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Doc#: 0520205233 \$32.00
Eugene "Gene" Moore Fee:
Cook County Recorder of Deeds
Date: 07/21/2005 12:59 PM Pg: 1 of 5

438352

STEWART TITLE OF ILLINOIS
2 N. LaSalle Street
Suite 625
Chicago, IL 60602
312.649.4249

Property of Cook County Clerk's Office

AFFIDAVIT OF HEIRSHIP

File Number: TM183101

LEGAL DESCRIPTION

Lot 16 in Griffin's and St. Clair's Subdivision, being a subdivision of part of the Southeast 1/4 of the Southwest 1/4 of the Southeast 1/4 of Section 19, Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

Commonly known as: 7038 South Honore Street
Chicago IL 60636

20-19-426-040

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Stewart Title Company of Illinois AFFIDAVIT OF HEIRSHIP

4.383522/7

STATE OF ILLINOIS)
) ss
COUNTY OF)

ESTATE OF Lorraine Scott Deceased.

And now on this 1 day of July, 2005, MARIA Scott, after

being first duly sworn under oath, testifies and deposes as follows, to wit:

1. My name is MARIA Scott, 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 7038 S. Honore.

3. I Daughter (state relationship to deceased) and knew him/her in his/her lifetime.

4. Lorraine Scott, owner of the property commonly known as 7038 S. Honore, (see legal description attached) died on Jan. 10, 1995 in the City of _____, County of _____, State of Illinois.

5. The decedent was married one (1) time(s), to Richard Scott.

6. Four children were born to the decedent and Richard, as follows, and are assumed to be of majority age, unless otherwise noted:

- Successor 1985 - Richard Scott - 61 Margaret Walker - 47
- MARIA Scott - 57
- Chester Scott 57

7. No persons were adopted by the decedent.

8. The parents of the decedent were Ethel Montgomery & Lafayette Montgomery, both said parents are now deceased.

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9. a) Pursuant to the Last Will and Testament of Lorraine Scott the decedent herein, left his/her entire estate, both real and personal, to no will.

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 _____ dollars.

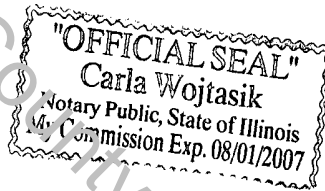
11. The foregoing is based upon my own personal knowledge and belief, is true, and if called upon as a witness I would competently and consistently testify thereto.

FURTHER AFFIANT SAYETH NOT.

Maria L. Scott
AFFIANT

SUBSCRIBED AND SWORN TO
BEFORE ME THIS 15th DAY
OF July 2005

Carla Wojtasik
NOTARY PUBLIC



Prepared by & Mailed to
MARIA SCOTT
7038 S. Howard
Chicago, IL 60636

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STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

JAN 13 1995

I, SHEILA LYNE, RSW, 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 PURSUANCE OF SAID LAWS AND ORDINANCES.

Sheila Lyne, RSW
LOCAL REGISTRAR

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.10
REGISTERED NUMBER

600812

DECEASED-NAME: FIRST MIDDLE LAST LORKAINE M. SCOTT SEX: 2. FEMALE DATE OF DEATH: 3. JANUARY 10, 1995

COUNTY OF DEATH: 4. COOK CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: 6a. CHICAGO DATE OF BIRTH: 5d. JUNE 12, 1922

HOSPITAL OR OTHER INSTITUTION-NAME: 6b. HOLY CROSS HOSPITAL IF HOSP. OR INST. INDICATE D.O.A. OPERATED BY: 6c. INPATIENT

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): 7. DURANT, MS WIDOWED NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): 8b. NONE

SOCIAL SECURITY NUMBER: 10. 361-12-7331 USUAL OCCUPATION: 11a. HOMEMAKER CITY, TOWN, TWP. OR ROAD DISTRICT NO.: 11b. CHICAGO

RACE (WHITE, BLACK, AMERICAN INDIAN, etc.): 13b. BLACK OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUER TO RICAN, etc.): 13c. YES

FATHER-NAME: 14a. BLACK MOTHER-NAME: 14b. NO FIRST MIDDLE LAST: 14c. COOK

INFORMANT'S NAME (TYPE OR PRINT): 15. LAFAYETTE MONTGOMERY RELATIONSHIP: 16. ETHEL VOLLMER

MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 17a. MARIA SCOTT 17b. DAUGHTER 17c. 7038 SOUTH HONORE CHICAGO, IL 60636

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. List only one cause on each line.
 (a) Immediate Cause (Final disease or condition resulting in death) *stroke*
 (b) DUE TO, OR AS A CONSEQUENCE OF *stroke*
 (c) 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.

DATE OF OPERATION, IF ANY: 20a. MAJOR FINDINGS OF OPERATION: 20b. AUTOPSY (YES/NO): 19a. NO

(10) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: 21a. P 10 95 (WAS CORONER OR MEDICAL EXAMINER NOTIFIED?) (YES/NO): 21b. NO

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

22a. SIGNATURE: *Prem H. Rupani* NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): 22b. MAJOR FINDINGS OF OPERATION: 20b. HOUR OF DEATH: 21c. 11:20 P. M. DATE SIGNED (MONTH, DAY, YEAR): 22d. 11 95

22c. Prem H. Rupani, M.D. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT): 22d. 36-061662 ILLINOIS LICENSE NUMBER

23. 6326 South Ashland, Chicago, Illinois 60636 (TYPE OR PRINT) (WAS CORONER OR MEDICAL EXAMINER NOTIFIED?) (YES/NO): 21b. NO

BURIAL: 24a. OAKWOODS CEMETERY OR CREMATORY-NAME: 24b. CHICAGO, ILLINOIS CITY OR TOWN: 24c. CHICAGO, ILLINOIS STATE: 24d. JAN. 16, 1995

25a. EVANS FUNERAL HOME, LTD. 6453 SOUTH ASHLAND AVENUE CHICAGO, ILLINOIS 60636 STREET AND NUMBER OR R.F.D.: 24c. CHICAGO, ILLINOIS CITY OR TOWN: 24d. JAN. 16, 1995 STATE: 24e. CHICAGO, ILLINOIS

25b. *Prem H. Rupani* FUNERAL DIRECTOR'S SIGNATURE: 25c. 034-011728 FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

25d. *Sheila Lyne* LOCAL REGISTRAR'S SIGNATURE: 25e. 034-011728 DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26a. *Sheila Lyne* LOCAL REGISTRAR'S SIGNATURE: 26b. JAN 13 1995 DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

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