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2003-03-25 12:51:04

Cook County Recorder 34.50



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Property of Cook County Clerk's Office

AFFIDAVIT OF HEIRSHIP

7747 S. Kingston, Unit B

Prepared by mail to:

Michael Bradley
4926 S. Greenwood
Chicago, IL 60653

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AFFIDAVIT OF HEIRSHIP

Mildred A. Hall, first being duly sworn on oath, deposes and states as follows:

1. I am the sister of the decedent Irene Simpson. I make this affidavit in connection with the prospective sale of the real property owned by the decedent and located at 7747 South Kingston, Unit B, Chicago, Illinois. I have knowledge of the facts set forth herein and, if sworn, I could testify competently thereto.

2. The decedent was my natural sister. She was born on October 11, 1934. She died in Chicago, Illinois, on March 10, 2002, at the age of 67 years, without leaving a will. At the time of her death she resided at 7747 South Kingston, Unit B, Chicago, Illinois.

3. I am of legal age, and under no disability. I currently reside at 2194 Elmore Square, #254, Pittsburgh, Pennsylvania 15219. I was raised in the same household as my sister, and I had frequent contact with her during all of her life. During our adult lives I spoke with her by telephone at least twice a month and I visited her periodically. I have knowledge of the decedent's heirship.

4. The decedent was married once to Joseph N. Simpson, who predeceased her. No children were born to or adopted by the decedent during her lifetime, in or out of marriage.

5. The decedent's parents did not survive her. Our mother, Alice Washington Mosely, died in 1951, and our father, Frank Mosely, died in 1996.

6. I am the only surviving sibling of the decedent. We had one other sibling, a brother,

Frank Mosely, Jr., who died in 1980. No children were born to or adopted by him during his lifetime, in or out of marriage.

7. Based on the foregoing, I am the only heir of the decedent.

Further affiant sayeth not.

Mildred Hall
Affiant

Subscribed and sworn to before me
this 25 day of February, 2003.

Stephen F. Capone
Notary Public

Notarial Seal
Stephen F. Capone, Notary Public
Pittsburgh, Allegheny County
My Commission Expires July 8, 2004
Member, Pennsylvania Association of Notaries

Property of Cook County Clerk's Office

I, David 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 THEREOF, 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 Orr
COUNTY CLERK

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DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. 16.10		STATE OF ILLINOIS		STATE FILE NUMBER	
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH				603982	
1. Irene Elizabeth Simpson		2. Female		3. March 10, 2002			
4. Cook		5a. 67		5b. 67		5c. 67	
6a. Chicago		6b. ST. Luke Presbyterian Hospital		6c. In-patient			
7. Allegheny, PA		8a. Widow		8b. Widow		9. No	
10. 183-26-5822		11a. Clerk		11b. Postal Service		12. 12+	
13a. 7747 South Kingston		13b. Chicago		13c. Yes		13d. Cook	
13e. Illinois		13f. 60617		14a. Black		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
15. Frank Mosley		16. Alice E. Washington					
17a. Julia A. Tellis		17b. Niece		17c. 15433 S. Honore Harvey, IL 60426			
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 ONSET AND DEATH	
Immediate Cause (Final disease or condition resulting in death)		(a) SQUAMOUS CELL CARCINOMA of Lung					
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) DUE TO, OR AS A CONSEQUENCE OF					
PART II.		Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				19a. NO 19b. NO	
20a. NO		20b. NO		20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20d. NO	
21a. 3/9/02		21b. NO		21c. 12:48 A.M.		21d. 3/10/02	
22a. Aaron Domm, MD		22b. 125040788		22c. 125040788			
23. HERBEDEN JAMES		23a. Lakes Crematory		23b. Lake Villa, Ill		23c. March 18, 2002	
24a. Cremation		24b. Lakes Crematory		24c. Lake Villa, Ill		24d. March 18, 2002	
25a. Carter Funeral Chapel		25b. 2100 E. 75th ST, Chicago		25c. Illinois		25d. 60649	
26a. John A. Wilhelm, M.D.		26b. MAR 12 2002		26c. LW			

Type or Print in PERMANENT INK on Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED

