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Affidavit of Heirship

for

JAMES S. MITCHELL

7548/0149 13 001 Page 1 of 3

2000-05-24 15:17:40

Cook County Recorder 47.00



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1 of 10
00-266

I, Donna Poole, on oath state:

1. (a) My residence address is 2001 South Michigan Avenue, Apt. 7F;
- (b) I understand that I submit myself to the jurisdiction of Illinois courts for all matters related to the preparation and use of this affidavit. My agent for service of process in Illinois is:

NAME: Daryl R. Berry, Attorney at Law
 ADDRESS: 2609 WEST 79TH STREET, CHICAGO, IL. 60652
 TELEPHONE: 773-737-0007

2. The decedent's name is JAMES S. MITCHELL.
3. The date of decedent's death was February 23, 1967 and JAMES S. MITCHELL, was a resident of the City of Chicago, County of Cook, and State of Illinois, immediately before his death.
4. JAMES S. MITCHELL at the time of his death, was married, his spouse being Ella Mitchell.
5. There is one (1) surviving child, none of whom is a minor child.
6. The names, places of residence and relationship of the decedent's heirs, and the portion of the estate to which each heir is entitled under the law where the decedent died intestate are as follows:

Name	Residence	Relationship	Share
Luella Mitchell Poole	Chicago	daughter	100%

7. Affiant further states that she is an heir or legatee hereinabove mentioned in this affidavit and that she resides at 2001 South Michigan Avenue, Apt. 7F, Chicago, Illinois 60616 and has personal knowledge of the facts stated above.

The foregoing statement is made under penalties of perjury.

Donna Poole Allen

Signed and sworn to before me this 10TH day of MAY, 2000.

Romanita Harris
Notary Public



Box 156

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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.

00375441 *David Orr*
COUNTY CLERK

00375441

30 ORIGINAL

FILL IN WITH TYPEWRITER OR LEGIBLE PRINTING

STATE OF ILLINOIS

STATE FILE NUMBER 10655

DECEDENT'S BIRTH NO.		MEDICAL CERTIFICATE OF DEATH		REGISTRATION DISTRICT NO. 16.10	REGISTERED NUMBER
1. PLACE OF DEATH a. STATE ILLINOIS		b. COUNTY COOK		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission.) a. STATE Illinois b. COUNTY Cook	
c. <input checked="" type="checkbox"/> INSIDE corporate limits and in City, Village, or Incorporated Town CHICAGO		c. <input checked="" type="checkbox"/> INSIDE corporate limits and in City, Village, or Incorporated Town Chicago		d. <input type="checkbox"/> OUTSIDE corporate limits and in Township name..... Road District No.....	
d. <input type="checkbox"/> OUTSIDE corporate limits and in Township name..... Road District No.....		e. LENGTH OF STAY IN Ia or Ib 50 yrs.		e. LENGTH OF RESIDENCE AT 2c or 2d 50 yrs.	
f. NAME OF HOSPITAL OR INSTITUTION COOK COUNTY HOSPITAL		g. LENGTH OF STAY IN II 30 days		f. RESIDENCE ADDRESS (Street & No. or R.F.D. and Post Office) 4950 Washington Blvd.	
h. If not in hospital or institution, give Street & No. or R.F.D. and Post Office		g. Did decedent reside ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED a. (FIRST) James			b. (MIDDLE) S.O.	c. (LAST) Mitchell	4. DATE OF DEATH (MONTH) (DAY) (YEAR) 2-23-67
5. SEX Male	6. RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) MARRIED	8. DATE OF BIRTH unk. aft.	9. AGE (in years last birthday) 46	if under 1 year MONTHS DAYS
10a. USUAL OCCUPATION SHIPPING, CLERK		10b. KIND OF BUSINESS OR INDUSTRY SHOE STORE		11. BIRTHPLACE (City and state or foreign country) Berryville, Virginia	
13. FATHER'S FULL NAME LONDON Mitchell			14. MOTHER'S FULL MAIDEN NAME Martha BROWN		
15. Was deceased ever in U. S. Armed Forces? (Yes, no, or unknown) (Give war or dates of service) No		16. SOCIAL SECURITY NUMBER 347.03.8795		17. INFORMANT a. SIGNATURE <i>Mildred Robinson</i> b. ADDRESS COOK COUNTY HOSPITAL RECORDS	
18. MEDICAL CAUSE OF DEATH PART I. DEATH WAS CAUSED BY. (Enter only one cause per line for (A), (B) and (C).) IMMEDIATE CAUSE (A) Septicemia					INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
Conditions, if any, which gave rise to the above IMMEDIATE CAUSE (A), stating the UNDERLYING CAUSE (B) due to (C) Chronic renal failure					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART I(A).					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
19a. DATE OF OPERATION, IF ANY.		19b. MAJOR FINDINGS OF OPERATION			
NOTE: If an injury was involved in this death, the Coroner must be notified.					
21. I hereby certify that I attended the deceased from 1-25-1967, to 2-23-1967, that I last saw the deceased alive on 2-23-1967, and death occurred at 9:30 M., from the causes and on the date stated above.					
Signature <i>H. Stachel</i> M.D.			Date Signed 2-24-67		Illinois License No. 36-38996
Address 1835 W. Harrison Street			Phone 738-2510		
22. DISPOSITION: BURIAL- CEMETERY LINCOLN LOCATION WORTH, ILLINOIS		Date MAR 4, 67	23. FUNERAL DIRECTOR SIGNATURE <i>Carter</i> ADDRESS 6110 Cottage Ave CHICAGO, ILLINOIS No. 5502		
24. Received for filing on: FEB 27 1967		<i>Samuel A. Adelmann</i>			

U. S. Standard Certificate of Death.

VS 200—BUREAU OF STATISTICS—ILLINOIS DEPARTMENT OF PUBLIC HEALTH

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LEGAL DESCRIPTION

00375441

LOT 28 IN BLOCK 4 IN MC CHESNEY'S RESUBDIVISION OF THE NORTH 1/2 OF
BLOCKS 1 TO 7 INCLUSIVE IN MC CHESNEY'S HYDE PARK HOMESTEAD
SUBDIVISION IN THE SOUTH 1/2 OF THE NORTHEAST 1/4 OF SECTION 22, TOWNSHIP
38 NORTH, RANGE 14, EAST OF THE 3RD PRINCIPAL MERIDIAN, IN COOK COUNTY,
ILLINOIS

Address: 6622 SOUTH Champlain
Chicago, Illinois 60617

TAX number 20-22-228-030

Property of Cook County Clerk's Office