

STATE OF ILLINOIS

COUNTY OF COOK

DEPT-01 RECORDING \$27.50
T#0001 TRAN 6886 11/22/96 10:54:00
#8619 + RC *-96-891086
COOK COUNTY RECORDER
DEPT-10 PENALTY \$24.00

AFFIDAVIT OF HEIRSHIP

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

1. That the Affiant resides at 1928 SOUTH 15TH AVE
BROADVIEW, IL 60153
2. That the affiant is SISTER of JUDY A. Brown the decedent.
3. That the decedent died on OCTOBER 18, 1971 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 AVE (1/2) 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>G. ROBERT Brown</u>	<u>DECEASED</u>

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

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: NA

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US-734296-27
LAW THE BOOK, INC.

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11/18/00

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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 8th day of November 1996.

Marlene Donzelli
NOTARY PUBLIC



9603165

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, ILLINOIS 60521

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82091086

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OCT - 7 1996

STATE OF ILLINOIS } ss. DAVID D. ORR, County Clerk
 County of Cook }

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 records and files of 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

DECEASED'S BIRTH NO. REGISTRATION DISTRICT NO. 14-92 REGISTERED NUMBER 1426	STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH 91.062227 STATE ID NUMBER
Type of Print or Administration that has Passed Over Here to Special or Physicians Handled by Instructions	DECEASED'S NAME: JUDY A. BROWN SEX: FEMALE DATE OF DEATH: OCTOBER 18, 1991
A B C D E	COUNTY OF DEATH: COOK AGE LAST BIRTHDAY: 73 DATE OF BIRTH: DECEMBER 0, 1917 CITY/TOWNSHIP/CD: PROVISO TOWNSHIP HOSPITAL OR OTHER INSTITUTION: FOSTER G MCGAW HOSPITAL PLACE OF DEATH: INPATIENT MARITAL STATUS: WIDOWED OCCUPATION: HOOMEMAKER TYPE OF HOME: OWN HOME ADDRESS: 829 S. 14TH AVE CITY: MAYWOOD STATE: COOK ZIP CODE: 60153 RACE: BLACK SEX: F HEIGHT: 5 FT 11 IN WEIGHT: 130 LB HAIR: BRN EYES: BLU
FATHER'S NAME: HUGH PAYNE MOTHER'S NAME: GRACE PULLON	DECEASED'S SIGNATURE: <i>Judy A. Brown</i> DATE: 10/19/91 PHYSICIAN'S SIGNATURE: <i>DR J Clark</i> ADDRESS: 2160 S 1ST AVE MAYWOOD IL 60153 PHYSICIAN'S SIGNATURE: <i>DR Hronaich</i>
I II III IV V VI VII VIII IX X XI XII XIII XIV XV XVI XVII XVIII XIX XX XXI XXII XXIII XXIV XXV XXVI XXVII XXVIII XXIX XXX	CAUSE OF DEATH: Pulmonary Hypertension CONDITIONS IF ANY WHICH WERE NEAR TO IMMEDIATE CAUSE OR STATED THE UNDERLYING CAUSE LAST: THE INFORMATION IS INCOMPLETE DATE OF OPERATION IF ANY: NO NATURE OF OPERATION: NO TO THE BEST OF MY KNOWLEDGE OR BELIEF THE DATE AND PLACE AND DUE TO THE CAUSE(S) STATED: 10-18-91 SIGNATURE OF CERTIFYING PHYSICIAN: <i>J. Clark</i> ADDRESS: 2160 S 1ST AVE MAYWOOD IL 60153 SIGNATURE OF PHYSICIAN: <i>DR Hronaich</i> FUNERAL HOME: CORBIN-COLONIAL FUNERAL HOME 5345-49 W. MADISON CHICAGO, IL 60644 FUNERAL HOME TELEPHONE: 9626 DATE OF LOCAL REGISTRATION: OCTOBER 22, 1991

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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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