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AFFIDAVIT OF HEIRSHIP

STATE OF Illinois
COUNTY OF Cook

Doc#: 0406434052
Eugene "Gene" Moore Fee: \$28.00
Cook County Recorder of Deeds
Date: 03/04/2004 11:51 AM Pg: 1 of 3

ESTATE OF Esther McGuire, Deceased.

And now on this 27 day of January, 2004, Mary Karen Sullivan, after being first duly sworn under oath, testifies and deposes as follows, to wit:

1. My name is Mary Karen Sullivan, I am over the age of twenty-one (21) years of age and to my understanding, am otherwise competent to give testimony.
2. I reside at 9434 S. Central Parkway St. Louis, Evergreen Park, IL
3. As daughter (state relationship to deceased), I knew the decedent during his/her lifetime.
4. Esther R. McGuire, 1/2, owner of the property commonly known as 9434 S. St. Louis, Evergreen Park, IL, died on 11/7/1987 in the City of Evergreen Park, County of Cook, State of Illinois.
5. The decedent had been married one (1) times, to the following:
John F. McGuire
6. During the marriage to John McGuire, the decedent had the following children, of legal age unless otherwise noted:
John W. McGuire, deceased 9/19/03 (certificate attached)
Mary Karen McGuire, n/k/a Karen Sullivan
7. No persons were adopted and no children born out of wedlock by the decedent.
8. The parents of the decedent were Alexander and Mary McLaughlin, both said parents are now deceased.

O'Connor Title
Services, Inc.

4063-0140

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9. a) A copy of the Last Will and Testament of _____, as probated, is attached.

Or

b) The decedent died intestate.

10. That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of \$10,000 dollars.

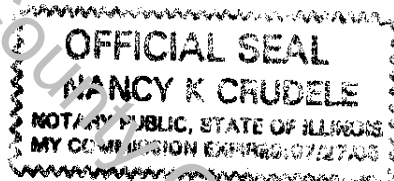
11. Based upon my own personal knowledge and belief, the foregoing is true and if called upon as a witness I will competently and consistently testify thereto.

FURTHER AFFLIANT SAYETH NOT.

Margaret Sullivan
AFFLIANT

SUBSCRIBED AND SWORN TO
BEFORE ME THIS 2 DAY
OF February, 2004.

Nancy K. Crudele
NOTARY PUBLIC



Property of Cook County Clerk's Office

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CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

STATE FILE NUMBER

613768

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

SEP 22 2003

I, JOHN L. WILHELM M.D., 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 OBDINANCE OF SAID LAW AND ORDINANCES.

John L. Wilhelm, MD
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

REGISTRATION DISTRICT NO. 16.10

REGISTERED NUMBER

DECEASED - NAME FIRST MIDDLE LAST John W. McGuire		SEX 2 Male	DATE OF DEATH (MONTH, DAY, YEAR) 3 September 19, 2003
CITY OF DEATH Cook		DATE OF BIRTH (MONTH, DAY, YEAR) 5d May 1, 1935	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Chicago		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 2601 W. 107th Street	IF HOSP. OR INST. INDICATE D.O.A. OPENER, RN, INPATIENT (SPECIFY) 6c.
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Evergreen Park, Illinois		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. Bonnie Banks	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. Yes
MARRIED NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married		KIND OF BUSINESS OR INDUSTRY 11b. Deputy Commissioner	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) College (1-4 or 5-1) 4
SOCIAL SECURITY NUMBER 10 360-26-5321		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. Chicago	COUNTY 13c. Cook
RESIDENCE (STREET AND NUMBER) 13a. 2601 W. 107th St. M 13		OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
STATE 13e. Illinois		MOTHER - NAME FIRST MIDDLE LAST 16. Esther McLaughlin	(MAIDEN) LAST
FATHER - NAME FIRST MIDDLE LAST 15. John F. McGuire		RELATIONSHIP 17b. Wife	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17a. 17c 2601 W. 107th St Chicago, IL 60655
INFORMANT'S NAME (TYPE OR PRINT) 17a. Bonnie McGuire		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. IMMEDIATE Cause (Final disease or condition resulting in death) (a) <i>Cerebral Artery Disease</i> (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF	
DATE OF OPERATION, IF ANY 20b.		MAJOR FINDINGS OF OPERATION 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>	
WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21a. YES		HOUR OF DEATH 21c. 1:12 P. M.	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22a. Scott Hanlon MD 2850 W. 95th St. Evergreen Park, IL		DATE SIGNED (MONTH, DAY, YEAR) 22b. 9/19/03	
CEMETERY OR CREMATORY - NAME 24a. Burtal		ILLINOIS LICENSE NUMBER 22d. 626 98805	
STREET AND NUMBER OR R.F.D. 24b. Holy Sepulchre		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
CITY OR TOWN 24c. Worth, Illinois		DATE (MONTH, DAY, YEAR) 24d. Sept. 23, 2003	
FUNERAL DIRECTOR'S SIGNATURE 25a. <i>Michael F. Gill</i>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-011540	
LOCAL REGISTRAR'S SIGNATURE 25b. <i>John L. Wilhelm, MD</i>		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. SEP 22 2003	