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IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, PROBATE DIVISION



AFFIDAVIT OF HEIRSHIP

Doc#: 0617448051 Fee: \$58.50
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 06/23/2006 10:08 AM Pg: 1 of 5

PRESTON PHILLIPS, on oath states:

1. The decedent, **DANETHEL YOUMANS PHILLIPS**, died on June 4, 1995, at Chicago, Cook County, Illinois.
2. I am of legal age. I reside at 3307 S. Giles, Chicago, Illinois. I am the surviving spouse of decedent.
3. The decedent was married at the time of her death to the affiant Preston Phillips.
4. No children were born to or adopted by the decedent.
5. The decedent's father was **JAMES HUDSON**, who predeceased the decedent.
6. The decedent's mother was **DESSIE HALL**, who predeceased the decedent.
7. **PRESTON PHILLIPS** is the sole heir of **DANETHEL YOUMANS PHILLIPS**.


PRESTON PHILLIPS

Subscribed and sworn to before me this 5th day of Sept, 2003.


Notary Public



Abbey M. Botkin
111 W. Washington, Ste. 1401
Chicago, IL 60602
312-220-9090
#53560

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STATE OF ILLINOIS)
)
 COUNTY OF COOK)

SS

SMALL ESTATE AFFIDAVITESTATE OF **DANETHEL YOUMANS PHILLIPS**, deceased.I, **PRESTON PHILLIPS** on oath state:

1. (a) My post office address is 3307 S. Giles, Chicago, Illinois
- (b) My residence address is 3307 S. Giles, Chicago, Illinois.
- (c) My relationship to the decedent is: surviving spouse
2. The decedent's name is **DANETHEL YOUMANS PHILLIPS**.
3. The decedent's death was on the date of June 4, 1995, and I have attached a copy of the death certificate hereto.
4. The decedent's place of residence immediately before this death was 3307 S. Giles, Chicago, Illinois.
5. No letters of office are now outstanding on the decedent's estate and no petition for letters is contemplated or pending in Illinois or in any other jurisdiction, to my knowledge.
6. The gross value of the decedent's entire personal estate, including the value of all property passing to any party either by intestacy or under a will, does not exceed \$25,000.00 in value and consists of personal effects and furniture.
7. All of the decedent's funeral expenses have been paid.
8. There are no known unpaid claimants or contested claims against the decedent.
- 9.(a) The names and place of residence of any surviving spouse of the decedent is as follows:

Name and Relationship	Place of Residence
Preston Phillips, husband	3307 S. Giles Chicago, IL

(b) The award allowable to the surviving spouse of a decedent who was an Illinois resident is \$ 10,000.00 (\$10,000.00), plus \$2,000.00 multiplied by the number of minor children at the time of the decedent's death. (If any such child did not reside with the surviving spouse at the time of the decedent's death, so indicated).

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(c) If there is no surviving spouse, the award allowable to minor children and adult dependent children of a decedent who was an Illinois resident is \$ N/A (\$10,000.00, plus \$2,000.00 multiplied by the number of minor children and adult dependent children) to be divided among them in equal shares.

10. (a) The decedent left no will. The names, places of residence and relationships of the decedent's heirs, and the portion of the estate to which each heir is entitled under the law where decedent died intestate are as follows:

<u>Name, Relationship and Place of Residence</u>	<u>Portion of Estate</u>
Preston Phillips, husband 3307 S. Giles Chicago, IL	100%

Decedent had no children.

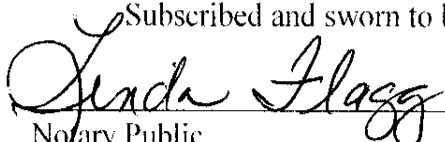
11. The property described in paragraph 6 of this Affidavit should be distributed as follows:

100%

The foregoing instrument is made under the penalties of perjury.


PRESTON PHILLIPS

Subscribed and sworn to before me this 5th day of September, 2003.


Notary Public

OFFICIAL SEAL
LINDA FLAGG
Notary Public - State of Illinois
My Commission Expires Nov 22, 2005

I, ABBEY M. BOTKIN, am an attorney, duly licensed to practice law in the State of Illinois. I have prepared the foregoing affidavit on behalf of the party signing it. Further, based upon the information supplied to me, which I have no reason to believe is not true and accurate, paragraphs 9 through 11 correctly reflect the appropriate heirship and distribution under the applicable law and any will.


ABBHEY M. BOTKIN

Abbey M. Botkin
Attorney at Law
111 W. Washington, Ste. 1401
Chicago, IL 60602
312-220-9090
#53560

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER
 610588

REGISTRATION DISTRICT NO.
16.10

2006-06-07 11:16 19527

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5 of 4 4 2016 061548051 Page: 1

