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AFFIDAVIT RE DECEASED JOINT TENANT

STATE OF ILLINOIS)
)SS
COUNTY OF C O O K)

Belinda Gail Pippins, being first duly sworn states as follows:

1. That the affiant presently resides at 4921 West Congress Parkway, Chicago, Illinois.
2. That the affiant was acquainted with Sarah Will Harris who died on March 25, 1991 as evidenced by the attached certified copy of death certificate;
3. That the decedent was one of the owners of the land legally described as follows:

Lot 52 (except the west 2 inches thereof) in North Block Mandell's Subdivision of Lots 14 to 19 both inclusive in School Trustee's Subdivision of the North part of Section 16 township 39 North range 13 East of the third principal meridian, in Cook County, Illinois

Commonly known as: 4921 West Congress Parkway
Chicago, Illinois 60644

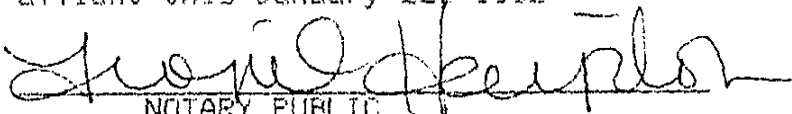
Permanent tax number: 16 - 15 - 221 - 011 Vol. 565

4. That the decedent died leaving no last will and testament;

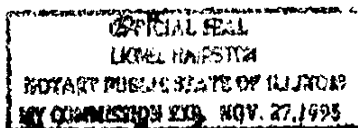

Belinda Gail Pippins

Signed and sworn to before me by the said Belinda Gail Pippins

affiant this January 22, 1992


NOTARY PUBLIC

THIS DOCUMENT PREPARED BY:
LIONEL HAIRSTON
ATTORNEY AT LAW
211 WEST 119TH STREET
CHICAGO, ILLINOIS 60628
312 - 568 - 3773



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Property of Cook County Clerk's Office

DEPT OF REVENUE
121111
49111
889977
COOK COUNTY RECORDER



LIONEL HAIRSTON
ATTORNEY AT LAW
211 WEST 119TH STREET
CHICAGO, ILLINOIS 60628

25.00 Mail

REGISTRATION DISTRICT NO. **16.10**

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER **8060418**

JAN 22 1992

85557026

DECEASED-NAME: **Sara H** FIRST, **Will** MIDDLE, **Harris** LAST
 SEX: **Female** DATE OF BIRTH: **February 14, 1923**
 COUNTY OF DEATH: **COOK** COUNTY OF CHICAGO
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **Chicago**
 AGE-LAST BIRTHDAY (MOS. AND DATES): **68**
 HOSPITAL OR OTHER INSTITUTION: **Hoosier Hospital**
 NAME OF SURVIVING SPOUSE: **Robert Harris**
 TYPE OF DEATH: **1. Patient**
 SOCIAL SECURITY NUMBER: **108-40-1791**
 RESIDENCE (STREET AND NUMBER): **2921 W Congress**
 CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **Chicago**
 ZIP CODE: **60614**
 RACE (WHITE, BLACK, AMERICAN INDIAN, HISPANIC ORIGIN, SPECIFY ORIGIN): **Black**
 ETHNIC NAME: **Harris**
 MOTHER-NAME: **Kovellar**
 MARRIAGE ADDRESS (STREET AND NO. CITY OR TOWN, STATE, ZIP): **1764 S Central Chicago 60604**
 FATHER-NAME: **Will**
 MOTHER-NAME: **Harris**
 MARRIAGE ADDRESS (STREET AND NO. CITY OR TOWN, STATE, ZIP): **1764 S Central Chicago 60604**
 DEATH: **1991**
 PART I: **1. Cause of death**
 Enter the disease or conditions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heat stroke. List only one cause on each line.
 (a) **Auto Brain Failure**
 DUE TO OR AS A CONSEQUENCE OF: **Auto Brain Failure**
 (b) **Pneumonia**
 DUE TO OR AS A CONSEQUENCE OF: **Pneumonia**
 (c) **Arteriosclerosis**
 DUE TO OR AS A CONSEQUENCE OF: **Arteriosclerosis**
 PART II: **Other significant conditions contributing to the death but not resulting in the underlying cause as in PART I:**
Arteriosclerosis, Coronary Heart Failure, Hypertension
 MAJOR FINDINGS OF OPERATION: **NO**
 200. **NO**
 201. **NO**
 202. **NO**
 203. **NO**
 204. **NO**
 205. **NO**
 206. **NO**
 207. **NO**
 208. **NO**
 209. **NO**
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 250. **NO**
 251. **NO**
 252. **NO**
 253. **NO**
 254. **NO**
 255. **NO**
 256. **NO**
 257. **NO**
 258. **NO**
 259. **NO**
 260. **NO**

I, VIRGINIA L. BARKER, M.B.A. 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 APPLIED.

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LIONEL HAIRSTON
ATTORNEY AT LAW
211 WEST 119TH STREET
CHICAGO, ILLINOIS 60628