

UNOFFICIAL COPY

AFFIDAVIT



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

Doc#: 0815848043 Fee: \$38.50
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 06/06/2008 01:16 PM Pg: 1 of 2

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

2. At the time of his death ELGIN L. FIELDS was the owner of real property located in Cook County, Illinois, and legally described as:

Lot 119 in Michael-John Manor Unit 5, being a Subdivision of part of the Northwest 1/4 of Section 17, Township 35 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois
PTIN: 31-17-121-001 and 31-17-121-002

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

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

5. ELGIN L. 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, his surviving spouse, who is alive and free from any legal disabilities.

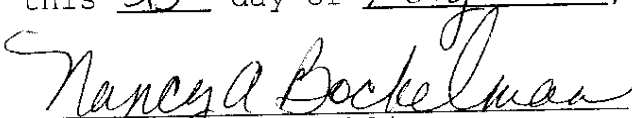
6. ELGIN L. FIELDS had three (3) children, to wit; with his first wife, LEONTINE SNOWDEN FIELDS, two children namely FONTELLA FIELDS, who is alive and free from any legal disabilities, and CELESTE FIELDS, who is alive and free from any legal disabilities, and with his second wife, VIVIAN A. H. FIELDS,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

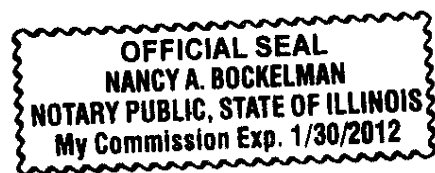
7. The legal heirs of ELGIN L. FIELDS are VIVIAN A. H. FIELDS, FONTELLA FIELDS, CELESTE FIELDS, and MICHAEL FIELDS.

Further your affiant sayeth not.


Vivian A. H. Fields

Subscribed and sworn to before me this 23 day of May, 2008.


Nancy A. Bockelman
Notary Public



PROPERTY ADDRESS: 6250 Michael Ln., Matteson, IL 60443
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

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

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 16.0	STATE OF ILLINOIS		STATE FILE NUMBER	
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH			
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS DECEASED PARENTS CAUSE CERTIFIER DISPOSITION	DECEASED NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
	1. Elgin Fields		2. Male	3. February 27, 2006	
	COUNTY OF DEATH		AGE—LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY
	4. Cook		5a. 59	MOS. DAYS	HOURS MIN.
	CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER		DATE OF BIRTH (MONTH, DAY, YEAR)		DATE OF BIRTH (MONTH, DAY, YEAR)
	6a. Matteson		5d. March 22, 1946		6c. Inpatient
	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)		
	6b. St. James Hospital		8c. Inpatient		
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	
	7. Mississippi		8a. Married	8b. Vivian Holmes	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
10. 349-40-6604		11a. Baker	11b. Baking Co.	12. 12yrs	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	COUNTY	
13a. 6250 Michael Lane		13b. Matteson	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, etc.)	
13e. Illinois		13f. 60443	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. William Perry		16. Leona Shields			
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)		
17a. Vivian Fields		17b. Wife	17c. 6250 Michael Lane Matteson IL 60443		
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)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
→ (a) ischemic cardiomyopathy					
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		DUETO, OR AS A CONSEQUENCE OF			
		(b) DUETO, OR AS A CONSEQUENCE OF			
		(c) DUETO, OR AS A CONSEQUENCE OF			
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	AUTOPSY (YES/NO)	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)	
20a.		20b.	20c. No	19b. <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF (DID/DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		(MONTH, DAY, YEAR)	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	TIME OF DEATH	
21a. 2/27/06			21b. No	21c. 3:08 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)	
22a. SIGNATURE <i>[Signature]</i>				22b. 3/1/06	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)				ILLINOIS LICENSE NUMBER	
22c. SRINIVAS REDDY 3800 203RD ST OLY. FLDS. IL 60461				22d. 036-065713	
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	DATE (MONTH, DAY, YEAR)		
24a. Burial	24b. MT. Hope	24c. Chicago, Illinois	24d. Mar. 4, 2006		
FUNERAL HOME	NAME	STREET AND NUMBER OR R.F.D.	CITY OR TOWN	STATE ZIP	
25a. SEALS FUNERAL HOME	8354 S. Marquette ave. Chicago, Illinois 60617				
FUNERAL DIRECTOR'S SIGNATURE	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER				
25b. <i>[Signature]</i>	25c. 034-011162				
LOCAL REGISTRAR'S SIGNATURE	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)				
26a. <i>[Signature]</i>	26b. MAR 02 2006				