PARENTS

CAUSE

CERTIFIER

DISPOSITION

I, David 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 THEREOF, 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 Orr
COUNTY CLERK

0030403308 *5046*

NO. REGISTRATION DISTRICT 16.10		STATE OF ILLINOIS				STATE FILE NUMBER	
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH				607015	
1. DECEASED-NAME FIRST MIDDLE LAST JOSEPH Noah SIMPSON, Jr.			2. SEX MALE		3. DATE OF DEATH (MONTH, DAY, YEAR) April 25, 1998		
4. COUNTY OF DEATH COOK		5a. AGE-LAST BIRTHDAY (YRS) 72	5b. UNDER 1 YEAR MOS 5b.	5c. UNDER 1 DAY HOURS MIN. 5c.	5d. DATE OF BIRTH (MONTH, DAY, YEAR) MAY 14, 1925		
6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER CHICAGO		6b. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) SOUTH SHORE HOSPITAL			6c. IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY) D.O.A.		
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Chicago, IL.		8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) Irene Elizabeth Mosley		9. WAS DECEASED EVER IN U.S. ARMED FORCES (YES/NO) YES	
10. SOCIAL SECURITY NUMBER 344-12-7723		11a. USUAL OCCUPATION Fork Lift Op.		11b. KIND OF BUSINESS OR INDUSTRY Electro Motors		12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) 11 College (1-4 or 5+) College (1-4 or 5+)	
13a. RESIDENCE (STREET AND NUMBER) 7747 S. KINGSTON AVENUE			13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO. CHICAGO		13c. INSIDE CITY (YES/NO) YES	13d. COUNTY COOK	
13e. STATE ILLINOIS		13f. ZIP CODE 60649	14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) BLACK		14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
15. FATHER-NAME FIRST MIDDLE LAST Joseph Noah Simpson, Sr.				16. MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST Geneva Victoria Gentry			
17a. INFORMANT'S NAME (TYPE OR PRINT) WANDA SCOTT (DETAILS CLERK)			17b. RELATIONSHIP HOSP REC.		17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) P.O. BOX 8195 CHGO, IL. 60680		
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.							APPROPRIATE INTERVAL BETWEEN CASSET AND DEATH:
Immediate Cause (Final disease or condition resulting in death)		(a) CORONARY Artery disease					
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) Hypertension					
		(c)					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.							19a. AUTOPSY (YES/NO) NO
							19b. WERE THE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION			20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. I (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON 4/21/98				21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) YES		21c. HOUR OF DEATH 10:45AM M.	
22a. SIGNATURE <i>Wanda Scott</i>						22b. DATE SIGNED (MONTH, DAY, YEAR) 4/28/98	
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) DR. NIDEL AKER M. D. 820 S. DAMEN CHGO, IL. 60680				22d. ILLINOIS LICENSE NUMBER PERMIT			
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)							NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
24a. BURIAL, CREMATION REMOVAL (SPECIFY) Crementation		24b. CEMETERY OR CREMATORY-NAME Oak Woods		24c. LOCATION CITY OR TOWN STATE Chicago, Illinois		24d. DATE (MONTH, DAY, YEAR) April 29, '99	
25a. FUNERAL HOME CARTER FUNERAL CHAPEL, Ltd. 2100 East 75th. Street Chicago, Illinois 60649							
25b. FUNERAL DIRECTOR'S SIGNATURE <i>Steven Joseph Carter Jr.</i>						25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-009015	
26a. LOCAL REGISTRAR'S SIGNATURE <i>Michelle Reynolds</i>						26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) APR 29 1998	

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LEGAL DESCRIPTION

Unit 7747-B together with its undivided percentage interest in the Common Elements in Kingston Condominium as delineated and defined in the Declaration recorded as Document Number 2987947, in the West 1/2 of the Southwest 1/4 of Section 30, Township 38 North, Range 15, East of the Third Principal Meridian, in Cook County, Illinois.

Address: 7747 S. Kingston, Unit B, Chicago, IL 60649

PIN: 21-30-321-032-1005

Prepared by and mail to:

Michael Bradley
4426 S. Greenwood
Chicago, IL 60653-3714