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Doc#: 0817649040 Fee: \$44.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 06/24/2008 10:47 AM Pg: 1 of 5

2/3

AFFIDAVIT OF HEIRSHIP

RECORDING COVER SHEET
FOR NON-CONFORMING DOCUMENTS

Prepared by
And mail to:

ACQUEST TITLE SERVICES, LLC
2500 W. HIGGINS RD., STE. 1250
HOFFMAN ESTATES, IL 60169
PHONE (847) 252-7341
FAX (847) 252-7346

Property of Cook County Clerk's Office

ACQT# 2008040059

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Affidavit of Heirship

Ronald Anderson (Affiant) being duly sworn upon oath, states:

1. That the Affiant resides at 407 Minerva Glenwood, IL 60425.
2. That the Affiant is Husband (relationship) of Joyce Davenport Anderson (decedent).
3. That the decedent died on 12-11-99 in the 407 Minerva (location)
State of IL (attach copy of Death Certificate)
4. That the decedent died owning an interest in the property commonly known as 407 Minerva Glenwood, IL and more fully described in commitment no. 2008040059
5. That the decedent died leaving Will ~~no~~ Will. (Attach copy of Will, if applicable)

6. That the Decedent was married to the following individuals, and no other.

Ronald Anderson (name) Husband (status)
 _____ (name) _____ (status)

7. That the following children and no others were born to or adopted by the decedent:

NONE

8. That to the best information and belief of the Affiant, no children were born to or fathered by the Decedent

Except as follows: NONE

9. That in the event Decedent died without wife or child surviving, to the Affiant's best information and belief the following represents the Decedents heirship (include names of all deceased decedents):

Ronald Anderson

ACQT# 2008040059

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10. That the total value of the estate of the Decedent including the taxable interest in the aforesaid property

Is \$ 200,000

11. That no claims have been filed against Decedent and that all expenses of illness and/or funeral expenses

have been paid in full; or, that the following claims will be paid from the proceeds of the subject property.

NONE

12. That the Federal Estate Tax (has/~~has not~~) been paid, that the Illinois Inheritance Tax (has/~~has not~~) been

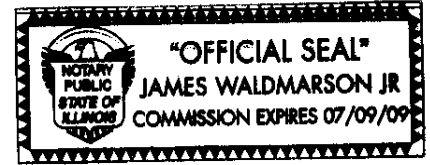
paid; or that no Federal Estate Tax or Illinois Inheritance Tax is due. (Strike inapplicable language)

Have Been Paid

13. That the Affiant makes this affidavit to induce Acquest Title Services, LLC to issue its policy of title insurance with the knowledge that Acquest Title Services, LLC will rely on the herein information to insure title.

Further Affiant sayeth not.

Ronald Anderson 4/23/08
Affiant Signature Date



State of Illinois)
County of Will)

Subscribed and sworn to before me this 23rd day of APRIL, 2008

[Signature]
Notary Public

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I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death and record for the decedent named in item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths, and deaths.

DATE November 16, 1999
 At Cook County Dept. of Public Health
 1010 Lake Street
 Oak Park, IL 60301

SIGNED Nick Cannatella
 Official Title Chief Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FILE NUMBER

