

# UNOFFICIAL COPY

## AFFIDAVIT OF HEIRSHIP OF CHARLES E. BELLAMY



Doc#: 0616404070 Fee: \$28.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 06/13/2006 09:34 AM Pg: 1 of 3

**LILLIAN BUTLER**, being first duly sworn deposes and states as follows:

1. That she is the mother of **CHARLES E. BELLAMY**, who died on October 1, 2004 (copy of death certificate is attached hereto).

2. That **CHARLES E. BELLAMY**, who died on October 1, 2004, owned the following described real estate commonly known as: **8911-13 South Hermitage Avenue, Chicago, IL 60620**, which is legally described as follows:

Lot 17 and 18 in Block 16 in Englewood Heights, a Resubdivision of Wright's Subdivision of the North 1/2 of that part of the East 1/2 of Section 6, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

PIN: 25-06-215-005 and 25-06-215-006

**P.M.T.N.**

3. That the decedent's father was **JAMES COVINGTON**, who died prior to the Decedent, and never married, never adopted any children and was not the father of any other child.

4. That **LILLIAN BUTLER**, was married once to Richard Simmons, and the following children were born to the parties, none were adopted by either of them, and neither is the parent of any other child:

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- A. PATRICIA SIMMONS
- B. RICHARD SIMMONS
- C. EVELYN WHITE
- D. DAVID IBRAM

all of whom are adults and under no legal disability.

5. The death certificate of **CHARLES E. BELLAMY**, are attached hereto as exhibit A.

6. That there are no Federal or State Inheritance taxes that are due, and there are no claims against the state or either decedent.

7. That there are no other decedents of the decedent and that based on the foregoing the following are the only heirs, all adults and are under no legal disability:

- a. Lillian Butler, mother
- b. Patricia Simmons, sister
- c. Evelyn White, sister
- d. Richard Simmons, brother
- e. David Ibram, brother

*Lillian Butler*  
 \_\_\_\_\_  
**LILLIAN BUTLER**

SUBSCRIBED and SWORN TO  
 before me this 23<sup>rd</sup> day  
 of MAY, 2006.

*Joseph R. Mitchell*  
 \_\_\_\_\_  
**NOTARY PUBLIC**



*Prepared by J. R. Mitchell*

**JOSEPH R. MITCHELL-22726**  
**3501 E. 106TH STREET,**  
**SUITE 205**  
**CHICAGO, ILLINOIS 60617**  
**(773) 734-5062**

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## Registrar of Vital Statistics

### Certified Copy



0980723

FORM VS NO. 1-A  
(Rev. 5/02)

COMMONWEALTH OF KENTUCKY  
CABINET FOR HEALTH SERVICES  
REGISTRAR OF VITAL STATISTICS

118 **29179**  
FILE NO.

#### CERTIFICATE OF DEATH

MUST  
BE  
TYPED

1. DECEDENT'S NAME (First, Middle, Last) <b>CHARLES BELLAMY</b>				2. SEX <b>Male</b>		3. DATE OF DEATH (Month, Day, Year) <b>October 1, 2004</b>		
4. SOCIAL SECURITY NO. <b>37 44 4712</b>		5. AGE (Years) <b>52</b>		6. DATE OF BIRTH (Month, Day, Year) <b>January 17, 1952</b>		7. BIRTHPLACE (City, State or Foreign Country) <b>Chicago, Ill.</b>		
8. HOSPITAL OR PLACE OF DEATH (Check only one) <input type="checkbox"/> Home <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> End-of-life <input type="checkbox"/> D.O.A. <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		9. PLACE OF DEATH (Check only one) <input type="checkbox"/> Home <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> End-of-life <input type="checkbox"/> D.O.A. <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)						
10. HOSPITAL (If not institution, give street and number) <b>Clark Medical Center</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>never married</b>			12. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Bus Driver</b>		13. KIND OF BUSINESS/INDUSTRY <b>General</b>	
14. RESIDENCE - State <b>Illinois</b>		15. COUNTY <b>Cook</b>		16. CITY, TOWN, OR LOCATION <b>Chicago</b>		17. STREET AND NUMBER <b>9326 S. Throop</b>		
18. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. ZIP CODE <b>60620</b>		20. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input type="checkbox"/> Yes - if yes, specify Cuban, Puerto Rican, Mexican, etc.		21. RACE - American Indian, Black, White, etc. (Specify) <b>Black</b>		
22. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>grade 12</b>		23. FATHER'S NAME (First, Middle, Last) <b>James Covington</b>						
24. MOTHER'S NAME (First, Middle, Last) <b>Lillian Bellamy</b>		25. MARRIAGE ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>9326 S. Throop Chicago, Illinois 60620</b>						
26. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)		27. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Mount Hope Cemetery</b>		28. LOCATION (City, Town, or State) <b>Worth, Illinois</b>		29. FUNERAL HOME (Name and Address) <b>PERDUE'S FUNERAL HOME 120 Haycraft Street Elizabethtown, Ky. 42701</b>		
30. SIGNATURE AND TITLE <b>Sarah Barrett</b> Dentist Corner		31. DATE SIGNED <b>10/15/04</b>		32. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 26) <b>Sarah Barrett 34 South Main St. Rm 103 Winchester, KY 40391</b>				
33. TIME OF DEATH <b>0631</b>		34. DATE PRONOUNCED DEAD (Month, Day, Year) <b>10/01/04</b>		35. WAS CASE REFERRED TO A PHYSICAL EXAMINER? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
36. PART I. Enter the disease, injuries, or complications that caused 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. <b>Probable Myocardial Infarction</b> <b>Hypertensive Coronary Artery Disease</b>								
37. PART II. Other significant conditions contributed to death but not resulting in the underlying cause given in Part I. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
38. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		39. DATE OF INJURY (Month, Day, Year)		40. TIME OF INJURY		41. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		
42. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		43. LOCATION (Street and Number or Rural Route Number, City or Town)						
44. REGISTRAR'S SIGNATURE <b>Gary L. Kupchinsky</b>						45. DATE FILED (Month, Day, Year) <b>OCT 26 2004</b>		



I, Gary L. Kupchinsky, State Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth, death, marriage or divorce of the person therein named, and that the original certificate is registered under the file number shown. In testimony whereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 26 day of Oct

2004

*Gary L. Kupchinsky*