

Record **UNOFFICIAL COPY**

STATE OF ILLINOIS)

COUNTY OF C O O K)

Estates of

98314105

JOHN S. CHAMBERS, Deceased

and

EILEEN CHAMBERS, deceased

DEPT-01 RECORDING \$31.00
T#0001 TRAN 3645 04/26/96 12:09:00
#0712 + RC: *-96-314105
COOK COUNTY RECORDER

AFFIDAVIT OF HEIRSHIP

21.00
01

The undersigned, Scott W. Chambers and Nolan T. Chambers, state under Oath as follows:

1. That they are the sons of the above John S. Chambers and Eileen Chambers
2. That John S. Chambers died on June 3, 1995 and Eileen Chambers died on March 12, 1992 and copies of their death certificates are attached as Exhibits A & B.
3. That John S. Chambers and Eileen Chambers were married once and once only to each other. From this marriage two children were born, none were adopted or born out of wedlock.
4. The two children are Scott W. Chambers and Nolan T. Chambers, both of legal age and under no legal disability
5. That this affidavit is made to induce Attorneys Title Guaranty Fund, Inc. to find that Scott W. Chambers and Nolan T. Chambers are the sole heirs at law of the above John S. Chambers and Eileen Chambers. That a Joint-Tenancy Affidavit is attached hereto as Exhibit "C".

ATTORNEYS TITLE GUARANTY FUND, INC

98314105

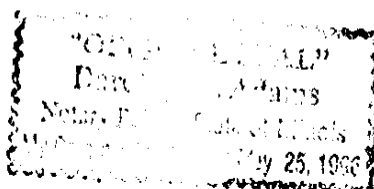
Subscribed & Sworn to before me this 5th day of April, 1996

Scott W. Chambers
Address: 5825 S. Morse

Nolan T. Chambers
Address: 3721 N. Paulina

Maureen M. Bolander
Notary Public

(Legal Description on Reverse)



UNOFFICIAL COPY

PROPERTY ADDRESS: 5152 S. Major, Chicago, Illinois

PTIN: 19 08 405 044 0000

LEGAL DESCRIPTION

Lot 22 in Block 3 in Crane Archer Avenue Home Addition To Chicago South East Quarter of Section 8, Township 38 North, Range 13 East of the Third P.M. lying Northerly of Center Line of Archer Avenue in Cook County, Illinois

Property of Cook County Clerk's Office



MAIL to:

LAW OFFICES OF
SANDRA L. THIEL
2108 NORTH DAYTON STREET
CHICAGO, ILLINOIS 60614
(312) 880-5225

9631415

STATE OF ILLINOIS 98314105
STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 1624
REGISTERED NUMBER 527
DECEASED-NAME JOHN S. CHAMBERS

1. DATE OF DEATH: MONTH, DAY, YEAR June 6/3/95
2. SEX M
3. COUNTY OF DEATH COOK
4. DATE OF BIRTH: MONTH, DAY, YEAR August 8/26/21
5. HOSPITAL OR OTHER INSTITUTION: NAME, IF NOT MEMBER OF STREET AND NUMBER MacNeal Hospital
6. NAME OF SURVIVING SPOUSE: Maiden Name, If Any Non
7. SOCIAL SECURITY NUMBER 345-16-1021
8. USUAL OCCUPATION Dispatcher
9. CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago
10. RESIDENCE: STREET AND NUMBER 5152 S. Major Av.
11. ZIP CODE 60638
12. RACE (WHITE, BLACK, AMERICAN INDIAN, OR OTHER) White
13. CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago
14. INSIDE CITY YES
15. COUNTY Cook

