

97774813

RECORDING...
COUNTY CLERK...
RECORDS...
PENALTY

AFFIDAVIT OF HEIRSHIP

After being duly sworn this 19TH day of SEPT., 1997, the undersigned, HOWARD MELTON, whose address is 16 E. 100TH STREET, states as follows:

1. That the undersigned is an heir at law of ROSIE MELTON, deceased, ("The Decedent") whose date of death is SEPT. 3RD, 1995; A.R.A. ROSIE WASHINGTON

2. That, HOWARD MELTON, being ~~the brother~~ ^{the brother} of The Decedent and BENJAMIN WASHINGTON, being the widow of The Decedent are the sole surviving heirs at law of The Decedent;

3. That the undersigned is aware that at the time of his death The Decedent was the owner of property located in the CITY of CHICAGO, County of COOK, State of ~~Michigan~~ ILLINOIS described as follows:

Legal SEE ATTACHED LEGAL

Commonly known as 16 E. 100TH STREET, CHICAGO
Tax Item No: 25-10-301-031

4. That the undersigned is unaware of any Will left by The Decedent;

5. That the undersigned wishes to ~~exchange~~ ^{claim all interest} ~~claim~~ which the undersigned has against said property and to convey that interest to Himself, sole heir, ~~widow~~ of The Decedent, and will execute a quit ~~claim deed~~ ^{claim deed} contemporaneously with the execution of this Affidavit of Heirship.

6. That the undersigned states that Rosie Melton and Rosie Washington are one and the same person.

7. Furthermore, the undersigned sayeth no.

WITNESSES:

BY: Howard Melton
HOWARD MELTON

State of ~~Michigan~~)
ILLINOIS)
County of COOK)

The foregoing was acknowledged before me this 19TH day of SEPT., 1997.

, Notary Public, _____ County, Ill
My commission expires: _____



DELIVERED BY AND RETURN TO:
Devon Title Company under the direction of
Nina Yates
1600 Woodward Avenue, Suite 101
Bloomfield Hills, MI 48304
810-540-1633
File No: CLD27754
E:\common\forms\afftheir.doc

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UNOFFICIAL COPY

Property of Cook County Clerk's Office

UNOFFICIAL COPY

STATE OF ILLINOIS
County of Cook

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

SEP 4 - 1997

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 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

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DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 16.10	STATE OF ILLINOIS		STATE FILE NUMBER		
		MEDICAL CERTIFICATE OF DEATH		617241		
DECEASED NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. RUSIE				WASHINGTON	2. FEMALE	3. SEPTEMBER 3, 1995
COUNTY OF DEATH		AGE - LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	
4. COOK		5a. 50	5b. 	5c. 	5d. January 26, 1945	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			IF HOSP. OR INST. INDICATE D.O.A. OPERATOR, RAIL, INPAT. COPY	
6a. CHICAGO		6b. ROSELAND COMMUNITY HOSPITAL			6c. INPATIENT	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
7. Lexington, Ms.		8a. Married	8b. Benjamin Washington		8. NO	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)		
10. 355-36-3482		11a. Homemaker	11b. Domestic	12. -12- -0-		
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	COUNTY	
13a. 16 E. 100th St.		13b. Chicago		13c. Yes	13d. Cook	
STATE		ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)		
13e. Illinois		13f. 60628	14a. Black	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
FATHER - NAME		FIRST	MIDDLE	LAST	MOTHER - NAME	
15. Howard				Melton	16. Irene Rogers	
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
17a. Benjamin Washington		17b. Husband	17c. 16 E. 100th St. Chgo, IL 60628			
18 PART I		Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.				APPROXIMATE INTERVAL BETWEEN DEATH AND DEATH
Immediate Cause (Final disease or condition resulting in death)		(a) Decompensated alcoholic cirrhosis 2 months				
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) of liver				
PART II		Other significant conditions contributing to death but not resulting in the underlying cause given in PART I				NOTE: THE AUTOPSY FINDINGS AVAILABLE PRIOR TO CORRECTION OF CAUSE OF DEATH (YES/NO)
19a. Renal failure		19b. NO				19c. NO
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION			IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?	
20a. 		20b. 			20c. YES <input type="checkbox"/> NO <input type="checkbox"/>	
1 (DID) (DO NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		(MONTH, DAY, YEAR)	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	HOUR OF DEATH		
21a. September 3, 1995		21b. NO	21c. 5:17 P. M.			
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED		(MONTH, DAY, YEAR)		
22a. SIGNATURE Harsha Sood		22b. September 5, 1995		22c. 36-48863		
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER		NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		
22c. DR. HARSHA SOOD 45 W. 111TH STREET CHICAGO, IL 60628		22d. 36-48863				
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY - NAME	LOCATION	CITY OR TOWN	STATE	DATE (MONTH, DAY, YEAR)
24a. Burial		24b. Washington cem.	24c. Homewood, Illinois			Sept. 11, 1995
FUNERAL HOME		NAME	STREET AND NUMBER OR R.F.D.	CITY OR TOWN	STATE	ZIP
25a. Gatling's Chapel 10133 So. Halsted Chicago, Illinois 60628		25b. Bridgette D. Rom		25c. 034-014948		
FUNERAL DIRECTOR'S SIGNATURE		LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		
26a. Abdullah RSM		26b. SEP 8 1995				