

# UNOFFICIAL COPY

AFFIDAVIT



Doc#: 0733448031 Fee: \$30.50  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 11/30/2007 10:27 AM Pg: 1 of 4

VIVIAN A. H. FIELDS, being first duly sworn, on oath deposes and states as follows:

1. Your affiant resides at 6250 Michael Ln., Matteson, IL 60443, is the surviving spouse of ELGIN FIELDS, and is familiar with the affairs of both EDWARD STAMPS and ELGIN FIELDS.

2. At the time of his death EDWARD STAMPS was one of the owners of property by virtue of a properly recorded joint tenancy warranty deed, said property located in Cook County, Illinois, and legally described as follows:

Lot 4 (except the West 24 feet and except the North 12 feet thereof) and Lot 5 (except the West 24 feet thereof) and the North 7 feet of Lot 6 (except the West 24 feet thereof) in Block 8 in Shekleton Brothers Third Addition, a Subdivision of the Southwest 1/4 of the Northeast 1/4 of Section 16, Township 39 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois PIN: 15-16-218-051

3. EDWARD STAMPS had no interest in any business or partnership and held no power of appointment at death. Neither did he create or retain interests in property transferred with retentions of life estate(s) therein or the creation of interests to take effect in possession or enjoyment after death.

4. EDWARD STAMPS died on June 10, 1996, leaving no last will and testament. The total value of his estate, including the taxable interest in the above property was \$100,000.00. That the value of the above property individually was \$100,000.00.

5. There are no claims against the Estate of EDWARD STAMPS. There are no taxes due to the Federal Government or the State of Illinois by virtue of the death of EDWARD STAMPS.

6. ELGIN FIELDS died in the Village of Olympia Fields, County of Cook, and State of Illinois on February 27, 2006.

3. ELGIN FIELDS was the son of WILLIAM PERRY, who predeceased ELGIN FIELDS, and LEONA STAMPS, who is alive and free from any legal disabilities.

4. ELGIN FIELDS was married two times, to wit; the first time to LEONTINE SNOWDEN FIELDS, from whom he was divorced in 1978, and the second time to VIVIAN A. H. FIELDS, who is alive and free from any legal disabilities.

5. ELGIN FIELDS had three (3) children, to wit; with his first wife, LEONTINE SNOWDEN FIELDS, two children, namely FONTELLA FIELDS, who is alive and free from any legal disabilities, and CELESTE FIELDS, who is alive and free from any legal disabilities, and with his second wife, VIVIAN A. H. FIELDS, one child, namely MICHAEL FIELDS, who is alive and free from any legal disabilities. ELGIN FIELDS had no children outside of wedlock and adopted no children during his lifetime.

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Further your affiant sayeth not.

*Vivian A. H. Fields*  
Vivian A. H. Fields

Subscribed and sworn to before me  
this 1<sup>st</sup> day of Sept., 2007.



*Angela Richardson-Wright*  
Notary Public

Property of Cook County Clerk's Office

PROPERTY ADDRESS: 1108 Cernan Dr., Bellwood, IL 60104-2439  
PREPARED BY Morris Seeskin 844 Harvard St., Oak Park, IL 60304  
MAIL TO Morris Seeskin 844 Harvard St., Oak Park, IL 60304

