

Doc# 2411008024 Fee \$88.00 ILRHSP FEE:\$18.00 RPRF FEE:\$1.00 KAREN A. YARBROUGH

COOK COUNTY CLERK'S OFFICE

DATE: 4/19/2024 1:54 PM

# DOCUMENT COVER SHEET

TYPE OF DOCUMENT:	AFFIDAVIT OF OWNERSHIP FOR UNPROBATED ESTATE
GRANTOR:	472
GRANTEE:	
DATE OF DOCUMENT: _	

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## **UNOFFICIAL COPY**

#### 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 afficionate of heirship for the unprobated estate, the last record owner(s) are deceased and leave as their sole heirs the following:

OA'S

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 ½ interest; and CHARLES MEAD, as to a divided ½ interest.

Dated: 4/6/2021

DERRICK MEAD

State of Illinois) SS:
County of Cook) Sorton

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 ray hand and seal this \_\_\_\_ day of \_\_\_\_\_\_\_, 2024.

Commission expires

بن 20 كار

Notary Public

KIMBERLY LOPEZ
Notary Public, State of Indianal
Portar County

Commission Hurber NP0740414
My Commission Expires
April 10, 2030

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

#### 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.

15 23-416-051-0000 PIN:

OE Jouis Av.

OR COOK COUNTY CLORES OFFICE Address: 2100 \$50 Louis Avenue, Chicago, IL 60623



# PERSONAL UNDERTAKING (INTESTATE ESTATE)

Date:

May 5, 2021

Escrow No.: 21ST00647PKElizab

ro.

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 increof, or interest herein free and clear of the following exceptions:

1.	Claims (includ no awards, if any) against the Estate of	of CHA	RLIE	MEAD .
2.	Federal Estate fax illinois Estate Tax and Illinois against the Estate of said decedent.	Generation	-Skipping T	ransfer Tax which may be charged
IN Y	WITNESS WHEREOF, the undersigned have execute	ed this doc	ument on th	ne date(s) set forth below.
<b>→</b>	Llover Ment Signature	4/6	<i>्रि</i> ०३५ Date	
1	ERRICK MEAD	Address:	1356	laurel Daks Dr.
Prii	nt Name		Stree	mwood, IL 60107
4	MAXIA FAMI Signature	<u> </u>	/2024 Date	_
ے	HARLES MEAD	Address.	1541	S. Trumbull Avenue
Pri	nt Name			90, IL 60623
			<u> </u>	<i>7</i>
	Signature		Date	Ś
_		Address:		
Pri	nt Name			
				CO
	Signature		Date	
Dei	nt Name	Address:		<del></del>
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NOTE: To be executed by all of the Heir(s) of the Decedent.

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# **UNOFFICIAL COPY**

## CHICAGO TITLE INSURANCE COMPANY AFFIDAVIT OF HEIRSHIP

	ATE OF ILLINOIS  SS  SS
CO	UNTY OF COOK 533
DE	ERRICK 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 cea h 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  GLORIA JEAN MEAD  Status  Wife, died December 11, 2017
	<del></del>
7.	That the following children and no others were port to or adopted by the Decedent:  CHARLES MEAD  Sc.1
	DERRICK MEAD Son
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 descendents):  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
	That no claims have been filed against Decedent and that all expenses of illness and/or rur, eral 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.
Fur	rther Affiant sayeth not.  SIGNED Dervil Med
	AFFIANT DERRICK MEAD
	4
Sul	bscribed and sworn to before me this 6 day of Asr/ 250/
	WINDER VIOLET
	Notary Public, State of Indiana NOTARY PUBLIC
	SEAL Commission Reparts 1 Personal Programmes Reputation

### GERTATION OF DEATH REGION

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### COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS

#### MEDICAL CERTIFICATE OF DEATH

DECEDENT'S LEGAL NAME CHARLIE MEAD  AGE AT LAST BIRTHDAY SOOK BY YEARS DATE OF DEATH SEPTEMBER 09; 2023  COUNTY OF DEATH COOK BY YEARS DATE OF BIRTH JUNE 28, 1936  CITY OR TOWN CHICAGO CITY OR TOWN CHICAGO			MEDICAL CEI	RTIFICATE OI	- DEATH		e de la companya de La companya de la co	
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2811778

SEPTEMBER 16, 2023
PHYSICIAN'S LICENSE NUMBER

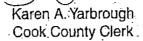
036157258



NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH

DR. ALLISON THOBURN, 3860 W OGDEN AVE, CHICAGO, ILLINOIS, 60623

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.





# COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FIL	E NUMBER	2017 01003:	28

DATE ISSUED

12/18/2017

DECEDENTS LEGAL NAME GLORIA JEAN MEAD					SEX FEMALE	DATE OF DEATH DECEMBER 11, 2017	
COUNTY OF DEATH		AGE AT LAST BIRTH 75 YEARS	IDAY	DATE OF 8	IRTH 3, 1942		
CITY OR TOWN CHICAGO				HER INSTITUTION		AL.	3.5
PLACE OF DEATH INPATIENT							
BIRTHPLACE	SOCIAL SECURIT	Y NUMBER STATUS	AT TIME OF DEATH	. 1		NERS MAIDEN NAME EVER IN U.S. AF	
CLARKSDALE, MS	,	MARR	IED :	CHARLIE I	MEAD	FORCES? NO	1 8 7
RESIDENCE 2100 SOUTH ST LOUIS				TY OR TOWN CHICAGO		INSIDE CITY LIMIT YES	2
COOK 1L	2IP CODE   30623	WILLIE YARBE			ELIZABETH	IT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL COBURN	UNION:
INFORMANT'S NAME CHARLIE MEAD	700	RÉLATIONSHIE HUSBAN	· .	MAILING ADDRE		CHICAGO, IL, 60623	
METHOD OF DISPOSITION CREMATION		COF DISPOSITION RGAN CREMATI	ON SERVICES	LOCATION - CIT NORTHLAKE	Y OR TOWN AND	DECEMBER 13, 2017	7
FUNERAL HOME HOUSEOFBRANCHFUI	NERALHOME, 31	125 VF3" ROOSI	EVELT RD, CHICAG	O, IL, 60612			***
FUNERAL DIRECTOR'S NAME KATRINA SHARRON B	ATES	(0			FUNERAL DIRECT	TOR'S ILLINOIS LICENSE NUMBER	
LOCAL REGISTRAR'S NAME DAVID ORR		C				H LOCAL REGISTRAR: R: 18, 2017	
CAUSE OF DEATH PAR	TI. MULTIPLE MY	ELÔMA	<del></del>			2	
IMMEDIATE CAUSE	a	ing the second s				: ₽₽₽ WEEKS	
(Final disease or condition			Due to (or as a 'onsequence of)!			A P E T	7.7
resulting in death)	ь ACUTE RENA	L FAILURE	0,			O V V E NEEKS	
	· 1		<u> </u>		<u> </u>		
	A ANEMIA OF C	HRONIC DISEASE	Due to (or as a consequence of	/x.	• ; •	AA ONSE	
	C. ANEINIA OF C.	FIRONIC DISEASE				WEEKS	
			Oue to (or as a consequence of):		:		
PART II Enter other significant c	onditions contributin			given in PAR	WAS	AN AUTOPSY PERFORMED? NO	
***************************************					$\bigcirc$	RE AUTOPSY FINDINGS USED TO	
						PLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT APPLICABLE					4.0	INER OF DEATH	
DATE OF INJURY		TIME OF INJURY	PLACE OF INJURY	,	The state of the s	INJURY AT WO	RK?
LOCATION OF INJURY						10	
DESCRIBE HOW INJURY OCCUP	RRED		<del></del>	<del> </del>		IF TRANSP 3XT TION INJURY, SP	ECIFY
							10.
ATTEND THE DECEASED? YES	DATE LAST SEEN A DECEMBER		DICAL EXAMINER OR R CONTACTED? NO		RONOUNCED	.TIME OF DEATH 2:00 PM	
CERTIFIER PHYSICIAN				en en en		DECEMBER 13, 2017	
NAME, ADDRESS AND ZIP CODE				O ILLINOIS	60608	PHYSICIAN'S LICENSE NUMBI 036 104315	ER:



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 Cook County Clerk

