

① 98-9734 R0

MABION ODOM (Affiant) being duly sworn upon oath, deposes and states:

1. That the Affiant resides at: 9942 S. LA SALLE ST. CHICAGO, IL 60628

2. That the Affiant is 1 Daughter of ALBERTA ODOM.
(Relationship) (Decedent)

3. That the Decedent died on December 27, 1997 in the City
of Chicago State of Illinois.

4. That the Decedent died owning an interest in the property legally described as follows:

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5. That the Decedent died leaving (2/no) will (a certified copy of which is attached hereto).

6. That the Decedent was married to the following person(s) and no others:

NAME	MARRIAGE ENDED BY
<u>Nathan Odom</u>	<u>Death</u>

7. That the following children were born to, or adopted by the decedent and no others: (NOTE: If any are deceased an affidavit of heirship as to that child must be supplied unless a minor at death).

NAME	OTHER PARENT	ALIVE/DEAD
<u>Marion Odom</u>	<u>Daughter</u>	<u>Alive</u>

8. That, in the event the Decedent died without wife or child surviving, to the Affiant's best information and belief the following represents the Decedent's heirship as determined by ILL. REV. STATS, Chap. 110 1/2, Sec. 2-1. (Trace all lineage) (NOTE: Determination of the above conclusions may require the assistance of an attorney.)

9. That the total value of the estate of the decedent including the taxable interest in the aforesaid property and all joint tenancy interests is \$ _____.

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- 10. That all debts of the Decedent have been paid in full or will be paid from the proceeds of the subject real estate transaction and copies of the paid funeral and hospital bills are attached.
- 11. That there is no Federal Estate Tax or Illinois Inheritance Tax or Illinois pickup tax due, or that they have been paid in full and releases for the subject property are attached hereto.
- 12. That the Affiant makes this affidavit to induce Intercountry Title Company [redacted] to issue [redacted] Title Guaranty Policy No. 98-9734 and Affiant acknowledges that Intercountry Title Company [redacted] will rely upon the representations made and contained herein in issuing said policy (ies).
- 13. The following documents attached hereto are intended to be incorporated in and be a part of the Affidavit for the purposes stated:

FURTHER AFFIANT SAYETH NOT.

In witness whereof the Affiant has affixed his/her signature hereto this 17 day of July, 19 98.

Marion D. Adom
Affiant

Subscribed and sworn to before me this 17 day of July, 19 98

Christine M. [Signature]
Notary Public

"OFFICIAL SEAL"
Rosalanne M. O'Connor
Notary Public, State of Illinois
Commission Expires 8/12/98

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mail to,

MIDWEST LAND TITLE COMPANY, INC.
5600 NORTH RIVER ROAD
SUITE 650
ROSEMONT, ILLINOIS 60018

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I HEREBY CERTIFY that the foregoing is a true and correct copy of the record as it appears in the files of the Registrar of Birth, Stillbirth and Death.

Date FEB 19 1998.

Signed Nadine McCarry
Official Title Deputy Registrar

At Cook County Department of Public Health
1010 Lake Street Suite 300 Oak Park, Illinois 60301

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 1600

STATE OF ILLINOIS

NUMBER

DECEASED NAME Nathan

FIRST MIDDLE LAST Clifford

SEX Male

DATE OF DEATH (MONTH, DAY, YEAR) February 15, 1998

COUNTY OF DEATH Cook

AGE - LAST BIRTH (MAY, DAY, YEAR) 80

UNDER 1 YEAR 2

DATE OF BIRTH (MONTH, DAY, YEAR) June 2, 1917

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 1 Oaklawn

HOSPITAL OR OTHER INSTITUTION (NAME OR NOT) Christ Hospital

PLACE OR PLACE OF DEATH (NAME OR NOT) Cook

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED, OR OTHER STATUS

NAME OF SURVIVING SPOUSE (NAME AND ADDRESS) NONE

WAS DECEASED BY A MECHANICAL OR ELECTRICAL APPLIANCE? YES

SOCIAL SECURITY NUMBER 445-09-1671

USUAL OCCUPATION Bus Driver

EDUCATION (HIGHEST GRADE COMPLETED) 11

RESIDENCE (STREET AND NUMBER) 9942 S. Lasalle

CITY, TOWN, TWP, OR ROAD DISTRICT NO. CHICAGO

COUNTY COOK

STATE ILL

RACE (WRITE BLACK, AMERICAN INDIAN, HISPANIC OR LATINO) Black

CITY CHICAGO

FATHER - NAME Istah

MIDDLE Odom

LAST INCEP: MIDDLE

MOTHER - NAME Incey Alexander

RELATIONSHIP Daughter

ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 602 S. Wisconsin Addison, IL 60101

17a. MARITAL STATUS (MARRIED, SEPARATED, DIVORCED, WIDOWED, SINGLE)

17b. PASTILL

17c. AUTODISY (YES/NO)

18. PASTILL

18a. AUTODISY (YES/NO)

18b. AUTODISY (YES/NO)

19. CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

(b) DUE TO OR AS A CONSEQUENCE OF

(c) PART II. SPECIFIC INSTRUCTIONS CONCERNING THE FILLING OF THIS SECTION ARE ON THE REVERSE OF THIS FORM.

20a. DATE OF OPERATION, IF ANY

20b. NATURE AND EXTENT OF OPERATION

20c. YES/NO

21a. TO THE BEST OF MY KNOWLEDGE, DID THE DECEASED EVER SUFFER AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

21b. WAS COGNITIVE OR MEDICAL EXAMINATION NOTIFIED? (YES/NO)

21c. DATE SIGNED (MONTH, DAY, YEAR) 5-25-97

22a. SIGNATURE

22b. DATE SIGNED (MONTH, DAY, YEAR) 2-17-98

22c. ALIEN LICENSE NUMBER

23a. NAME AND ADDRESS OF CERTIFYING PHYSICIAN (TYPE OR PRINT)

23b. ALIEN LICENSE NUMBER

23c. DATE SIGNED (MONTH, DAY, YEAR) 2-17-98

24a. NAME OF ATTENDING PHYSICIAN (TYPE OR PRINT)

24b. ALIEN LICENSE NUMBER

24c. DATE SIGNED (MONTH, DAY, YEAR) 2-17-98

25a. NAME OF FUNERAL HOME

25b. ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)

25c. DATE SIGNED (MONTH, DAY, YEAR) 2-17-98

26a. NAME OF REGISTRAR

26b. ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)

26c. DATE SIGNED (MONTH, DAY, YEAR) 2-17-98

27a. NAME OF REGISTRAR

27b. ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)

27c. DATE SIGNED (MONTH, DAY, YEAR) 2-17-98

28a. NAME OF REGISTRAR

28b. ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)

28c. DATE SIGNED (MONTH, DAY, YEAR) 2-17-98

29a. NAME OF REGISTRAR

29b. ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)

29c. DATE SIGNED (MONTH, DAY, YEAR) 2-17-98

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LOT 173 IN BLOSS AND COMPANY'S SUBDIVISION OF THE WEST HALF OF
BLOCKS 3, 12, 17 AND 26 AND THE EAST HALF OF BLOCKS 4, 11, 18
AND 25 IN FERNWOOD, A SUBDIVISION IN THE SOUTH EAST QUARTER OF
SECTION 9, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD
PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PERMANENT INDEX NUMBER: 25-09-404-036

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