STATE OF ILLINOIS  
County of Cook

DAVID ORR, County Clerk

**UNOFFICIAL COPY** JUNE 5 2000

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

**MEDICAL CERTIFICATE OF DEATH**

|  |  |  |  |
|--|--|--|--|
| DISTRICT NO. 10-12   |  | REGISTERED NUMBER 787  |  |
| DECEASED-NAME FIRST MIDDLE LAST<br>1. EDWARD STAMPS  |  | SEX<br>2. MALE   | DATE OF DEATH (MONTH, DAY, YEAR)<br>3. JUNE 10, 1996   |
| COUNTY OF DEATH<br>4. COOK   | AGE-LAST BIRTHDAY (MOS) (DAYS)<br>5a. 94 | UNDER 1 YEAR<br>5b.  | UNDER 1 DAY<br>5c.   |
| CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER<br>6a. PROVISO TOWNSHIP   |  | HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)<br>6b. FOSTER G MCGAW HOSPITAL |  |
| BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)<br>7. Brook Haven, MS   |  | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)<br>8a. MARRIED   | NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)<br>8b. Leona Bishop  |
| SOCIAL SECURITY NUMBER<br>10. 341-307-9464   |  | USUAL OCCUPATION<br>11a. Laborer   | KIND OF BUSINESS OR INDUSTRY<br>11b. Chrome Plater   |
| RESIDENCE (STREET AND NUMBER)<br>13a. 1108 Cerman  |  | CITY, TOWN, OR ROAD DISTRICT NO.<br>13b. BELLWOOD  | EDUCATION: (SPECIFY ONLY HIGHEST GRADE COMPLETED)<br>12. 10  |
| STATE<br>13a. ILLINOIS   | ZIP CODE<br>13c. 60104                   | INSIDE CITY (YES/NO)<br>13c. Yes   | COUNTY<br>13d. Cook  |
| FATHER-NAME FIRST MIDDLE LAST<br>15. Alex Stamps   |  | MOTHER-NAME FIRST MIDDLE LAST<br>15. Laura Lee   |  |
| INFORMANT'S NAME (TYPE OR PRINT)<br>17a. DOLORES TORRES  |  | RELATIONSHIP<br>17b. HOSPITAL RECORDS  | MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP)<br>17c. 2160 SOUTH FIRST AVENUE, MAYWOOD, ILLINOIS 60153 |
| 18. PART I. Enter the disease, injury, 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.<br>Immediate Cause (Final disease or condition resulting in death) (a) Asystole |  |  | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH<br>30 minutes   |
| CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.<br>(b) DUE TO, OR AS A CONSEQUENCE OF<br>(c)  |  |  |  |
| PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I  |  |  | AUTOPSY (YES/NO) 19b. NO   |
| DATE OF OPERATION, IF ANY<br>20a.  | MAJOR FINDINGS OF OPERATION<br>20b.      | IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?<br>20c. YES NO  |  |
| (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON<br>21a. October 14, 1995   |  | WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)<br>21b. NO  | HOUR OF DEATH<br>21c. 11:24 P.M.   |
| 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)<br>22b. 6-11-96   |  |
| 22a. SIGNATURE <i>Yayeh Mirshed</i>  |  | ILLINOIS LICENSE NUMBER<br>22d. 125-029855-6   |  |
| NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)<br>22c. NAYEH MIRSHED 2160 SOUTH FIRST AVENUE, MAYWOOD, ILLINOIS 60153   |  | NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)  |  |
| 23. BURIAL CREMATION, REMOVAL (SPECIFY)<br>24a. Burial   |  | CEMETERY OR CREMATORY-NAME<br>24b. Burr Oak Cemetery   | LOCATION CITY OR TOWN STATE<br>24c. Alsip, Illinois  |
| FUNERAL HOME<br>25a. Gatling's Chapel 10133 South Halsted Chicago, Illinois 60628  |  | DATE (MONTH, DAY, YEAR)<br>24d. June 15, 1996  |  |
| FUNERAL DIRECTOR'S SIGNATURE<br>25b. <i>Richard V. Bellis</i>  |  | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER<br>25c. 034-014948  |  |
| LOCAL REGISTRAR'S SIGNATURE<br>26a. <i>Richard V. Bellis</i>   |  | DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)<br>26b. June 12, 1996                                       |  |

