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STATE OF ILLINOIS

COUNTY OF COOK

DEPT-01 RECORDING \$27.50
 140001 TRAN 6886 11/22/96 10:53:00
 #8613 + RC *-96-891083
 COOK COUNTY RECORDER
 DEPT-10 PENALTY \$24.00

AFFIDAVIT OF HEIRSHIP

HUGNETTA MAXWELL (Affiant) being duly sworn upon oath, deposes and states:

1. That the Affiant resides at 1928 SOUTH 15TH AVENUE
BROADVIEW, IL 60153
2. That the Affiant is DAUGHTER of GRACE PAYNE
the decedent.
3. That the decedent died on APRIL 7, 1970 in the COUNTY
of COOK, State of ILLINOIS.
4. That the decedent died owning an interest in the property legally
described as follows:
1928 SOUTH 15TH AVENUE BROADVIEW, IL 60153
5. That the decedent died leaving (a/no) will. 2750
P 2400
6. That the decedent was married to the following individuals, and no
others:

NAME	STATUS
<u>HUGH PAYNE</u>	<u>DECEASED</u>

7. That the following children were born to, or adopted by the
decedent and no others:

NAME	STATUS
<u>HUGNETTA MAXWELL</u>	
<u>ARCOLA PAYNE</u>	
<u>MILTON PAYNE</u>	<u>DECEASED</u>
<u>JUBY BROWN</u>	<u>DECEASED</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:

1966
 05-734876-C7
 LAND TITLE GROUP, INC.

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9. That, in the event the decedent died without wife or child surviving, the affiant's information and belief the following represents the decedent's heirship (give in detail):

10. That the total value of the estate of the decedent including the taxable interest in the aforesaid property is \$ 20,000.

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:

N/A

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.

NO TAX IS DUE

13. That the affiant makes this affidavit to induce LAND TITLE GROUP to issue its policy of title insurance number _____ and with knowledge that LAND TITLE GROUP will rely on the representations made and contained herein to insure title.

Further Affiant sayeth not.

All riders and pages (numbered _____ to _____) attached are intended to be incorporated in and to be a part of the Affidavit for the purposes stated.

X Hughetta Maxwell
AFFIANT

Subscribed and sworn to before me, this _____ day of November 1994.

Marlene Donzelli
NOTARY PUBLIC



Attach copy of death certificate
Attach copy of will
Attach copies of paid receipts/releases

THIS INSTRUMENT WAS PREPARED BY AND MAIL TO:

HUGHETTA MAXWELL
1928 S 15TH AVENUE
BROADVIEW, IL 60521

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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 laws of the State of Illinois.

REGISTRATION DISTRICT NO. 160
 REGISTERED NUMBER

STATE OF ILLINOIS

01783

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

1. DECEASED—NAME Grace Payne		SEX Female	DATE OF DEATH (MONTH, DAY, YEAR) April 7, 1970
2. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) Negro		DATE OF BIRTH (MONTH, DAY, YEAR) April 7, 1894	PLACE OF DEATH COUNTY Cook
3. LEYDEN TOWNSHIP, ILL.		4. Gottlieb Memorial Hospital	
5. U.S.A.		6. Widowed	
7. None		8. None	
9. House work		10. At Home	
11. No		12. None	
13. Illinois		14. Cook	
15. Calvin Pullum		16. Lucinda Pruar	
17. Daughter		18. St. Marywood, Illinois 60153	

PART I. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

(a) ACUTE CARDIAC FAILURE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 HRS
(b) MYO CARDIAC INSUFFICIENCY	2 Mos.
(c) ATHEROSCLEROTIC CORONARY DISEASE	6 yrs

PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

DATE OF OPERATION, IF ANY; MAJOR FINDINGS OF OPERATION

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED AT **7140 S.W.** ON THE DATE, AT THE PLACE AND FROM THE CAUSE(S) STATED

21. I ATTENDED THE DECEASED FROM: MONTH 2 DAY 16 YEAR 70 TO MONTH 4 DAY 09 YEAR 70	21c. AND LAST SAW HIM/HER ALIVE ON: MONTH 4 DAY 06 YEAR 70	NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED.
22. SIGNATURE Jerome Kaiser MD.		DATE SIGNED (MONTH, DAY, YEAR) 4 7 70
22a. MAILING ADDRESS—CERTIFIER 2127 So. 17th Ave. Broadview, Illinois		ILLINOIS LICENSE NUMBER 23155

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	24b. CEMETERY OR CREMATORY—NAME Burr Oak	24c. LOCATION Worth, Illinois	24d. DATE (MONTH, DAY, YEAR) 4-11-1970
25. FUNERAL HOME H. A. Rayner & Sons		25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 5615	
26. LOCAL REGISTRAR'S SIGNATURE John B. Hall, M.D.		26b. DATE REC'D. BY LOCAL REGISTRAR April 9, 1970	

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Exhibit A

Lots 14 and 15 in Block 6 in Western Addition being a Subdivision of the West 1/2 of the Southeast 1/4 of Section 15, Township 39 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Tax Index Number 15-15-409-036

Permanent Tax Index Number 15-15-409-037

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