2/2

DECEASED - NAME DANETHEL		FIRST		MIDDLE		LAST PHILIPS		SEX FEMALE	DATE OF DEATH (MONTH, DAY, YEAR) JUNE 4, 1995	
COUNTY OF DEATH COOK		AGE - LAST BIRTHDAY (MOS. DAYS HOURS MIN)		UNDER 1 YEAR		DATE OF BIRTH (MONTH, DAY, YEAR) JAN. 14, 1953		IF AGED OR INST. INDICATE O.O.A. (OPERATED BY) (SPECIFY)		
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME (IF NOT WHETHER, GIVE STREET AND NUMBER) S. GILES		STREET AND NUMBER 3307		CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO		COUNTY COOK		IF AGED OR INST. INDICATE O.O.A. (OPERATED BY) (SPECIFY)
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MICKSBURG, MS.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) PRESTON PHILIPS		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12		WAS DECEASED A MEMBER OF U.S. ARMED FORCES? (YES/NO)		9. NO
SOCIAL SECURITY NUMBER 097-46-3264		INSURANCE UNINSURANCE		KIND OF BUSINESS OR INDUSTRY INSURANCE		INSIDE CITY (YES/NO) YES		CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO		13d. COOK
RESIDENCE (STREET AND NUMBER) 13307 S. GILES		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) BLACK		OF HISPANIC ORIGIN? (SPECIFY) (YES/NO) (SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)		INSIDE CITY (YES/NO) YES		CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO		13c. COOK
STATE IL		ZIP CODE 60616		MOTHER-NAME FIRST MIDDLE LAST DESSIE HALL		MOTHER-NAME FIRST MIDDLE LAST DESSIE HALL		MOTHER-NAME FIRST MIDDLE LAST DESSIE HALL		16. DESSIE HALL
FATHER-NAME FIRST MIDDLE LAST JAMES HUDSON		RELATIONSHIP 17c. BROTHER		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17618 SISTER KING 347 BOLING ST. JACKSON MS.		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17618 SISTER KING 347 BOLING ST. JACKSON MS.		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17618 SISTER KING 347 BOLING ST. JACKSON MS.		17. JACKSON MS.
INFORMANT'S NAME (TYPE OR PRINT) 17e. PEGGY KING		RELATIONSHIP 17f. SISTER		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17618 SISTER KING 347 BOLING ST. JACKSON MS.		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17618 SISTER KING 347 BOLING ST. JACKSON MS.		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17618 SISTER KING 347 BOLING ST. JACKSON MS.		17. JACKSON MS.
18. PART II Immediate Cause (Final disease or condition resulting in death) BRAIN METS		Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or renal failure, or shock, or heart failure. List only one cause for each line. (a) BRAIN METS		DUE TO OR AS A CONSEQUENCE OF (b) METASTATIC BREAST CANCER		DUE TO OR AS A CONSEQUENCE OF (c)		DUE TO OR AS A CONSEQUENCE OF (c)		18. BRAIN METS
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST		DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20b.		AUTOPSY (YES/NO) NO		WAS THE AUTOPSY AVAILABLE FROM TO CORRELATE WITH CAUSE OF DEATH? (YES/NO) NO		19. NO
20a. (100) (101) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/LER ALIVE ON 6-95		20b. (100) (101) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/LER ALIVE ON 6-95		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) YES		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? NO		HOUR OF DEATH 1:00 P		20c. NO
21a. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE ADDUCED TO THE CAUSE(S) STATED 6-95		21b. DATE AND PLACE ADDUCED TO THE CAUSE(S) STATED 6-95		DATE SIGNED (MONTH, DAY, YEAR) 6-6-95		DATE SIGNED (MONTH, DAY, YEAR) 6-6-95		DATE SIGNED (MONTH, DAY, YEAR) 6-6-95		21c. 6-6-95
22a. SIGNATURE William Grady Shar		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22b. WILLIAM GRADYSHAR 233 ERIE ST. CHICAGO, IL. 60611		NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT) 22c. 036-067208		ILLINOIS LICENSE NUMBER 22d. 036-067208		NOTE: IF AN INQUIRY WAS MADE IN THIS DEATH, THE CORNER OR MEDICAL EXAMINER MUST BE NOTIFIED		22. 036-067208
23. BURIAL CREMATION, REMOVAL (SPECIFY) BURIAL		CEMETERY OR CREMATORY NAME BURR OAK CEM.		LOCATION ALSIP		CITY OR TOWN IL.		STATE IL.		23d. 6-9-95
FUNERAL HOME 23a. GATLING'S CHAPEL 10133 S. HALSTED ST. CHICAGO IL 60628		STREET AND NUMBER OR R.F.D. 10133 S. HALSTED ST. CHICAGO IL 60628		CITY OR TOWN CHICAGO		STATE IL.		ZIP 60628		23c. 60628
FUNERAL DIRECTOR'S SIGNATURE Sheila Lynne RSW		FUNERAL DIRECTOR'S SIGNATURE Sheila Lynne RSW		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 34014179		DATE (MONTH, DAY, YEAR) JUN 7 1995		DATE (MONTH, DAY, YEAR) JUN 7 1995		25c. 34014179
25b. SIGNATURE Sheila Lynne RSW		NAME Sheila Lynne RSW		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 34014179		DATE (MONTH, DAY, YEAR) JUN 7 1995		DATE (MONTH, DAY, YEAR) JUN 7 1995		25c. 34014179

STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO
JUN 7 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.

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

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Legal Description

LOT FOUR (4) IN FULLER, FROST, AND COBB'S SUBDIVISION OF PART OF LOT ONE (1) IN BLOCK TWO (2) IN DYER AND DAVISSON'S SUBDIVISION OF THE SOUTH EAST $\frac{1}{4}$ OF THE NORTH WEST $\frac{1}{4}$ OF SECTION 34, TOWNSHIP 39 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

TAX ID# 17-34-122-004

Property of Cook County Clerk's Office