

# UNOFFICIAL COPY

STATE OF ILLINOIS )  
  )  
COUNTY OF COOK    )



**Doc#:** 0411719034  
Eugene "Gene" Moore Fee: \$28.50  
Cook County Recorder of Deeds  
Date: 04/26/2004 11:58 AM Pg: 1 of 3

## AFFIDAVIT OF HEIRSHIP OF SOL VALENTINE

1. Sol Valentine died intestate on <sup>1/10</sup>, 1989. He owned the following described real estate:

LOTS 89 & 90 IN WEDDELL AND COS'S  
ADDITION TO ENGELWOOD, A SUBDIVISION OF  
THE EAST HALF OF THE SOUTHWEST 1/4 OF  
SECTION 2, TOWNSHIP 38 NORTH, RANGE 14,  
EAST OF THE THIRD PRINCIPAL MERIDIAN, IN  
COOK COUNTY, ILLINOIS.

PTW# 20-20-306-0284029

COMMONLY KNOWN AS 6720 S. ELIZABETH, CHICAGO, ILLINOIS.

2. The value of each decedent's estate at the time of their death was under \$29,565.00 and they died intestate.
3. The decedent had 2 daughter, Maryann Valentine and Lois Morton..
4. The property was deeded to Lois Morton who subsequently deed the property to Maryann Valentine..
5. Maryann Valentine has died intestate August 16, 2002. .
6. Maryann Valentine was never married and had one child Sterlyn Valentine.

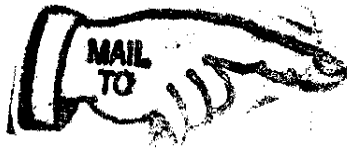
ANYTHING FURTHER THE AFFIANT'S SAYETH NOT.

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*Sterlyn Valentine*  
AFFIANT, STERLYN VALENTINE

I DO HEREBY CERTIFY THAT AFFIANT, JEAN JACQUES HUNTER, DID APPEAR BEFORE ME THIS 19TH DAY OF APRIL, 2004.

*[Signature]*  
NOTARY PUBLIC



*Ira T. Kaufman  
1155 N. Milwaukee  
Riverside, IL 60099*

Property of Cook County Clerk's Office

STATE OF ILLINOIS  
County of Cook

**UNOFFICIAL COPY**  
DAVID ORR, County Clerk

OCT 16 2003

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

BIRTH NO.	REGISTRATION DISTRICT NO. <b>16.10</b>	STATE OF ILLINOIS			STATE FILE NUMBER
	REGISTERED NUMBER	<b>MEDICAL CERTIFICATE OF DEATH</b>			<b>612707</b>
1.	DECEASED—NAME FIRST MIDDLE LAST <b>MARYANN VALENTINE</b>	SEX <b>FEMALE</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>3. AUGUST 16th, 2002</b>		
4.	COUNTY OF DEATH <b>COOK</b>	AGE—LAST BIRTHDAY (YRS) 5a. <b>54</b>	UNDER 1 YEAR MOS. DAYS 5b.	UNDER 1 DAY HOURS MIN. 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. <b>April 01, 1948</b>
6a.	CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER <b>CHICAGO</b>	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>HOLY CROSS HOSPITAL</b>		IF HOSP. OR INST. INDICATE D.O.A., OP/EMER. RM, INPATIENT (SPECIFY) <b>6c INPATIENT</b>	
7.	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>Queens New York</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. <b>Divorced</b>	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. <b>None</b>		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES-NO) 9. <b>No</b>
10.	SOCIAL SECURITY NUMBER <b>335-42-2776</b>	USUAL OCCUPATION 11a. <b>Administrator</b>	KIND OF BUSINESS OR INDUSTRY 11b. <b>University Of Illinois</b>	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) College (11, 4 or 5+) 12. <b>12</b> <b>2</b>	
13a.	RESIDENCE (STREET AND NUMBER) <b>6720 S Elizabeth</b>	CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13c. <b>Chicago</b>	INSIDE CITY (YES/NO) 13e. <b>IL</b>	COUNTY 13d. <b>Cook</b>	
13e.	STATE	ZIP CODE 13f. <b>60636</b>	RACE (WHITE, BLACK, AMER. INDIAN, etc.) (SPECIFY) 14a. <b>Black</b>	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:	
15.	FATHER—NAME FIRST MIDDLE LAST <b>Sol Valentine</b>	MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST 16. <b>Louise Ryans</b>	INFORMANT'S NAME (TYPE OR PRINT) 17a. <b>Andrew Leak</b>		
		RELATIONSHIP 17b. <b>Records</b>	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. <b>7838 S. Cottage Grove Chgo. IL 60619</b>		
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)	<b>(a) Pulmonary Embolism</b>			<b>4 day</b>
	CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	<b>(b) DUE TO, OR AS A CONSEQUENCE OF</b>			
		<b>(c) DUE TO, OR AS A CONSEQUENCE OF</b>			
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. <b>obesity, respiratory failure</b>				WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b. <b>NO</b>
20a.	DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION	IF FEMALE, WERE THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a.	I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) <b>8/15/02</b>		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. <b>NO</b>	HOUR OF DEATH 21c. <b>5:20 A.M.</b>	
22a.	TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.			DATE SIGNED (MONTH, DAY, YEAR) <b>8/17/02</b>	
22a.	SIGNATURE	NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>RAJ K. KHURANA M.D.</b>			ILLINOIS LICENSE NUMBER 22d. <b>036049058</b>
22c.	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) <b>4455 South Kedzie Chicago, Ill. 60632</b>				NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
24a.	BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>	CEMETERY OR CREMATORY—NAME 24b. <b>LOCAL CEMETERY</b>	LOCATION 24c. <b>ALLIANCE, SC</b>	DATE (MONTH, DAY, YEAR) 24d. <b>8-21-02</b>	
25a.	FUNERAL HOME <b>Leak And Sons Funeral Home</b>	NAME <b>7838 s. Cottage Grove Chicago, Illinois 60619</b>	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. <b>031-007489</b>		
25b.	FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	LOCAL REGISTRAR'S SIGNATURE 26a. <i>[Signature]</i>			
26a.	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>AUG 22 2002</b>			DATE FILED BY COUNTY REGISTRAR (MONTH, DAY, YEAR) <b>J.H.</b>	