16. FATHER-NAME: FIRST, MIDDLE, LAST John Chambers
17. RELATIONSHIP: 17a. Son, 17b. Son
18. MAILING ADDRESS: STREET AND NO. OR R.F.D. CITY OR TOWN, STATE, ZIP 5825 S. Mobile Chicago, IL 60638
19. IMMEDIATE CAUSE (Final disease or condition resulting in death) PULMONARY FIBROSIS
20. CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: (b) DUE TO, OR AS A CONSEQUENCE OF: COLON CANCER
21. DATE OF OPERATION, IF ANY: MAJOR FINDINGS OF OPERATION
22. SIGNATURE: DRAGAN IUKOVIC, MD
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) DRAGAN IUKOVIC, MD
24. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Chicago, IL
25. SOCIAL SECURITY NUMBER 345-16-1021
26. USUAL OCCUPATION Dispatcher
27. CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago
28. RESIDENCE: STREET AND NUMBER 5152 S. Major Av.
29. ZIP CODE 60638
30. RACE (WHITE, BLACK, AMERICAN INDIAN, OR OTHER) White
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32. INSIDE CITY YES
33. COUNTY Cook

34. FATHER-NAME: FIRST, MIDDLE, LAST John Chambers
35. RELATIONSHIP: 17a. Son, 17b. Son
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69. COUNTY Cook

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86. INSIDE CITY YES
87. COUNTY Cook

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101. ZIP CODE 60638
102. RACE (WHITE, BLACK, AMERICAN INDIAN, OR OTHER) White
103. CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago
104. INSIDE CITY YES
105. COUNTY Cook

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the record for the person named 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 births, stillbirths, and deaths.
DATE: JUN 6 1995
SIGNED: Robert C. Beckman
OFFICIAL TITLE: REGISTRAR
AT: BERWYN, ILLINOIS
The original record is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. Local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of the record by the Department of Public Health or the local registrar shall be prima facie evidence in all courts and places of the facts therein.

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EXHIBIT A

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LAW OFFICES OF
SANDRA L. THIEL
2108 NORTH DAYTON STREET
CHICAGO, ILLINOIS 60614
(312) 880-5225

96314105

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At Co. County Department of Public Health, Official Title Chief Deputy Registrar
Signed *Madame McCann*
Date: MAR 19 1992
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 registration of births, stillbirths and deaths.

STATE OF ILLINOIS
JAN 9 1992
MEDICAL CERTIFICATE OF DEATH
STATE FILE NUMBER

REGISTRATION DISTRICT NO. 15-D
REGISTERED NUMBER

DECEASED NAME: Eileen Chambers
FIRST MIDDLE LAST
SEX: Female
DATE OF BIRTH: 10, 1920
DATE OF DEATH: 12, 1992

1. COUNTY OF DEATH: COOK
2. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: Lyons Township
3. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (SPECIFY): Married
4. AGE LAST BIRTHDAY: 72
5. HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER CITY, STREET AND NUMBER): Suburban Hospital & Sanitarium
6. NAME OF SURVIVING SPOUSE (IF FEMALE, F.W.B.): John Chambers
7. SOCIAL SECURITY NUMBER: 341-18-2279
8. USUAL OCCUPATION: Guard Chicago Police
9. EDUCATION (SPECIFY ON THIS STATE CERTIFIED): 11
10. RESIDENCE (STREET AND NUMBER): 341-18-2279
11. CITY, TOWN, TWP. OR ROAD DISTRICT NO.: Chicago
12. INSIDE CITY (YES/NO): YES
13. COUNTY: COOK

13a. ILLINOIS 13b. ZIP CODE: 60638
14. FATHER'S NAME: William Tipping
15. MOTHER'S NAME: Mary Bochocki
16. MARRIAGE ADDRESS (STREET AND ORRD'S CITY OR TOWN, STATE, ZIP): 65152 So. Major Chicago, IL 60638

17a. John Chambers
17b. PART I: Enter the character of communication that caused the death. Do not enter the mode of death, such as cardiac or respiratory arrest.
18. PART II: Enter the character of communication that caused the death. Do not enter the mode of death, such as cardiac or respiratory arrest.
19. CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST: (A) Ischemic heart disease (B) DUE TO OR AS A CONSEQUENCE OF (C) DUE TO OR AS A CONSEQUENCE OF

