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AFFIDAVIT OF HEIRSHIP

After being duly sworn this 27TH day of MAY, 1998, the undersigned, DEJUAN FRAZIER, whose address is 12438 S. ABERDEEN, CHICAGO, IL 60827, states as follows:

1. That the undersigned is an heir at law of SUSAN FRAZIER, deceased, ("The Decedent") whose date of death is 7 19 95; see ATTACHED DEATH CERTIFICATE

2. That, DEJUAN FRAZIER, being all of the CHILDREN of the Decedent and N/A, being the widow(er) of the Decedent are the sole surviving heirs at law of the Decedent;

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

LOT 16 (EXCEPT THE NORTH 23 FEET THEREOF) ALL OF LOT 17 AND THE NORTH 5 FEET OF LOT 18 IN BLOCK 10 IN W.F. KAISER AND COMPANY'S FAIRLAND SUBDIVISION OF THE EAST ONE-HALF OF THE NORTHEAST QUARTER OF THE SOUTHWEST QUARTER AND THE NORTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 29, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Commonly known as: 12438 S. ABERDEEN
PIN: 25-29-409-040-0000

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

5. That the undersigned wishes to claim all interest which the undersigned has against said property and to convey that interest to DEJUAN FRAZIER, HEIR of the Decedent, and will execute a quit claim deed contemporaneously with the execution of this Affidavit of Heirship.

6. Furthermore, the undersigned sayeth not.

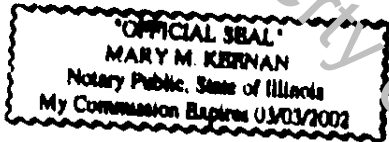
BY: 
DEJUAN FRAZIER

UNOFFICIAL COPY

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State of Illinois)
)
County of COOK)

The foregoing was acknowledged before me this 27TH day of MAY, 1998.



Mary M. Kernan

Notary Public,
County, IL
My Commission Expires:

Drafted by and Return to:
DEJUAN FRAZIER
12138 S. ABERDEEN
CHICAGO, IL 60827
File No.: 3174C



Property of Cook County Clerk's Office

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO 1054 REGISTERED NUMBER

DECEASED NAME FIRST MIDDLE LAST FRAZIER, SUSAN; DATE OF DEATH 3 JULY 19, 1995; SEX FEMALE; UNDERLYING CAUSE OF DEATH (a) CANCER OF BREAST WITH EXTENSIVE METASTASIS; SIGNATURE: Shondelyn L. Davis

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the DEATH record for the person named therein and that this record was established and filed in my office in accordance with provisions of the ILLINOIS STATUTES relating to the registration of BIRTHS, STILLBIRTHS AND DEATHS.

DATED JUL 24 1995 SIGNED Shondelyn L. Davis LOCAL REGISTRAR AT HARVEY, ILLINOIS.

The original of this record is permanently filed with the Illinois Dept. of Public Health in Springfield, Illinois, County Clerks and Local Registrars are authorized to make certification from copies of the original record. The Illinois Statutes further provided that certification of a DEATH record by the Dept. of Public Health of the Local Registrar of the County Clerk shall be prima facie evidence in all courts and places of the facts therein stated.