

05 B#L0321

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Return to:

Willie A. Williams
9323 S. Racine Ave.
Chicago, IL 60620

AFFIDAVIT OF HEIRSHIP

Legal description:

Lot 8 in the resubdivision of the West 17 feet of Lot 6 and all of Lots 7 to 28, both inclusive, and vacated alley lying South of and adjoining South Line of Lots 6 to 10 and North of and adjoining the North line of Lot 11 lying West of a line 8 feet West of and parallel to East Line of Lot 6 produced South in Block 25 in Cremin and Brennan's Fairview Park, a sub division of certain blocks and parts of blocks in Crosby and others subdivision of that part of the South half of Section 5, Township 37 North, Range 14, East of the Third Principal Meridian, lying West of the Chicago, Rock Island and Pacific Railroad, in Cook County, Illinois

PIN no.: 25-05-413-008, street address: 9323 S. Racine Ave., Chicago, IL 60620.

Willie Andrew Williams, being first duly sworn on oath deposes and states as follows:

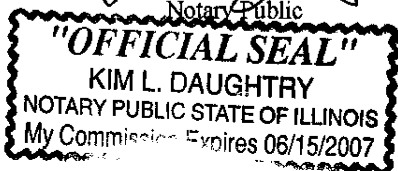
- 1) He is of legal age, competent, under no legal disability and has personal knowledge of the facts contained herein by reason of being a son of the deceased **L. T. Williams** and **Mary Irene Evans Williams**, and brother of the deceased **Leonard Thomas Williams**.
- 2) **L. T. Williams** died on August 17, 1998 at Oak Lawn, Illinois. He was a resident of the county of Cook and the state of Illinois.
- 3) **Mary Irene Evans Williams** died on May 8, 1999 at Blue Island, Illinois. She was a resident of the county of Cook and the state of Illinois. She is the same person as **Mary Irene Williams**.
- 4) During their lifetimes the decedents (named in #2 and #3) married only once, and only once, to each other. The marriage was terminated by the death of **L. T. Williams** on August 17, 1998. During the course of their marriage they had only four children namely:
 - 5a) **Kathleen Delores Williams**, Chicago, Illinois, who is of legal age and competent.
 - 5b) **Leonard Thomas Williams**, who died on Oct 19th, 2003 at Chicago, IL. Leonard married only once, to **Sabrina Parker** of Calumet City, Illinois. The marriage was terminated by his death. No children resulted from that marriage, nor did Leonard have or adopt any other children. **Sabrina Parker** is of legal age and competent.
 - 5c) **Barbara Jean Williams**, Chicago, Illinois, who is of legal age and competent.
 - 5d) **Willie Andrew Williams**, Chicago, Illinois, who is of legal age and competent.
- 6) Otherwise during their lifetimes, the Decedents **Mary Irene** and **L. T.** each neither adopted any children, nor were any children born out of wedlock by either of them.
- 7) Based on the foregoing, Decedents **Mary Irene** and **L. T.** left surviving as their only heirs **Kathleen Delores Williams**, **Barbara Jean Williams**, **Leonard Thomas Williams**, and **Willie Andrew Williams**. Thereafter, **Leonard Thomas Williams** left surviving as his only heir **Sabrina Parker**.
- 8) The total value of the estates of the Decedents **Mary Irene** and **L. T.**, and **Leonard Thomas Williams**, including both real and personal property owned by them either individually or otherwise at the time of their deaths, did not exceed the sum of one hundred thousand dollars.

Subscribed and Sworn to before

me this 7th day of October, 2005.

Kim L. Daughtry

Notary Public



Willie Andrew Williams
Willie Andrew Williams

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0536153083

Doc#: 0536153083 Fee: \$28.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 12/27/2005 09:42 AM Pg: 1 of 3

05 BAN 03217

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OCTOBER 27, 2005

STATE OF ILLINOIS
County of Cook

DAVID ORR, County Clerk

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

REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH						NUMBER
230		DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
		1. MARY		I	WILLIAMS	FEMALE		3. MAY 8, 1999
COUNTY OF DEATH		AGE—LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)			
4. COOK		5a. 76	5b.	5c.	5d. JULY 31, 1999- 1922			
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)					IF HOSP. OR INST. INDICATE D.O.A. OF EMER. RM. INPATIENT (SPECIFY)	
6a. Blue Island		6b. St. Francis Hospital					6c. inpatient	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)			WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
7. Newton, MS		8a. Widowed		8b. none			9. NO	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)		
10. 427-42-7697		11a. Homemaker		11b. Own Home		12. 12		
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY		
13a. 12321 South Green		13b. Chicago		13c. Yes		13d. Cook		
STATE		ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)			
13e. Illinois		13f. 60643	14a. Black American		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:			
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—NAME		FIRST	MIDDLE (MAIDEN) LAST
15. Rankin				Evans	16. Viola			Dawkins
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)				
17a. Willie A. Williams		17b. Son		17c. 9323 S. Racine Chicago IL 60620				
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)		(a) Cancer of Breast with metastasis						
		DUE TO, OR AS A CONSEQUENCE OF						
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) Sebans Syndrome						
		DUE TO, OR AS A CONSEQUENCE OF						
PART II. Other conditions contributing to death but not resulting in the underlying cause given in PART I.								
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO)		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)		
20a.		20b.		19a. No		19b.		
1 (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		(MONTH, DAY, YEAR)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH		
21a.		5.7.99.		21b. NO		21c. 1:00am		
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)						
22a. SIGNATURE		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER				
<i>David Orr</i>		22b. 5.10.99.		22d. 036089230				
NAME OF ATTENDING PHYSICIAN (OTHER THAN CERTIFIER)		23.		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.				
22c. Ruedes Sicarno 9830 S. Ridgeland Chicago Ridge Ill.								
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		DATE (MONTH, DAY, YEAR)		
24a. Burial		24b. Homewood Cemetery		24c. Homewood, Illinois		24d. 5/15/99		
FUNERAL HOME		NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE ZIP		
25a. Doty Nash Funeral Home, Ltd		8620 S. Stony Island		Chicago, Illinois		60617		
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER						
25b. <i>Doty Nash</i>		25c. 9655						
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)						
26a. <i>Pam</i>		26b. May 12, 1999						

Type or Print in PERMANENT INK as Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

A DECEASED
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PARENTS

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Correction to be filed per F. Dir. 6/1/99 js

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05 09/20/03 17

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16:33
REGISTERED NUMBER 657

Form containing fields for deceased name (Leonard Williams), date of death (October 19, 2003), birth date (February 15, 1954), hospital (Evergreen Park), cause of death (Sepsis), and registrar information (Lauren M. Caspell).

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD OF THE PERSON IN ITEM # 1 AND THAT THIS RECORD WAS ESTABLISHED AND FILED IN MY OFFICE IN ACCORDANCE WITH THE PROVISIONS OF THE ILLINOIS STATUTES RELATING TO THE REGISTRATION OF BIRTH, STILLBIRTHS, AND DEATHS.

DATE OCTOBER 21, 2003

AT EVERGREEN PARK, ILLINOIS

REGISTRAR Lauren M. Caspell

DEPUTY REGISTRAR