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AFFIDAVIT OF HEIRSHIP



0808739036

Doc#: 0808739036 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 03/27/2008 11:25 AM Pg: 1 of 3

I, **LISA L. LEE**, after having been duly sworn under oath deposes and states:

1. She resides at 10850 South Edbrooke Avenue, Chicago, Cook County, Illinois.
2. That the decedent, **EVELYN N. THOMAS**, died intestate on December 11, 2006, at Chicago, Cook County, Illinois.
3. The affiant is the granddaughter of the decedent and is familiar with her family history and personal affairs.
4. That the decedent was married once and only once during her lifetime, to **FRED THOMAS**, who predeceased her.
5. That the decedent had one child born to the marriage, namely; **MAXINE BLANCHETT**. That the decedent adopted one child, namely; **LAURA THOMAS**. That to her no other children were born and by her no other children were adopted.
6. That at the time of decedent's death she was the sole owner of certain real property, namely a single family residence, commonly known as, 10850 South Edbrooke Avenue, in the City of

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Chicago, County of Cook And State of Illinois.

THE SOUTH 1/2 OF LOT 6 AND ALL OF LOT 7 IN BLOCK 2 IN HOMESTEAD ADDITION TO PULLMAN IN THE WEST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 15, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

P.I.N. 25-15-310-035-0000

7. That all funeral expenses to A.A. Rayner & Sons Funeral Home have been paid in full and there are no other known claims that have not been satisfied.

8. That due to the small size of the estate there are no federal or state inheritance taxes due on the estate.

9. The decedent left surviving as her only heirs at law, **MAXINE BLANCHETT and LAURA THOMAS.**

AFFIANT FURTHER SAYETH NAUGHT.

Lisa L. Lee

LISA L. LEE

Subscribed and Sworn to before me this 19th day of January 2008.

Jill Mariah Gray

NOTARY PUBLIC



Attny. #22919
JOHN H. GHOLAR, P.C.
P.O. Box 428018
Evergreen Park, IL 60805
(773)238-6229

STATE OF ILLINOIS
County of Cook

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DAVID ORR, County Clerk

March 17, 2008

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 the 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 J. Orr
COUNTY CLERK

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. 18-10		STATE OF ILLINOIS				STATE FILE NUMBER 617567	
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH							
Type or Print in PERMANENT INK See Funeral Directors, Hospitals, or Physicians Handbook for INSTRUCTIONS		DECEASED NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)				
1. Evelyn N. Thomas		Female		December 11, 2006					
COUNTY OF DEATH		AGE - LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)				
4. Cook		5a. 83	5b.	5c.	5d. August 12, 1923				
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. OFFENSE, FBI, INPATIENT (SPECIFY)				
6a. Chicago		6b. Northwestern Memorial			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 ARMED FORCES? (YES)			
7. Patterson, LA		8a. Widowed	8b.			9. No			
SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)				
10. 461-20-5199		11a. Housewife	11b. Domestic		12. 12th		College (1-4 or 5+)		
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	COUNTY				
13a. 0850 Edbrooke Avenue		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)					
13e. Illinois		13f. 60628	14a. Black	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:					
FATHER - NAME FIRST MIDDLE LAST		MOTHER - NAME FIRST MIDDLE (MAIDEN) LAST							
15. George Lovely		16. Betsy Favor							
INFORMANT'S NAME (TYPE OR PRINT)		Mailing Address (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)							
17a. Jackie Smith		17c. 251 E. Huron Chicago 60611							
18. PART I. Enter the disease, 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) Pump Failure							
DUE TO, OR AS A CONSEQUENCE OF		(b) Pulmonary Hypertension							
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(c) Mitral stenosis							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		AUTOPSY (YES/NO)		IF AUTOPSY FINDINGS AVAILABLE FOR COMPLETION OF CAUSE OF DEATH (YES)					
		18a. NO		18b.					
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION							
20a.		20b.							
I (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)			HOUR OF DEATH				
21a. I did attend December 11, 2006		21b. NO			21c. 2:35P.				
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>Kevin Myrie</i>		DATE SIGNED		22c. Dec 11, 2006					
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER		22d. 125-510					
22c. Kevin Myrie 251 E. Huron Chicago 60611		22d. 125-510		NOTE: IF AN INJURY WAS INVOLVED IN THE DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.					
23.		BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY - NAME		LOCATION CITY OR TOWN STATE		DATE (MONTH, DAY, YEAR)	
24a. Burial		24b. Oakland Memory Lanes		24c. Dolton, Illinois		24d. 12-16-20			
FUNERAL HOME NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN		STATE		ZIP	
25a. A.A. Rayner & Sons Funeral Home		318 East 71st Street, Chicago, Illinois		60619					
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER							
25b. Phillip Hernandez		25c. 034-015588							
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)							
26a. <i>John Mason</i>		26b. DEC 19 2006							

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