - What is the highest degree or level of school completed at the time of death? 4 Years College	
12. RACE - American Indian, White, Black, etc. (If Asian, give nationality in Chinese, Filipino, Asian Indian, etc.) (Enter all that apply) Asian		13a. ANCESTRY - Mexican, Cuban, Arab, African, English, French, Dutch, etc. (Enter all four except if American Indian race, enter appropriate line) Asian - Indian - American		13b. HISPANIC ORIGIN (Yes or No) No		14. WAS DECEASED EVER IN THE U.S. ARMED FORCES? (Yes or No) No	
15. USUAL OCCUPATION (Give kind of work done during life, if working life. Do not use retired) Nurse		16. KIND OF BUSINESS OR INDUSTRY Human Health		17. MARITAL STATUS - Married, Never Married, Widowed, Divorced Widowed		18. NAME OF SURVIVING SPOUSE (If wife, give name before first marriage)	
19. FATHER'S NAME (Print, Middle, Last) Syed Jalaluddin				20. MOTHER'S NAME (Before first married) (Print, Middle, Last) Lateefunisa			
21a. INFORMANT'S NAME (Print) Seemab Iqbal		21b. RELATIONSHIP TO DECEASED Son		21c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, Zip Code) 1429 Balfour, Grosse Pointe Park, MI 48230			
22. METHOD OF DISPOSITION (Burial, Cremation, Human Remains, Donation, Removal, Burial Object) Burial		23. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other facility) Windsore Cemetery				23b. LOCATION - City or Village, State Detroit, Michigan	
24. SIGNATURE OF MORTUARY SCIENCE LICENSEE <i>[Signature]</i>		25. LICENSE NUMBER (of Licensee) 7180		26. NAME AND ADDRESS OF FUNERAL FACILITY Numan Funeral Home 17700 W Warren Ave. Detroit, Michigan 48228			
27a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Consulting Physician - To the best of my knowledge, death occurred due to (See 27c) and manner listed. <input type="checkbox"/> Medical Examiner - On the basis of examination, autopsy, investigation, in any state of death occurred at the time, date, and place, and due to the cause(s) and manner stated. Chander Kanta MD		27b. DATE SIGNED (Mo., Day, Yr) April 17/2014		27c. LICENSE NUMBER CK065807		28. ACTUAL OR PRESUMED TIME OF DEATH (Mo., Day, Yr) 09:21 a. M. Apr. 15, 2014	
29. MEDICAL EXAMINER CONTACTED? (Yes or No) No		30. PLACE OF DEATH (Home, Hospital, Nursing Home, Hospice, Ambulance) (Specify) Hospital		31. IF HOSPITAL, Hospital, Outpatient, Emergency Room, ORA, (Specify) Inpatient		32. MEDICAL EXAMINER'S CASE NUMBER (If applicable)	
33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Cathy M. Garrett		34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN (Type or Print) CHANDER KANTAMD, 26328 VANDYKE CENTERLINE, MI 48015		35. REGISTRAR'S SIGNATURE <i>[Signature]</i>			
36. PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line. If diabetes was an immediate, underlying or contributing cause of death be sure to record diabetes in a separate line or part II of the cause of death section as appropriate. IMMEDIATE CAUSE (Final disease or condition resulting in death) Essentially last condition, LEADING to one cause listed on line a. Enter the UNDERLYING CAUSE (Disease or injury that initiated the events resulting to death) LAST		37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				38. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant to term 1-11 months before death <input type="checkbox"/> Unknown if pregnant within the past year	
39. MANNER OF DEATH - Accident, Suicide, Homicide, Natural, Indeterminate or Pending (Specify) Natural		40. WAS AN AUTOPSY PERFORMED? (Yes or No) NO		40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)		41. DATE OF INJURY (Mo., Day, Yr)	
41a. DATE OF INJURY (Mo., Day, Yr)		41b. TIME OF INJURY M		41c. DESCRIBE HOW INJURY OCCURRED			
41d. INJURY AT WORK (Yes or No)		41e. PLACE OF INJURY - At home, firm, street, construction site, wooded area, etc. (Specify)		41f. IF TRANSPORTATION INJURY - Driver/Operator, Passenger, Pedestrian, etc. (Specify)		41g. LOCATION - Street or RFD No. City, Village or Twp. State	

THIS DEATH CERTIFICATE IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT REPRODUCTION OF THE ORIGINAL RECORD AS RECORDED WITH WAYNE COUNTY. DO NOT ACCEPT UNLESS PREPARED ON APPROVED SECURITY PAPER DISPLAYING THE OFFICIAL SEAL AND SIGNATURE OF THE ISSUING AGENCY. NOT VALID IF PHOTOCOPIED. LAMINATION MAY VOID CERTIFICATE.



046540
APR 28 2014
Dated

Cathy M. Garrett
Cathy M. Garrett
WAYNE COUNTY CLERK



Death Records