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KAREN A. YARBROUGH

COOK COUNTY CLERK'S OFFICE

DATE: 4/19/2024 1:54 PM

PAGE: 1 OF 8

DOCUMENT COVER SHEET

PROPERTY OF COOK COUNTY CLERK'S OFFICE

TYPE OF DOCUMENT: AFFIDAVIT OF OWNERSHIP
FOR UNPROBATED ESTATE

GRANTOR: _____

GRANTEE: _____

DATE OF DOCUMENT: _____

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AFFIDAVIT OF OWNERSHIP FOR UNPROBATED ESTATE

I, DERRICK MEAD, hereby affirm as follows:

The common address, legal description and permanent index number of the property in question are:

2100 S Saint Louis Ave, Chicago, IL 60623

Legal Description attached

PIN: 16-23-416-051-0000

The record owners of this property are:

GLORIA JEAN MEAD, died December 11, 2017.

CHARLIE MEAD, died September 09, 2023

According to the attached death certificate, and affidavit of heirship for the unprobated estate, the last record owner(s) are deceased and leave as their sole heirs the following:

DERRICK MEAD, son of the deceased.

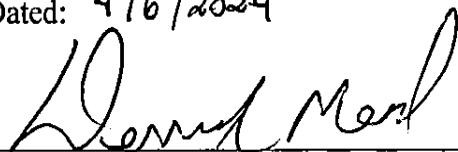
CHARLES MEAD, son of the deceased.

Based on the foregoing the following are the current owners of the property:

DERRICK MEAD, as to a divided $\frac{1}{2}$ interest; and

CHARLES MEAD, as to a divided $\frac{1}{2}$ interest.

Dated: 4/6/2024



DERRICK MEAD

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State of Illinois) INDIANA

) SS:
County of ~~Cook~~) Porter

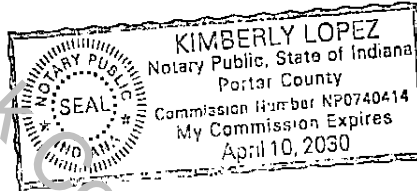
I, the undersigned, a Notary Public in and for the said County, in the State aforesaid, do hereby certify that DERRICK MEAD personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that she signed, sealed and delivered the said instrument as her free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and seal this 6 day of April, 2024.

Commission expires April 10 2030.

[Signature]

Notary Public



This instrument prepared by:

Dennis A. Delman
Delman & Cohen
4711 W. Golf Rd. Ste. 700
Skokie, IL 60076
Phone: (847) 674-3000

Send subsequent tax bills to:
DERRICK MEAD
CHARLES MEAD
2100 S Saint Louis Avenue
Chicago, IL 60623

PROPERTY OF COOK COUNTY CLERK'S OFFICE

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LEGAL DESCRIPTION:

LOT 21 IN BLOCK 3 IN TRAVER SUBDIVISION OF THE EAST 15.92 ACRES OF THE WEST 30.92 ACRES OF THAT PART OF THE SOUTHEAST QUARTER OF SECTION 23, TOWNSHIP 39 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING SOUTH OF OGDEN AVENUE OR SOUTH WESTERN PLANK ROAD IN COOK COUNTY, ILLINOIS.

PIN: 1523-416-051-0000

Address: 2100 S St Louis Avenue, Chicago, IL 60623

Property of Cook County Clerk's Office

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PERSONAL UNDERTAKING (INTESTATE ESTATE)

Date: May 5, 2021
Escrow No.: 21ST00647PKElizab
To: Chicago Title and Trust Company

In consideration of the issuance of your title insurance policy on the above referenced order number, the undersigned do hereby, jointly and severally, for themselves, their heirs, personal representatives and assigns, covenant and agree forever fully to indemnify, protect, defend and save your harmless from and to reimburse you for any and all loss, costs, damages, suits, attorneys' fees and expenses of every kind and nature which you may for any cause, at any time and from time to time, suffer, expend or incur by reason or in consequence of the issuance of said policy, and of any and every other insurance policy of policies covering the same real estate, or any part of parts thereof, or interest herein free and clear of the following exceptions:

1. Claims (includ no awards, if any) against the Estate of CHARLIE MEAD.
2. Federal Estate Tax, Illinois Estate Tax and Illinois Generation-Skipping Transfer Tax which may be charged against the Estate of said decedent.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Derrick Mead
Signature

4/6/2024
Date

DERRICK MEAD
Print Name

Address: 1356 laurel oaks Dr.

Streamwood, IL 60107

Charles Mead
Signature

4/6/2024
Date

CHARLES MEAD
Print Name

Address: 1541 S. Trumbull Avenue

Chicago, IL 60623

Signature

Date

Print Name

Address: _____

Signature

Date

Print Name

Address: _____

NOTE: To be executed by all of the Heir(s) of the Decedent.

