

UNOFFICIAL COPY

92459962

AFFIDAVIT OF HEIRSHIP

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

92459962

The Affiant, ANNA (DOUP) DePOZO, being first duly sworn upon oath deposes and says:

That she resides at 12916 S. Manistee, in the City of Chicago, Illinois 60633, and that she is the administrator of the Estate of John R. Doup a/k/a Jack R. Doup, one of the two parties who took title, not in tenancy in common, but in joint tenancy, to real estate shown in Certificate of Title No. 598745, situated in said Cook County, Illinois, and legally described as follows:

DEPT. RECORD - T \$33.00
T48888 TRAN 9200 06/24/92 14:49:00
T48888 * -92-459962
COOK COUNTY RECORDER

Lot Forty-Two -----(42)
Lot Forty-Three----- (43)

In Block Thirty-Four (34) in Ironworker's Addition to South Chicago, in Section 8, Town 37 North, Range 15, East of the Third Principal Meridian.

P.I.N. #26-08-328-005 & 26-08-328-006 vol.299

Affiant states that JOHN R. DOUP, one of the said owners in joint tenancy, died intestate, in the City of Chicago, in the State of Illinois, as confirmed by a Certificate of the health department of said municipality hereto attached.

BB-1

Box 64

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That probate proceedings have not been instituted and none are pending.

That said ANNA (DOUP) DePOZO is personally acquainted with the affairs of the Estate of JOHN R. DOUP, and as a consequence of that fact states that decedent left surviving him the following:

ANNA (DOUP) DePOZO	---	daughter	- 35yrs
JOSEPH DOUP	---	son	- 42yrs
JOHN DOUP	---	son	- 37 yrs
WILLIAM DOUP	---	son	- 28 yrs.
ROBERT DOUP (deceased)	---	son	

Children of Robert:

(a) Heather Doup-Korneck	---	granddaughter	- 20
(b) Kelly Doup	---	granddaughter	- 13
(c) Nicole Doup	---	granddaughter	- 12

That this Affidavit of Heirship is true in substance and in fact and is made to induce the Recorder of Deeds, Cook County, Illinois and Commonwealth Title Insurance Company, to find free and clear of all objections arising from the death of the decedent, JOHN R. DOUP, and issue title to the aforementioned heirs and devisees.


ANNA (DOUP) DePOZO

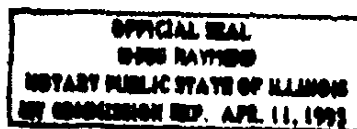
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COUNTY OF COOK) SS
)

SUBSCRIBED AND SWORN TO
before me this 12th day
of June, 1992.

Chris Raymond
Notary Public



My Commission expires: 4/11/93

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9 2 4 5 9 1 3 1

AFFIDAVIT REGARDING DECEASED JOINT TENANT

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

June 12, 1992
Commitment # 9219491

ANNA DOUP-DePOZO, being first duly sworn, on oath, for the purposes of inducing Commonwealth Land Title Insurance Company, to issue its' title insurance policy covering the land described in the above captioned commitment, deposes and says:

1. That she resides at 12916 South Manistee, Chicago, Illinois 60633.
2. That she was acquainted with MILDRED DOUP, who died on December 8, 1987 as evidenced by the attached certified copy of the death certificate.
3. That said decedent was one of the owners of the land described in the above captioned commitment.
4. That said decedent died leaving no Last Will and Testament.
5. That the total value of the decedent's estate for Federal Estate Tax and Illinois Inheritance Tax purposes does not exceed \$55,000.00.

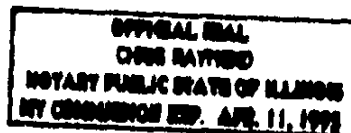
Anna Doup-DePozo

ANNA DOUP-DePOZO

Subscribed and Sworn to me
this 16th day of June
1992.

Chris Lynn

Notary Public



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Property of Cook County Clerk's Office

SEARCHED
SERIALIZED
INDEXED
FILED

STATE FILE NUMBER

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.71
REGISTERED NUMBER 721

1. DECEASED - NAME: MILDRED DOUP; SEX: FEMALE; DATE OF BIRTH: MAY 8, 1921; COUNTY OF DEATH: COOK; DATE OF DEATH: DECEMBER 8, 1987.

2. RACE: WHITE, BLK, AMERICAN; AGE: 66; UNDER 1 YEAR: 0; 1-5 YEARS: 0; 5-10 YEARS: 0; 10-15 YEARS: 0; 15-20 YEARS: 0; 20-25 YEARS: 0; 25-30 YEARS: 0; 30-35 YEARS: 0; 35-40 YEARS: 0; 40-45 YEARS: 0; 45-50 YEARS: 0; 50-55 YEARS: 0; 55-60 YEARS: 0; 60-65 YEARS: 0; 65-70 YEARS: 0; 70-75 YEARS: 0; 75-80 YEARS: 0; 80-85 YEARS: 0; 85-90 YEARS: 0; 90-95 YEARS: 0; 95-100 YEARS: 0.

3. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: CRESTWOOD HEIGHTS NURSING CENTRE; NAME OF INSTITUTION: CRESTWOOD HEIGHTS NURSING CENTRE; TYPE OF INSTITUTION: INPATIENT.

4. SOCIAL SECURITY NUMBER: 337-12-2115; US BIRTH PLACE: U.S.A.; MARRIED: Yes; HUSBAND'S NAME: Jack Doup; DECEASED'S OCCUPATION: Clerk; CITY, TOWN, TWP. OR ROAD DISTRICT NO.: CRESTWOOD; COUNTY: COOK; STATE: ILLINOIS.

5. FATHER - NAME: Acedacio Williams; MOTHER - MARIANNE; DEATH WAS CAUSED BY: Not Avascular; INFORMATION NAME (TYPE OR PREFIX): WILLIAMS; STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP: 14255 SOUTH CICERO, CRESTWOOD, ILLINOIS 60445.

6. CAUSE: Cardiorespiratory Arrest; ICD-9 CODE: 860.0; ICD-10 CODE: I60.0; UNDERLYING CAUSE: Septicemic Brain Syndrome.

7. DATE OF OPERATION: NONE; SURVIVAL: NONE; DATE OF DEATH: NOVEMBER 16, 1987; HOUR OF DEATH: 1:10 A.M.; SIGNATURE: J. K. Anselman (MD); LICENSE NUMBER: 036057348.

8. CERTIFIER: ELAKA WAIKAR, 15517 ORCGRANDE, OAK FOREST, ILLINOIS 60452.

9. DISPOSITION: Burial; FUNERAL HOME: St. Mary; ADDRESS: 10200 S. Frank; CITY: Chicago, Illinois 60647; LOCAL REGISTRAR SIGNATURE: John E. Horni; DATE: DEC 9 1987.

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD FOR THE DECEDENT NAMED IN ITEM #1 AND THAT THIS RECORD WAS ESTABLISHED AND FILED IN MY OFFICE IN ACCORDANCE WITH THE PROVISIONS OF THE ILLINOIS STATUTES RELATING TO THE REGISTRATION OF STILLBIRTHS, BIRTHS AND DEATHS.

DATED: DEC 9 1987 SIGNED: John E. Horni LOCAL REGISTRAR

SIGNED: Carl J. Vandenberg DEPUTY REGISTRAR, AT TINLEY PARK, ILLINOIS

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AFFIDAVIT REGARDING DECEASED JOINT TENANT

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

June 12, 1992
Commitment # 9219491

ANNA DOUP-DePOZO, being first duly sworn, on oath, for the purposes of inducing Commonwealth Land Title Insurance Company, to issue its' title insurance policy covering the land described in the above captioned commitment, deposes and says:

1. That she resides at 12916 South Manistee, Chicago, Illinois 60617.
2. That she was acquainted with JOHN R. DOUP, a/k/a JACK R. DOUP, who died on March 17, 1990, as evidenced by the attached certified copy of the death certificate.
3. That said decedent was one of the owners of the land described in the above captioned commitment.
4. That said decedent died leaving no Last Will and Testament.
5. That the total value of the decedent's estate for Federal Estate Tax and Illinois Inheritance Tax purposes does not exceed \$55,000.00.