| | | | | | | | | |
|--|--|---|--------------|--|----------------------------------|---|-----|----------------------------------|
| REGISTRATION DISTRICT NO. <u>16.0</u> | | DECEASED-NAME <u>Doyce</u> | | FIRST | MIDDLE | LAST | SEX | DATE OF DEATH (MONTH, DAY, YEAR) |
| REGISTERED NUMBER | | <u>E. Anderson</u> | | <u>26</u> | <u>Male</u> | <u>12-11-1999</u> | | |
| COUNTY OF DEATH <u>Cook</u> | | AGE LAST BIRTHDAY (YRS) | UNDER 1 YEAR | UNDER 1 DAY | DATE OF BIRTH (MONTH, DAY, YEAR) | | | |
| CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER <u>Glen Wood</u> | | <u>48</u> | <u>WCS</u> | <u>5d</u> | <u>12-17-1950</u> | | | |
| 6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <u>Chicago, Illinois</u> | | 6b. HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER GIVE STREET AND NUMBER) <u>Minerva</u> | | 6c. NAME OF SURVIVING SPOUSE (MARRIED NAME, IF WIFE) <u>Ronald R. Anderson</u> | | 6d. HOSPITAL OR INST. INDICATE DOA OPERATOR, PM, INFANTILE (SPECIFY) | | |
| 7. CHICAGO ILLINOIS SOCIAL SECURITY NUMBER <u>1860-42-1027</u> | | 8a. MARRIED (WIDOWED, DIVORCED (SPECIFY)) <u>Married</u> | | 8b. KIND OF BUSINESS OR INDUSTRY <u>Executive Assistant</u> | | 8c. EDUCATION (SPECIALTY ONLY HIGHEST GRADE COMPLETED) <u>Elementary/Secondary (12)</u> | | |
| RESIDENCE (STREET AND NUMBER) <u>407 Minerva</u> | | CITY, TOWN, TWP, OR ROAD DISTRICT NO. <u>Glen Wood</u> | | INSIDE CITY (YES/NO) <u>Yes</u> | | COUNTY <u>Cook</u> | | |
| STATE <u>Illinois</u> | | ZIP CODE <u>60425</u> | | RACE (WHITE, BLACK, AMERICAN INDIAN, SPECIFY) <u>Black</u> | | 13c. YES <input type="checkbox"/> NO <input type="checkbox"/> SPECIFY: <u>NO</u> | | |
| FATHER-NAME FIRST MIDDLE LAST <u>William Butts</u> | | MOTHER-NAME FIRST MIDDLE LAST <u>Freddie Mae Ellis</u> | | 15. INFORMANT'S NAME (TYPE OR PRINT) <u>Ronald R. Anderson</u> | | 16. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) | | |
| 17a. <u>17. Husband</u> | | 17b. <u>407 Minerva, Glenwood, IL 60425</u> | | 17c. <u>17. Husband</u> | | 17d. <u>17. Husband</u> | | |
| 18. PART I. Enter the disease(s), or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Immediate Cause (Final disease or condition resulting in death) <u>Brain and liver metastasis</u> | | (a) Brain and liver metastasis | | (b) Metastatic breast cancer. | | (c) <u>NO</u> | | |
| CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) <u>NO</u> | | DUE TO OR AS A CONSEQUENCE OF | | DUE TO OR AS A CONSEQUENCE OF | | | | |
| CAUSE LAST. <u>NO</u> | | (c) <u>NO</u> | | | | | | |
| PART II. Give significant conditions contributory to death but not resulting in the underlying cause (PART I) | | | | | | | | |
| DATE OF OPERATION, IF ANY | | MAJOR FINDINGS OF OPERATION | | AUTOPSY (YES/NO) | | 19a. <u>NO</u> | | |
| 20a. <u>NO</u> | | | | 19b. <u>NO</u> | | 19c. <u>NO</u> | | |
| 21a. <u>10/17/99</u> | | | | 21b. <u>Yes</u> | | 21c. <u>12:20 P.M.</u> | | |
| 22a. SIGNAL <u>MD</u> | | NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <u>MD Cook County Hospital</u> | | DATE SIGNED (MONTH, DAY, YEAR) <u>11/15/99</u> | | 22b. <u>11/15/99</u> | | |
| 22c. <u>Susan McDunn</u> | | NAME AND ADDRESS OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT) <u>Chicago Illinois</u> | | DATE SIGNED (MONTH, DAY, YEAR) <u>11/15/99</u> | | 22d. <u>036074891</u> | | |
| 23. FUNERAL CREATION, REMOVAL, SPECIFY | | CEMETERY OR CREMATORY-NAME | | LOCATION | | DATE (MONTH, DAY, YEAR) | | |
| 24a. <u>Burial</u> | | <u>Bur Oak</u> | | <u>Alsip</u> | | <u>11-16-99</u> | | |
| 24b. <u>Burial</u> | | STREET AND NUMBER OR R.F.D. | | CITY OR TOWN | | STATE | | |
| 25a. <u>Previews Memorials</u> | | <u>7605 S. Ashland St.</u> | | <u>Chicago</u> | | <u>Illinois 60620</u> | | |
| 25b. <u>Lee Ann Cook</u> | | FUNERAL DIRECTOR'S SIGNATURE | | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <u>0034008921</u> | | DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <u>November 16, 1999</u> | | |
| 25c. <u>Scott Miller</u> | | LOCAL REGISTRAR'S SIGNATURE | | DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <u>November 16, 1999</u> | | | | |

TINA M. ANDERSON

04/23/2008 11:30 FAX 7087586282

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ACQUEST TITLE SERVICES, LLC

2500 West Higgins Road, Suite 1250, Hoffman Estates, IL, 60169

AS AGENT FOR

Lawyers Title Insurance Corporation

Commitment Number: 2008040059

SCHEDULE C PROPERTY DESCRIPTION

The land referred to in this Commitment is described as follows:

Lot 222 in Brookwood Point Number 3, being a subdivision of part of the Northwest 1/4 of Section 11, Township 35 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

PIN: 32-11-112-004

FOR INFORMATION PURPOSES ONLY:
THE SUBJECT LAND IS COMMONLY KNOWN AS:
407 Minerva Avenue
Glenwood, IL 60425