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CHICAGO TITLE INSURANCE COMPANY AFFIDAVIT OF HEIRSHIP

STATE OF ILLINOIS }
COUNTY OF COOK } SS

DERRICK MEAD (Affiant) being duly sworn upon oath, states:

1. That the Affiant resides at 1356 Laurel Oaks Dr, Streamwood, IL 60107.
2. That the Affiant is the son (relationship) of CHARLIE MEAD (decedent).
3. That the Decedent died on September 9, 2023 in the County of Cook, State of Illinois.
(Attach copy of death certificate.)
4. That the Decedent died owning an interest in the property commonly known as 2100 S Saint Louis Ave, Chicago, IL 60623 and more fully described in commitment no. _____.
5. That the Decedent died leaving (a / no) Will. (Attach copy of will if applicable.)
6. That the Decedent was married to the following individuals and no others:

| Name | Status |
|-------------------------|-------------------------------------|
| <u>GLORIA JEAN MEAD</u> | <u>Wife, died December 11, 2017</u> |
| _____ | _____ |
7. That the following children and no others were born to or adopted by the Decedent:

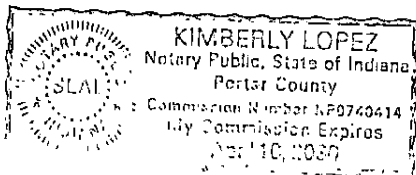
| | |
|---------------------|------------|
| <u>CHARLES MEAD</u> | <u>Son</u> |
| <u>DERRICK MEAD</u> | <u>Son</u> |
8. That to the best information and belief of the Affiant, no children were born to or fathered by the Decedent out of wedlock except as follows: N/A
9. That in the event the Decedent died without wife or child surviving, to the Affiant's best information and belief the following represents the Decedent's heirship (include names of all deceased descendants):
N/A
10. That the total value of the estate of the Decedent including the taxable interest in the aforesaid property is \$ 350,000.00.
11. That no claims have been filed against 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:
All expenses have been paid and there are no claims
12. That the Federal Estate Tax (has/ has not) been paid, that the Illinois Inheritance Tax (has/ has not) been paid; that no (Federal Estate Tax/Illinois Inheritance Tax) is due.
13. That the Affiant makes this affidavit to induce Chicago Title to issue its policy of title commitment number _____ and with knowledge that Chicago Title will rely on the representations made and contained herein to insure title.

Further Affiant sayeth not.

SIGNED

Derrick Mead
AFFIANT DERRICK MEAD

Subscribed and sworn to before me this 6 day of April, 2023



[Signature]
NOTARY PUBLIC

CERTIFICATION OF DEATH RECORD

UNOFFICIAL COPY

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2017 0100328

DATE ISSUED 12/18/2017

| | | | | |
|---|---|--|---|---|
| DECEDENT'S LEGAL NAME GLORIA JEAN MEAD | | SEX FEMALE | DATE OF DEATH DECEMBER 11, 2017 | |
| COUNTY OF DEATH COOK | AGE AT LAST BIRTHDAY 75 YEARS | DATE OF BIRTH MAY 13, 1942 | | |
| CITY OR TOWN CHICAGO | | HOSPITAL OR OTHER INSTITUTION NAME KINDRED HOSPITAL CHICAGO CENTRAL | | |
| PLACE OF DEATH INPATIENT | | | | |
| BIRTHPLACE CLARKSDALE, MS | SOCIAL SECURITY NUMBER | STATUS AT TIME OF DEATH MARRIED | SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME CHARLIE MEAD | EVER IN U.S. ARMED FORCES? NO |
| RESIDENCE 2100 SOUTH ST LOUIS | APT. NO. | CITY OR TOWN CHICAGO | INSIDE CITY LIMITS? YES | |
| COUNTY COOK | STATE IL | ZIP CODE 60623 | FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION WILLIE YARBROUGH | MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ELIZABETH COBURN |
| INFORMANT'S NAME CHARLIE MEAD | | RELATIONSHIP HUSBAND | MAILING ADDRESS 2100 SOUTH ST LOUIS, CHICAGO, IL, 60623 | |
| METHOD OF DISPOSITION CREMATION | PLACE OF DISPOSITION MORGAN-CREMATION SERVICES | LOCATION - CITY OR TOWN AND STATE NORTHLAKE, IL | DATE OF DISPOSITION DECEMBER 13, 2017 | |
| FUNERAL HOME HOUSEOFBRANCHFUNERALHOME, 3125 WEST ROOSEVELT RD, CHICAGO, IL, 60612 | | | | |
| FUNERAL DIRECTOR'S NAME KATRINA SHARRON BATES | | | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016475 | |
| LOCAL REGISTRAR'S NAME DAVID ORR | | | DATE FILED WITH LOCAL REGISTRAR DECEMBER 18, 2017 | |
| CAUSE OF DEATH PART I. MULTIPLE MYELOMA | | | | |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) | | Due to (or as a consequence of): | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| a. | | | | WEEKS |
| b. ACUTE RENAL FAILURE | | Due to (or as a consequence of): | | WEEKS |
| c. ANEMIA OF CHRONIC DISEASE | | Due to (or as a consequence of): | | WEEKS |
| PART II Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. | | | WAS AN AUTOPSY PERFORMED? NO | |
| | | | WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A | |
| FEMALE PREGNANCY STATUS NOT APPLICABLE | | | MANNER OF DEATH NATURAL | |
| DATE OF INJURY | TIME OF INJURY | PLACE OF INJURY | | INJURY AT WORK? |
| LOCATION OF INJURY | | | | |
| DESCRIBE HOW INJURY OCCURRED: | | | | IF TRANSPORTATION INJURY, SPECIFY |
| | | | | |
| ATTEND THE DECEASED? YES | DATE LAST SEEN ALIVE DECEMBER 11, 2017 | WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO | DATE PRONOUNCED: | TIME OF DEATH 2:00 PM |
| CERTIFIER PHYSICIAN | | | DATE CERTIFIED DECEMBER 13, 2017 | |
| NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH MOHIUDDIN MUHAMMED MD, 1500 SOUTH CALIFORNIA AVENUE, CHICAGO, ILLINOIS, 60608 | | | PHYSICIAN'S LICENSE NUMBER 036.104315 | |

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

David Orr
David Orr
Cook County Clerk

D00198442



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE