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Doc#: 0613940087 Fee: \$32.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 05/19/2006 11:37 AM Pg: 1 of 5

Property of Cook County Clerk's Office

**AFFIDAVIT OF
HEIRSHIP**

50

STEWART TITLE OF ILLINOIS
2 N. LaSalle Street
Suite 625
Chicago, IL 60602
312-849-4243

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- a. Claims (including awards, if any) against the Estate of JAMES W. CROWE, deceased;
- b. State Estate and Federal Estate Tax which may be charged against the estate of the decedent;
- c. Legacies created by the will of the decedent, if any;
- d. Right to contribution, if any; and
- e. Rights of the executor, if & when appointed.

Based on the foregoing, decedent left surviving as her heirs the following:

Margaret Sendra Crowe, Daughter

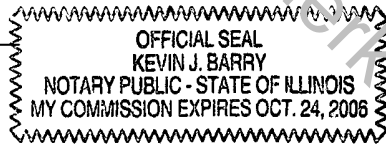
Catherine LaBonte, Daughter

James Crowe, Jr., Son


 MARGARET SENDRA CROWE, Affiant

SIGNED and SWORN to before me
 this 25 day of April, 2006.


 Notary Public



Kevin J. Barry
 THE BARRY LAW GROUP, P.C.
 3551 West 111th Street
 Chicago, Illinois 60655
 Telephone: (773) 779-6100
 Attorney Number: 38872

← MAIL TO

Property of Cook County Clerk's Office

STATE OF ILLINOIS
County of Cook

DAVID ORR, County Clerk

MAY 10 2005

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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

PRINTED BY AUTHORITY OF THE STATE OF ILLINOIS

DECEDENT'S BIRTH NO. _____

REGISTRATOR DISTRICT NO. **16.0**

REGISTERED NUMBER _____

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER _____

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

DECEASED-NAME: James FIRST MIDDLE LAST SEX: Male DATE OF DEATH: 3 May 6, 2005

COUNTY OF DEATH: Cook AGE LAST BIRTHDAY (MYS): 68 UNDER 1 YEAR: 0 DAYS UNDER 1 DAY: 0 HOURS UNDER 1 DAY: 0 MIN. DATE OF BIRTH: 31 March 1937

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: 6a Oak Lawn 6b. Residence 5512 Oak Center Drive

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): Chicago Illinois MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (SPECIFY): Widowed NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): _____

SOCIAL SECURITY NUMBER: 10.357 32 5784 11a. Principal 11b. Chicago Public School

RESIDENCE (STREET AND NUMBER): 13a. 5512 Oak Center Drive 13b. Oak Lawn 13c. Yes No INSIDE CITY: Yes No COUNTY: Cook

STATE: Illinois ZIP CODE: 60453 14b. X NO YES SPECIFY: _____

FATHER-NAME: James FIRST MIDDLE LAST MOTHER-NAME: Hannah FIRST MIDDLE LAST (MAIDEN) LAST

INFORMANT'S NAME (TYPE OR PRINT): 17a. Maggie Crowe Sandra 17b. Daughter 17c. 5512 Oak Center Drive Oak Lawn IL

18. PART I: Enter the disease(s), or combination(s) that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure, unless they are one cause on each line.

1. Immediate Cause (Final disease or condition resulting in death): Sepsis

2. DUE TO OR AS A CONSEQUENCE OF: changes in care

3. IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF: carry my deer

4. CAUSE LAST: 11a. Mrs. Hannah

19a. NO 19b. YES 19c. NO 19d. YES 19e. NO

20a. DATE OF OPERATION: _____ MAJOR FINDINGS OF OPERATION: _____

20b. _____

20c. _____

20d. _____

20e. _____

20f. _____

20g. _____

20h. _____

20i. _____

20j. _____

20k. _____

20l. _____

20m. _____

20n. _____

20o. _____

20p. _____

20q. _____

20r. _____

20s. _____

20t. _____

20u. _____

20v. _____

20w. _____

20x. _____

20y. _____

20z. _____

21a. TO TIME OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) NO

21c. DATE SIGNED: 5/5/05 10:11 AM.

21d. DATE SIGNED: 5/6/05

21e. ILLINOIS LICENSE NUMBER: 636070593

22. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT): Paul Hunter MD

23. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): Paul Hunter MD

24a. BURIAL: 24b. Holy Sepulchre 24c. Alsip 24d. May 10, 2005

25a. FUNERAL HOME: Robert J. Sheehy & Sons 4950 West 79th St., Burbank, Illinois 60459

25b. FUNERAL DIRECTOR'S SIGNATURE: James M. Sheehy

25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 25034 012007

26a. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): MAY 10 2005

26b. _____

DISPOSITION

25b. FUNERAL DIRECTOR'S SIGNATURE: James M. Sheehy

25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 25034 012007

26a. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): MAY 10 2005

26b. _____

VAH200 (Rev. 5/89)

Illinois Department of Public Health—Division of Vital Records

File Number: TM209124

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LEGAL DESCRIPTION

Lot 77 in Raymond L. Lutgert's Fourth Addition to Oakdale, a subdivision of part of the West 1/2 of the Southwest 1/4 of Section 9, Township 37 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

Commonly known as: 5512 West Oak Center Drive
Oak Lawn IL

24-09-326-020

Property of Cook County Clerk's Office