20a. DATE OF OPERATION: March 11, 1992
20b. MONTH DAY YEAR
20c. HOUR OF DEATH: 6:12
20d. DATE SIGNED: March 12, 1992
20e. ILLINOIS LICENSE NUMBER: 36-35933

21. NAME AND ADDRESS OF CERTIFIER: Robert C. Braney, M.D., 55-55th Avenue Rd, Wood Dale, IL 60521
22. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER):
23. BUREAU OF VETERINARY OR CREMATION: St. Mary Mausoleum Evergreen Pk., 12
24. FUNERAL HOME: Richard Midway Funeral Home 5749 Archer Ave Chicago, Illinois 60638

25. LOCAL REGISTRATION SIGNATURE: [Signature]
26. LOCAL REGISTRATION NUMBER: 34-014335
27. DATE: Mar 15 1992

28. LOCAL REGISTRATION SIGNATURE: [Signature]
29. LOCAL REGISTRATION NUMBER: 34-014335
30. DATE: Mar 15 1992

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Property of Cook County Clerk's Office

501711338

LAW OFFICES OF
SANDRA L. THIEL
2108 NORTH DAVYON STREET
CHICAGO, ILLINOIS 60614
(312) 860-8225

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Attorneys' Title Guaranty Fund, Inc.

STATE OF ILLINOIS

SS.

COUNTY OF Cook

JOINT TENANCY AFFIDAVIT

SCOTT W. CHAMBERS and NOLAN T. CHAMBERS, hereby referred to as the affiant, states under oath that the affiant resides at 5825 S. Mobile in the City of Chicago, Illinois; that the affiant was acquainted with JOHN S. CHAMBERS, the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of a properly recorded joint tenancy warranty deed, said property, located in Cook County, Illinois, and legally described as follows: Lot 22 in Block 3 in Crane Archer Avenue Home Addition In Chicago South East Quarter of Section 8, Township 38 North, Range 13 East of the 2nd P.M. lying Northerly of Center Line of Archer Avenue in Cook County, Illinois 19-08- 405 044 0000

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

That the decedent died on June 3, 1995, leaving no ~~last~~ will and testament;

That he was the surviving joint tenant of Eileen Chambers, deceased, his wife who died on Mar. 12, 1992

That the total value of decedent's estate, including the taxable interest in the above property was apprx \$ 114,000.00, and that the value of the above property individually was \$114,000.00

That the Illinois Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

That Scott W. Chambers & Nolan Chambers are the only sons and heirs at law of the /
That the affiant makes this affidavit to induce Attorneys' Title Guaranty Fund, Inc. to issue its policy of title deceased insurance on the above described property.

The affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold Attorneys' Title Guaranty Fund, Inc. harmless and to reimburse The Fund for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature which The Fund may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

1. Claims against the estate of JOHN S. CHAMBERS, the decedent;
2. Illinois State Inheritance Tax and Federal Estate Tax which may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.

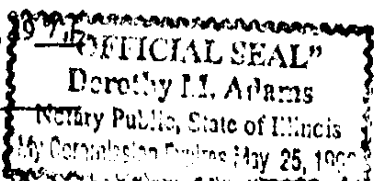
Nolan T. Chambers
Nolan T. Chambers

Scott W. Chambers (Seal)
SCOTT W. CHAMBERS

ADDRESS _____ (Seal)

Subscribed and sworn to before me this 5th day of April

Dorothy M. Adams
Notary Public



Note: If the decedent left a will, it will be necessary that the original or certified copy thereof be presented to us for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

DNA

9631 105

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Property of Cook County Clerk's Office

LAW OFFICES OF
SANDRA L. THIEL
2108 NORTH DAYTON STREET
CHICAGO, ILLINOIS 60614
(312) 880-5225

Handwritten signature