

UNOFFICIAL COPY



0020130168

0020130168

1622/0009 50 001 Page 1 of 5

2002-01-31 10:40:11

Cook County Recorder

29.50

RETURN TO:
Wheatland Title
39 Mill Street
Montgomery, IL 60538
Neoro-4161
STATE OF ILLINOIS }
COUNTY OF _____ }SS

WTG File No. _____

AFFIDAVIT OF HEIRSHIP

I, P. Herbert Martyn, Jr. on oath state:

1. That the Decedent William Russell died at Chicago
Cook County, Illinois, on April 21, 1992 at the age of 88 years.

2. That I am of legal age and I reside at 4925 S. Washington Park Court, Chicago
Cook County, Illinois. I am familiar with the affairs of the decedent; and, I am well-qualified to make this Affidavit.

3. That at the time of death, the Decedent was the owner of the real estate commonly known as 7532 S. Langley Chicago Cook County, Illinois.

4. a. That the Decedent died without a Last Will and Testament. -OR-

b. ~~That the Decedent had a Last Will and Testament, a copy of which is attached hereto.~~

5. a. That probate proceedings are neither pending nor contemplated in any Court. -OR-

b. ~~That probate proceedings have begun in _____ County, Illinois, as case number _____ The estate is represented by Attorney _____ whose address and phone number is _____~~

6. That the value of the Decedent's Estate at the time of death was less than \$ N/A

7. a. That the Decedent was never married. -OR-

b. That the Decedent was married at the time of death to N/A -OR-

c. That the Decedent was married to N/A, which marriage was terminated by _____ (death, divorce, annulment), in _____ (year) and

d. That the Decedent was married to _____, which marriage was terminated by _____ (death, divorce, annulment), in _____ (year).

UNOFFICIAL COPY

Property of Cook County Clerk's Office

JAN-10-02 1:03:53PM

FROM-949-440-1444

- 8. a. ~~That no children were born to or adopted by the Decedent. -OR-~~
- b. That the following are the only children born to or adopted by the Decedent

	<u>Name</u>	<u>Age</u>	<u>Address</u>
1)	Barbara Remmer		7532 S. Langley
2)	---		
3)	---		
4)	---		
5)	---		

0020130168

Page 2 of 5

- b. That the Decedent was predeceased by the following children: (In the event predeceased children had children, attach a separate sheet setting forth the Name, Address, and Age of said children.)

	<u>Name</u>	<u>Age at Death</u>	<u>Date of Death</u>	<u>Children (Y/N)</u>
1)				
2)				
3)				
4)				
5)				

NOTE: ITEMS 9, 10 AND 11 NEED TO BE ANSWERED ONLY IN THE EVENT DECEDENT WAS UNMARRIED AND HAD NO CHILDREN OR OTHER DESCENDENTS.

- 9. a. That the Decedent was predeceased by his/her father. -OR-
- b. That the Decedent's father is alive, and his name and address is: _____

- 10. a. That the Decedent was predeceased by his/her mother. -OR-
- b. That the Decedent's mother is alive, and her name and address is: _____

- 11. a. That the Decedent had _____ siblings, as follows

	<u>Name</u>	<u>Age</u>	<u>Address</u>
1)			
2)			
3)			
4)			
5)			

UNOFFICIAL COPY

Property of Cook County Clerk's Office

UNOFFICIAL COPY

b. That the Decedent was predeceased by the following siblings: (In the event predeceased siblings had children, attach a separate sheet setting forth the Name, Address, and Age of said children.)

	Name	Age at Death	Date of Death	Children (Y/N)
1)	/	/	/	0020130168
2)	/	/	/	
3)	/	/	/	
4)	/	/	/	
5)	/	/	/	

Page 3 of 5

12. That this Affidavit is given to Wheatland Title Guaranty Company to induce them to issue a title insurance commitment and/or policy for the property owned by the Decedent at the time of death. I agree to indemnify and hold Wheatland Title harmless from any liability for any untrue statements made herein.