STATE OF ILLINOIS  
County of Cook

# UNOFFICIAL COPY

DAVID ORR, County Clerk

MARCH 2, 2006

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

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| <b>DECEDENT'S BIRTH NO.</b>   | REGISTRATION DISTRICT NO. <b>16.0</b>          | STATE OF ILLINOIS   |   | STATE FILE NUMBER  |  |
| REGISTERED NUMBER   |  | <b>MEDICAL CERTIFICATE OF DEATH</b>   |   |  |  |
| Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS<br><br>DECEASED<br><br>CAUSE<br><br>CERTIFIER<br><br>DISPOSITION                                  | DECEASED NAME FIRST MIDDLE LAST                |   | SEX   | DATE OF DEATH (MONTH, DAY, YEAR)   |  |
|   | 1. <b>Elgin Fields</b>                         |   | 2. <b>Male</b>  | 3. <b>February 27, 2006</b>  |  |
|   | COUNTY OF DEATH                                |   | AGE—LAST BIRTHDAY (YRS)   | UNDER 1 YEAR   | UNDER 1 DAY                                      |
|   | 4. <b>Cook</b>                                 |   | 5a. <b>59</b>   | MOS. DAYS  | HOURS MIN.                                       |
|   | CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER       |   | HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) |  | DATE OF BIRTH (MONTH, DAY, YEAR)                 |
|   | 6a. <b>Matteson</b>                            |   | 6b. <b>St. James Hospital</b>   |  | 5d. <b>March 22, 1946</b>                        |
|   | BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) |   | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)                           | NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)  |  |
|   | 7. <b>Mississippi</b>                          |   | 8a. <b>Married</b>  | 8b. <b>Vivian Holmes</b>   |  |
|   | SOCIAL SECURITY NUMBER                         |   | USUAL OCCUPATION  | KIND OF BUSINESS OR INDUSTRY   | EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) |
|   | 10. <b>349-40-6604</b>                         |   | 11a. <b>Baker</b>   | 11b. <b>Baking Co.</b>   | 12. <b>12yrs</b> College (1-4 or 5+)             |
| RESIDENCE (STREET AND NUMBER)   |  | CITY, TOWN, TWP, OR ROAD DISTRICT NO.   |   | INSIDE CITY (YES/NO)   |  |
| 13a. <b>6250 Michael Lane</b>   |  | 13b. <b>Matteson</b>  |   | 13c. <b>Yes</b>  |  |
| 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. <b>Illinois</b>  |  | 13f. <b>60443</b>   | 14a. <b>Black</b>   | 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:          |  |
| FATHER—NAME FIRST MIDDLE LAST   |  | MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST  |   |  |  |
| 15. <b>William Perry</b>  |  | 16. <b>Leona Shields</b>  |   |  |  |
| INFORMANT'S NAME (TYPE OR PRINT)  |  | RELATIONSHIP  | MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)          |  |  |
| 17a. <b>Vivian Fields</b>   |  | 17b. <b>Wife</b>  | 17c. <b>6250 Michael Lane Matteson IL 60443</b>                               |  |  |
| 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. |  |   |   |  |  |
| Immediate Cause (Final disease or condition resulting in death)   |  | (a) <i>Ischemic Cardiomyopathy</i>  |   |  |  |
| CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.  |  | (b) _____   |   |  |  |
|   |  | (c) _____   |   |  |  |
| PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.  |  |   |   |  |  |
| DATE OF OPERATION, IF ANY   |  | MAJOR FINDINGS OF OPERATION   |   | IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?                                     |  |
| 20a. _____  |  | 20b. _____  |   | 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>                              |  |
| WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)  |  | HOUR OF DEATH   |   |  |  |
| 21a. <b>2/27/06</b>   |  | 21b. <b>No</b>  |   | 21c. <b>3:08 P M.</b>  |  |
| 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 <i>[Signature]</i>   |  | 22b. <b>3/1/06</b>  |   |  |  |
| NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)   |  | ILLINOIS LICENSE NUMBER   |   |  |  |
| 22c. <b>SRINIVAS REDDY 3800 2034D ST OLY. FLDS. IL 60461</b>  |  | 22d. <b>036-005713</b>  |   |  |  |
| NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)   |  | NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED. |   |  |  |
| 23. _____   |  |   |   |  |  |
| BURIAL, CREMATION, REMOVAL (SPECIFY)  | CEMETERY OR CREMATORY—NAME                     | LOCATION  | CITY OR TOWN  | STATE  |  |
| 24a. <b>Burial</b>  | 24b. <b>MT. Hope</b>                           | 24c. <b>Chicago, Illinois</b>   | 24d. <b>Mar. 4, 2006</b>  |  |  |
| FUNERAL HOME  | NAME   | STREET AND NUMBER OR R.F.D.   | CITY OR TOWN  | STATE  |  |
| 25a. <b>SEALS FUNERAL HOME 8354 S. Marquette ave. Chicago, Illinois 60617</b>   |  | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER  |   |  |  |
| 25b. <i>[Signature]</i>   |  | 25c. <b>034-011162</b>  |   |  |  |
| LOCAL REGISTRAR'S SIGNATURE   |  | DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)  |   |  |  |
| 26a. <i>[Signature]</i>   |  | 26b. <b>MAR 02 2006</b>   |   |  |  |