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Mail to:
Kathleen Meenan Murphy
16 W Northwest Hwy
Mt Prospect, IL 60056



Doc#: 0512426116
Eugene "Gene" Moore Fee: \$30.00
Cook County Recorder of Deeds
Date: 05/04/2005 12:24 PM Pg: 1 of 4

ATGF, INC.

Property of Cook County Clerk's Office

Affidavit of Title

Prepared by Kathleen Meenan Murphy
16 W Northwest Hwy
Mt Prospect, IL 60056

Address 304 W. 104th Place, Chicago, IL 60628
PIN # 25-16-206-045

Legal Description:

LOT 24 AND THE WEST 1/2 OF LOT 23 IN CHERRILL H. WELLS' SUBDIVISION OF PART OF THE SOUTH 1/2 OF LOT 10 AND THE NORTH 1/2 OF LOT 15 IN SCHOOL TRUSTEES SUBDIVISION OF SECTION 16, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

42C

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IN RE: ESTATE OF ANNIE MAE GILMORE, Deceased

AFFIDAVIT OF HEIRSHIP

I, **VIVIAN DALE**, being duly sworn on oath, depose and state as follows:

1. That **ANNIE MAE GILMORE**, died on February 24, 2005 at Chicago, Illinois at the age of eighty (80) years, and that her legal residence at the time of her death was 304 West 104th Place, Chicago, IL 60628.

2. That the affiant, **VIVIAN DALE** is of legal age and resides at 12600 South Harvard, Chicago, IL 60628 and that she has personal knowledge of **ANNIE MAE GILMORE**'s heirship as her daughter.

3. That the decedent was married two (2) times:

A. **ANNIE MAE GILMORE** was married the first time to **LEONARD H. CLARK, SR.** who predeceased the decedent and that three (3) children were born to or adopted of that union, namely, **LEONARD H. CLARK, JR.** who is a son, is legal and is an heir; **VIVIAN DALE** who a daughter, is legal and is an heir; and **RONALD CLARK**, who is a son, is legal and is an heir.

B. **ANNIE MAE GILMORE** was married a second time to **CLARENCE GILMORE, SR.** who predeceased the decedent and that five (5) children were born to or adopted of that union, namely **CLARENCE GILMORE, JR.** who is a son, is legal and is an heir; **RICARDO GILMORE**, who is a son, is legal and is an heir; **ANDREW GILMORE**, who is a son, is legal and is an heir; **TERESA SAVAGE**, who is a daughter, is legal and is an heir; and **BERNARD GILMORE**, who is a son, is legal and is an heir.

That no other children were born to or adopted of the decedent.

4. That based upon the foregoing, all of whom survived the Decedent, and in the absence of any indication to the contrary, are of legal age and competent. Said heirs are as follows:

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- A. LEONARD H. CLARK, JR., son
- B. VIVIAN DALE, daughter
- C. RONALD CLARK, son
- D. CLARENCE GILMORE, JR., son
- E. RICARDO GILMORE, son
- F. ANDREW GILMORE, son
- G. BERNARD GILMORE, son
- H. TERESA SAVAGE, daughter

Vivian Dale

Vivian Dale, Affiant

SUBSCRIBED AND SWORN to
before me this 10 Day
of March, 2005



Kathleen Meersman Murphy
NOTARY PUBLIC

Kathleen Meersman Murphy
LAW OFFICE OF KATHLEEN MEERSMAN MURPHY
16 West Northwest Highway
Mount Prospect, IL 60056
(847) 259-3131
#24332

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CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS

REGISTRATION DISTRICT NO. **16.10**

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

603096

MAR 1 2005

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 ORDINANCE OF SAID LAW AND ORDINANCES.



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

DECEASED-NAME FIRST MIDDLE LAST ANNIE Mae GILMORE		SEX F	DATE OF DEATH (MONTH, DAY, YEAR) 3 FEBRUARY 24, 2005
COUNTY OF DEATH COOK		DATE OF BIRTH (MONTH, DAY, YEAR) 5d. March 22, 1924	
AGE-LAST BIRTHDAY (YRS) 5a. 80		UNDER 1 DAY HOURS MIN. 5c.	
HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. Mercy Hospital		IF HOSP. OR INST. INDICATE D.O.A. OPENER, RM, INPATIENT (SPECIFY) 6c. Inpatient	
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Widowed		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. None	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. No
USUAL OCCUPATION 11a. Homemaker		KIND OF BUSINESS OR INDUSTRY 11b. Domestic	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (1-12) College (13-16 or S+) 12. -12- -00-
RESIDENCE (STREET AND NUMBER) 13a. 304 West 104th Place		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. Chicago	COUNTY 13c. Cook
STATE 13e. Illinois		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. Black	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. XNO
FATHER-NAME FIRST MIDDLE LAST 15. Will Smith		MOTHER-NAME FIRST MIDDLE LAST (MAIDEN) LAST 16. Flora Baskin	
INFORMANT'S NAME (TYPE OR PRINT) 17a. Vivian Dale		RELATIONSHIP 17b. Daughter	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 17612600 S. Harvard Chgo, IL 60628
18. PART I. Enter the disease, 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) Paralytic Cerebr DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)			
DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20b.	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 20c. YES [] NO [X]
(DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a.		TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 21b. February 27, 2005, 2700 S. Halsted Chicago, IL 60616	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 19b.
NAME AND ADDRESS OF CERTIFIER 22a. William Johnson MD 2525 S. Michigan, CHGO, IL 60616		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 22b. Joseph C. ...	ILLINOIS LICENSE NUMBER 22d. 036-080043
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial		CEMETERY OR CREMATORY-NAME 24b. Lincoln Cemetery	DATE SIGNED (MONTH, DAY, YEAR) 21c. 10:45 A M. February 24, 2005
FUNERAL HOME 25a. Gattling's Chapel Inc. 10133 So. Halsted Chicago, IL 60628		CITY OR TOWN 24c. Chicago, IL	DATE (MONTH, DAY, YEAR) 24d. 3-2-05
FUNERAL DIRECTOR'S SIGNATURE 25b. [Signature]		STATE 24e. IL	ZIP 24f. 60628
LOCAL REGISTRAR'S SIGNATURE 25c. [Signature]		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25d. 034014948	
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26a. MAR 1 2005		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. MAR 1 2005	