Barbara Borders
Notary Public

SUBSCRIBED and SWORN to before me this 16th day of January, 2002



Barbara Borders
Notary Public

Wheatland Title Guaranty Company
39 Mill Street
Montgomery, IL 60538
(630)892-2323
FAX: (630)892-2390

UNOFFICIAL COPY

Property of Cook County Clerk's Office

REGISTRATION DISTRICT NO. 16.10
 REGISTER NUMBER 16.10

DECEASED-NAME: WILLIAM RUSSELL
 FIRST: William, MIDDLE: Russell, LAST: Russell
 SEX: 2 Male, DATE OF BIRTH: 3 April 21, 1903

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: COOK
 AGE- LAST BIRTHDAY (YRS): 5a. 88, 5b. 88
 HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT NEITHER GIVE STREET AND NUMBER): Humana-Michael Reese Hospital

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): CHICAGO, ILL.
 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): WIDOWED
 NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): Michael Reese

SOCIAL SECURITY NUMBER: 705-05-3830
 USUAL OCCUPATION: 11a. WAITER
 KIND OF BUSINESS OR INDUSTRY: 11b. RAILROAD

RESIDENCE (STREET AND NUMBER): 13a. 7532 S. Langley
 CITY, TOWN, TWP. OR ROAD DISTRICT NO.: 13b. Chicago
 EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): 12. 6

RELATIONSHIP: 17a. BARRARA REMER, 17b. DAU., 17c. 7532 S. LANGLEY CHGO, IL. 60619
 MOTHER-NAME: 14b. KINO, 14c. YES, SPECIFY: 14d. CARRIE
 MOTHER-NAME: 16. CARRIE

DECEASED'S NAME (TYPE OR PRINT): CORNELIUS RUSSELL
 DECEASED'S NAME (TYPE OR PRINT): BARRARA REMER

CAUSE OF DEATH: (a) Cardiomvopathy, (b) Hyponatremia, (c) Days
 Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiration arrest, shock, or near asure. List only one cause on each line.

MAJOR FINDINGS OF OPERATION: 20b.
 DID NOT ATTEND THE DECEASED: (MONTH, DAY, YEAR) 21c. 7-25 A. M.
 LAST SAW HIM-/HER/LIVE ON: 21b. NO

SIGNATURE: 22a. Audrey Tatar, M.D., Chicago, Illinois, 60616
 NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): 22b. April 21, 1992
 ILLINOIS LICENSE NUMBER: 22d. 36-82282

BURIAL CREATION, REMOVAL (SPECIFY): 24a. BURIAL, 24b. ST. MARY'S
 CEMETERY OR CREMATORY-NAME: 24c. EVERGREEN PK., ILLINOIS
 LOCATION: 24d. 4/25/92

FUNERAL HOME: 25a. JACKSON FUNERAL HOME, 7350 S. COTTAGE GROVE, CHICAGO, ILL., 60619
 FUNERAL DIRECTOR'S SIGNATURE: 25c. 34-8788
 DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): 26a. APR 22 1992

LOCAL REGISTRAR'S SIGNATURE: [Signature]
 DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): APR 22 1992

STATE OF ILLINOIS
 VIRGINIA L. PARKER, M.B.A. LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS 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 PURSUANCE OF SAID LAWS AND ORDINANCES.

APR 22 1992

STATE OF ILLINOIS
 CITY OF CHICAGO

APR 22 1992

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

0020130168

Page 4 of 5

Copy 7

Copy only

Illinois Department of Public Health - Division of Vital Records

WR290 (Rev. 5/89)

UNOFFICIAL COPY

0020130168 Page 5 of 5

Property of Cook County Clerk's Office

Legal Description:

LOTS FIVE (5) AND SIX (6) IN BLOCK SIX (6) IN THE ORIGINAL TOWN OF MANSFIELD. SAID PREMISES BEING SITUATED IN PIATT COUNTY, ILLINOIS.

Cka 7532 S. Langley Av

Chicago IL 60619-2225

PFN 20-27-405-030