

UNOFFICIAL COPY

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283 / 0149 33 001 Page 1 of 3  
2001-06-12 14:10:49  
Cook County Recorder 25.50

STATE OF ILLINOIS )  
 ) SS  
COUNTY OF C O O K )



HEIRSHIP AFFIDAVIT

SAMUEL E. JONES, being duly sworn on oath deposes and says as follows:

1) I am 59 years old and live at 808 West Junior Terrace, Apartment 907, Chicago, Illinois 60613. I am one of the children of the late SAMUEL E. JONES and ELLA MAE JONES.

2) SAMUEL E. JONES and ELLA MAE JONES were the joint-tenancy owners of the property 1645 South Harding, Chicago, Illinois described as:

Lot 37 in Block 2 in Moore's Subdivision of Lot 1 in Superior Court Partition of the West 60 acres North of the Southwestern Flank Road of the Southwest 1/4, Section of 23, Township 39, Range 13, East of the 3rd Principal Meridian in Cook County IL

PIN: 16-23-301-018-0000

3) My father, SAMUEL E. JONES, died on January 28, 1980. My mother, ELLA MAE JONES, died on January 28th, 2000, as evidenced by a copy of her death certificate attached hereto.

4) During her life my mother, ELLA MAE JONES, gave birth to four children, all of whom survive, and she never adopted any children. Her four children are myself, Samuel Jones, my brother, Renard Jones of Chicago, my sister, Carolyn Jones Matthews of California, and my sister Kimberly Marie Jones of Chicago.

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5) My mother, ELLA MAE JONES died intestate, was a widow at the time she died, and no estate was probated for her.

FURTHER AFFIANT SAYETH NOT.

*Samuel Jones*

Subscribed and sworn to before me

this 5 day of June, 2001  
*Pearetha Floyd*  
NOTARY PUBLIC



**PREPARED BY AND PLEASE MAIL TO:**  
Devereux Bowly, Attorney at Law  
Legal Assistance Foundation of Metropolitan Chicago  
3333 West Arthington  
Chicago, Illinois 60624  
(773) 638-2343

N:\BOWLY\AFF\SAMUELJONES.HEIR

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.10

STATE FILE NUMBER

601860

DECEASED-NAME: **ELLA MAE JONES** (FIRST, MIDDLE, LAST)  
 SEX: **FEMALE**  
 DATE OF DEATH: **3. JANUARY 28, 2000** (MONTH, DAY, YEAR)

CITY OF DEATH: **COOK** (CITY AND STATE OR FOREIGN COUNTRY)  
 COUNTY OF DEATH: **COOK** (COUNTY OF CHICAGO)

AGE-LAST BIRTHDAY (YRS): **70** (YRS)  
 UNDER 1 YEAR: **0** (MOS.)  
 UNDER 1 DAY: **0** (HOURS)  
 DATE OF BIRTH: **5d. August 28, 1923** (MONTH, DAY, YEAR)

HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): **6b. Mt. Sinai Hospital**  
 IF ASP OR INST. INDICATE D.O.A. OF PREMIER, RM. INPATIENT (SPECIFY): **6c. D.O.A.**

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **8a. WIDOWED**  
 USUAL OCCUPATION: **11a. HOME MAKER**  
 NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): **8b.**

KIND OF BUSINESS OR INDUSTRY: **11b. HOME**  
 CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **13b. CHICAGO**

RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY): **14a. BLACK**  
 ZIP CODE: **13c. 60623**

FATHER-NAME: **JOHNNY MITCHELL** (FIRST, MIDDLE, LAST)  
 MOTHER-NAME: **MARY GARRETT** (M.A. DEN) (LAST)

INFORMANT'S NAME (TYPE OR PRINT): **17a. Kimberly Jones**  
 RELATIONSHIP: **17b. DTR**  
 MAILING ADDRESS (STREET AND NO., OR R.F.D., CITY, OR TWP., STATE, ZIP): **17c. 1645 S. HARDING, CHICAGO, IL 60623**

Immediate Cause (Final disease or condition resulting in death): **(a) CONCOMITANT ATHEROSCLEROSIS**  
 DUE TO, OR AS A CONSEQUENCE OF: **10 YEARS**  
 CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a): **50 YEARS**  
 DUE TO, OR AS A CONSEQUENCE OF CAUSE LAST: **(c)**

DATE OF OPERATION, IF ANY: **20b.**  
 MAJOR FINDINGS OF OPERATION: **20c.**

IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? **20c. YES  NO**

IF DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: **21a. 01/21/00**  
 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

SIGNATURE: **22a. HUGO ALVAREZ** (TYPE OR PRINT)  
 NAME AND ADDRESS OF CERTIFIER: **22b. HUGO ALVAREZ RD. 2507 W. BURNAK, CHICAGO, IL 60608**  
 ILLINOIS LICENSE NUMBER: **22d. 036-091707**

DATE SIGNED: **21c. 12.00 P. M.** (MONTH, DAY, YEAR)  
 DATE OF OPERATION: **20b. 01/28/00**

CEMETERY OR CREMATORY-NAME: **24b. OAKRIDGE**  
 LOCATION: **24c. Hillside, Illinois** (CITY OR TOWN, STATE)  
 STREET AND NUMBER OR R.F.D.: **24d. 63 E. 79th St. Chicago, IL 60619**

FUNERAL HOME: **25a. Tallor Funeral Home, LTD**  
 FUNERAL DIRECTOR'S SIGNATURE: **25b. Tallor**  
 FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **25c. 31-8300**

LOCAL REGISTRAR'S SIGNATURE: **26a. Sheila Lynn Ram**  
 LOCAL REGISTRAR: **26b. SHEILA LYNE RSM**  
 DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **FEB 2 2000**

STATE OF ILLINOIS  
 COUNTY OF COOK  
 CITY OF CHICAGO

FEB 1 2000

I, SHEILA LYNE, RSM, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN ORDINANCE OF SAID LAW AND ORDINANCES.

LOCAL REGISTRAR  
 Sheila Lynn Ram

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.