

# UNOFFICIAL COPY



0834545086

STATE OF ILLINOIS )  
 ) SS  
COUNTY OF COOK )

Doc#: 0834545086 Fee: \$40.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 12/10/2008 11:32 AM Pg: 1 of 3

## HEIRSHIP AFFIDAVIT

**Samuel Howard**, being duly sworn on oath deposes and says as follows:

- 1) I am 62 years old and live at 5822 W. Washington Boulevard, Chicago, IL 60644.
- 2) I am one of the children of the late Ella Howard who was the owner of the property at 5822 W. Washington Boulevard, Chicago, IL 60644, described as:

LOT 3 IN BERT P. BRIGG'S RESUBDIVISION OF LOT 71 AND THE WEST HALF OF LOT 72 IN PRAIRIE AVENUE ADDITION TO AUSTIN BEING THAT PART OF THE WEST HALF OF THE SOUTHEAST QUARTER OF SECTION 8, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING SOUTH OF THE SOUTH LINE OF THE RIGHT-OF-WAY OF CHICAGO HARLEM AND BATAVIA RAILROAD, IN COOK COUNTY, ILLINOIS.

PIN 16-08-414-026

- 3) My mother Ella Howard, died intestate, a widow, on June 16, 2008, as evidenced by a copy of her death certificate attached hereto. During her life, she gave birth to six children and never adopted any children.

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5) At the time of her death, my mother, Ella Howard, was survived by her six children, myself Samuel Howard, Florence Howard, Brenda Bolden, Shearn Howard, Wayne Howard, and Eloise Alaba.

6) I have been advised that under Illinois law the property is owned in six parts now, one part by myself and one part by each of my surviving siblings.

FURTHER AFFIANT SAYETH NAUGHT.

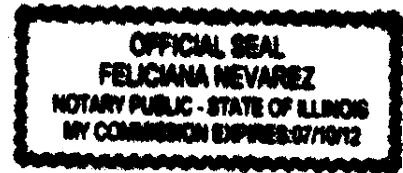
Samuel Howard

Subscribed and Sworn to before me

this 24<sup>th</sup> day of November, 2008

NOTARY PUBLIC

Feliciana Nevarez



**PREPARED BY:**

**Peter Bibler, Attorney at Law**  
**Legal Assistance Foundation of Metropolitan Chicago**  
**3333 West Arthington, Suite 151**  
**Chicago, Illinois 60624**  
**(773) 321-7917**

Property of Cook County Clerk's Office

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## STATE OF ILLINOIS CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. <b>16.0</b>		STATE FILE NUMBER	
LOCAL FILE NUMBER			
1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) <b>Ella Howard</b>		2. SEX <b>Female</b>	3. DATE OF DEATH (Month/Day/Year) (Spell Month) <b>June 16, 2008</b>
4. COUNTY OF DEATH <b>Cook</b>	5a. AGE AT LAST BIRTHDAY (Years) <b>91</b>	5b. UNDER 1 YEAR Months _____ Days _____	5c. UNDER 1 DAY Hours _____ Minutes _____
7a. CITY OR TOWN <b>Oak Park</b>		7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) <b>West Suburban Hospital</b>	
7c. PLACE OF DEATH (Check only one: see instructions)			
IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival		IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long-term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____	
8. BIRTHPLACE (City and State or Foreign Country) <b>MaGee, MS</b>	9. SOCIAL SECURITY NUMBER <b>358-14-0547</b>	10. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married but separated <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) <b>None</b>
12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
13a. RESIDENCE (Street and Number) <b>5822 W. Washington Blvd</b>		13b. APT. NO.	13c. CITY OR TOWN <b>Chicago</b>
13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
13e. COUNTY <b>Cook</b>	13f. STATE <b>IL</b>	13g. ZIP CODE <b>60644</b>	14. FATHER'S NAME (First, Middle, Last) <b>Robert McGee</b>
15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>Lugenia Berry</b>			
16a. INFORMANT'S NAME <b>WAYNE Howard</b>		16b. RELATIONSHIP <b>Son</b>	16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) <b>5822 W. Washington Blvd Chicago, IL 60644</b>
17. METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): _____	18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) <b>Oakridge</b>		19. LOCATION - CITY, TOWN AND STATE <b>Hillside, IL</b>
20. DATE OF DISPOSITION (Month/Day/Year) <b>6-24-2008</b>			
21a. FUNERAL HOME NAME <b>Wallace Broadway Funeral Home</b>		21b. FUNERAL HOME STREET AND NUMBER <b>2020 Roosevelt Rd Broadview, IL 60155</b>	
21c. FUNERAL HOME CITY OR TOWN <b>Chicago</b>		21d. FUNERAL HOME STATE <b>IL</b>	
21e. FUNERAL HOME ZIP <b>60615</b>		21f. FUNERAL HOME PHONE <b>34-9351</b>	
22. LOCAL REGISTRAR'S SIGNATURE <i>David Orr</i>		23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) <b>JUN 19 2008</b>	
24. CAUSE OF DEATH (See instructions and examples) PART I. Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <b>Arrhythmia</b> Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. _____ c. _____ PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
25. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No
27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	28. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death	<input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Pregnant within one year of death but time unknown <input type="checkbox"/> Unknown if pregnant within the past 12 months	29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined
30. DATE OF INJURY (Month/Day/Year)	31. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	32. PLACE OF INJURY (e.g. Decedent's home; construction site; restaurant; wooded area)	33. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No
34. LOCATION OF INJURY Street and Number Apartment Number City or Town State ZIP Code			
35. DESCRIBE HOW INJURY OCCURRED:			36. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)
37. I (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON <b>6/16/08</b>	38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	39. DATE PRONOUNCED (Month/Day/Year) <b>6-16-08</b>	40. TIME OF DEATH <b>9:15</b> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.
41. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.			
42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) <b>3 ERIE COURT OAK PARK, IL 60302</b>			43. PHYSICIAN'S LICENSE NUMBER <b>036-109447</b>
44. TITLE OF CERTIFIER <b>M.D.</b>	45. DATE CERTIFIED (Month/Day/Year) <b>6/17/8</b>	46. SIGNATURE OF CERTIFIER <i>David Orr</i>	

This is to certify that this is a true and correct copy of the official death record filed with the Illinois Department of Public Health.

STATE OF ILLINOIS  
County of Cook

DAVID ORR, County Clerk

JUN 19 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 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