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96891084

STATE OF ILLINOIS

COUNTY OF COOK

DEPT-01 RECORDING \$27.50
 T40001 TRAN 6886 11/22/96 10:54:00
 48615 RC *-96-891084
 COOK COUNTY RECORDER
 DEPT-10 PENALTY \$24.00

AFFIDAVIT OF HEIRSHIP

HUGHETTA 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 SISTER of MILTON PAYNE
the decedent.
3. That the decedent died on SEPTEMBER 18, 1977 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. 27 50
P 24 00
6. That the decedent was married to the following individuals, and no
others:

| NAME | STATUS | 96891084 |
|---------------------|-----------------|----------|
| <u>THELMA BROWN</u> | <u>DIVORCED</u> | |
| _____ | _____ | |

7. That the following children were born to, or adopted by the
decedent and no others: NONE

| NAME | STATUS |
|-------|--------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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:

US-734896-C7 246
LAW OFFICE, 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:

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.

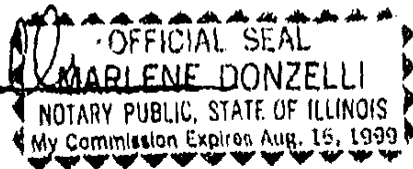
Further Affiant sayeth not.

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.

Hughetta Maxwell
AFFIANT

Subscribed and sworn to before me, this 25th day of November 1996.

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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STATE OF ILLINOIS
County of Cook,

ss. **DAVID D. ORR.** County Clerk.

OCT - 7 1996

I, **DAVID D. ORR**, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the books and files in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David D. Orr
County Clerk

| REGISTRATION DISTRICT NO. 1692 REGISTERED NUMBER 11951 | | STATE OF ILLINOIS | | MEDICAL CERTIFICATE OF DEATH | |
|---|--|---|--|---|--|
| DECEASED--NAME Milton Payne | | SEX Male | DATE OF DEATH September 8, 1977 | | |
| RACE Negro | | AGE 61 | DATE OF BIRTH March 19, 1916 | PLACE OF BIRTH Cook | |
| PROVISO TOWNSHIP | | LOYOLA (D.O.A.) | | | |
| CITIZENSHIP Tennessee | | CITIZEN OF WHAT COUNTRY U.S.A. | | MARRIED NEVER MARRIED Widow | |
| SOCIAL SECURITY NUMBER 330-07-0894 | | USUAL OCCUPATION Laborer | | KIND OF BUSINESS OF INDUSTRY Fun Co. | |
| RESIDENCE Illinois | | CITY Cook | | STREET AND NUMBER 1928 S. 15th Ave. | |
| FATHER--NAME Walter Payne | | MOTHER--NAME Grace Pullum | | MARRIAGE ADDRESS 5342 N. Madison St. Chicago, Ill | |
| INFORMANT'S SIGNATURE <i>[Signature]</i> | | RELATIONSHIP None | | MARRIAGE ADDRESS 5342 N. Madison St. Chicago, Ill | |
| PART I. CAUSE OF DEATH | | | | | |
| 1. Hypertensive Cardiovascular Disease | | | | | |
| 2. Hypertension | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS | | | | | |
| Coronary Artery Disease | | | | | |
| DATE OF OPERATION, IF ANY | | | | | |
| I ATTENDED THE DECEASED FROM 1974 | | DATE 9-18-77 | | DATE OF DEATH 9-16-77 | |
| I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE, AND FROM THE CAUSE(S) STATED | | | NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED. | | |
| SIGNATURE <i>[Signature]</i> | | DATE SIGNED 9/20/77 | | ILLINOIS LICENSE NUMBER 2003501509-8 | |
| MARRIAGE ADDRESS--CITY 2460 S. 1st Ave. Chicago, Ill | | MARRIAGE ADDRESS 5342 N. Madison St. Chicago, Ill | | | |
| BURIAL, CREMATION, REMOVAL Burial | | CITY OF BURIAL Burr Oak | | DATE Sept. 22, 1977 | |
| FUNERAL HOME LUTHER SPARKS | | ADDRESS 5345-47 N. Madison St. Chicago, Illinois | | CITY 60644 | |
| FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> | | FUNERAL DIRECTOR'S NUMBER 5912 | | | |
| LOCAL HEALTH DEPARTMENT Frank J. [Signature] | | ADDRESS FOREST PARK, ILLINOIS 60130 | | DATE RECORDED BY LOCAL REGISTRAR September 21, 1977 | |

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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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