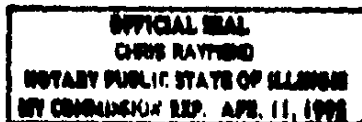
Anna Doup DePozo

ANNA DOUP-DePOZO

Subscribed and Sworn to me
this 12th day of June
1992.

Chris Raymond

Notary Public



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COOK COUNTY CLERK'S OFFICE
111 N. LA SALLE ST. CHICAGO, ILL. 60601
TEL: 312.603.1000 FAX: 312.603.1001
WWW.COOKCOUNTYCLERK.COM

005508

MAR 20 1990

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

I, JAMES W. MASTERSON, M.P.H., 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 OF 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 AS A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

THIS CERTIFIED COPY VALID
WHEN MULTICOLOR SEAL AND
BLUE SIGNATURE ARE AFFIXED

MEDICAL CERTIFICATE OF DEATH

DISTRICT NO. 10.10
REGISTERED NUMBER

1. DECEASED NAME COOK, COUNTY OF DEATH 4. COOK CITY, TOWN, TWP. OR ROAD, DISTRICT NUMBER 68. CHICAGO BIRTHPLACE CITY AND STATE OR FOREIGN COUNTRY 7. TENNESSEE SOCIAL SECURITY NUMBER 10. 315 14 0645 RESIDENCE (STREET NAME) 13a. 10515 AVENUE M STATE 13e. ILLINOIS FATHER-NAME 15. NOT AVAILABLE INFORMANT NAME (TYPE OR PRINT) 17a. KAREN LIVVAICH 18 PART I Immediate Cause (Final disease or condition resulting in death) 1. (a) <u>CARDIOVASCULAR, NA S. PHARYNGEAL</u> DUE TO OR AS A CONSEQUENCE OF 2. (b) <u>DU TO OR AS A CONSEQUENCE OF</u> 3. (c) <u>CARDIOVASCULAR</u> CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. PART II. Other significant conditions contributing to death but not resulting in the underlying cause of death. 20b. MAJOR FINDINGS OF OPERATION 20c. DATE OF OPERATION IF ANY 20d. (DO NOT) ATTEND THE DECEASED AND LAST SAW HIM/LIVE ON 21b. MARCH 17, 1990 22a. SIGNATURE AND ADDRESS OF CERTIFIER 22c. DR. O. LEOPANDO 80 RIVER OAKS DRIVE, CALUMET CITY, IL 23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 24b. ST. MARY'S 25a. THE CLAUDE E. GRIESEL MORTUARY, LTD. 10240 S. EWING AVE. CHICAGO, IL. 60617 25b. FURNERIAL DIRECTOR'S SIGNATURE 25c. 8518 26a. MAR 20 1990 26b. DATE FILED BY LOCAL REGISTRAR	2. SEX 3. MARCH 17, 1990 4. MARCH 17, 1990 5d. JANUARY 16, 1923 6c. INPATIENT 7. NONE 8b. CHICAGO COMMUNITY HOSPITAL 9. NONE 10. STEEL CO. 11a. ROLLER 12. CHICAGO 13b. CHICAGO 14b. X. NO 15. NOT AVAILABLE 16. NOT AVAILABLE 17b. ADM. CLIN. HOSP. BCR 17c. 2320 E. 93RD STREET CHICAGO, ILLINOIS 60617 18. (a) <u>CARDIOVASCULAR, NA S. PHARYNGEAL</u> DUE TO OR AS A CONSEQUENCE OF (b) <u>DU TO OR AS A CONSEQUENCE OF</u> (c) <u>CARDIOVASCULAR</u> CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. PART II. Other significant conditions contributing to death but not resulting in the underlying cause of death. 20b. MAJOR FINDINGS OF OPERATION 20c. 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