

UNOFFICIAL COPY



Doc#: 0903408305 Fee: \$44.25
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 02/03/2009 10:53 AM Pg: 1 of 4

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT-PROBATE DIVISION

Estate of)
MAMIE WILLIAMS,) Case No: 05 P 9066
Deceased.)

AFFIDAVIT OF HEIRSHIP

Melanie C. King ("Affiant"), having been first duly sworn on oath,
deposes and states as follows:

1. The Decedent in the above-captioned estate, Mamie Williams, died on January 19, 2008.
2. That at the time of her death, Decedent resided at 1322 W. 57th Street, Chicago, Illinois 60621, leaving a no will.
3. That I am an attorney who represented the Decedent's son in the above-referenced probate matter.
4. That I reside at 17771 Sarah Lane, Country Club Hills, Illinois 60478.
5. That at the time of her death, the Decedent was a widow and not since remarried.
6. That while Decedent was married, she was married to Phillip Williams, who preceded her in death.

TICOR TITLE

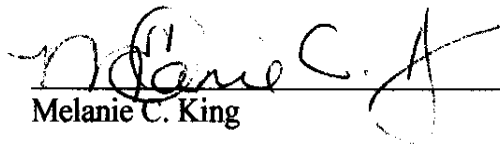
611664

4

UNOFFICIAL COPY

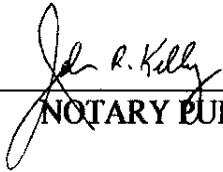
- 7. That one child was born to Mamie and Phillip Williams, namely Phillip E. Williams.
- 8. That no other children were adopted by or born to Mamie Williams.
- 9. That the Decedent's parents predeceased the Decedent, Mamie Williams.
- 10. That Phillip E. Williams was of legal age and was still living at the time of the death of his mother, Mamie Williams.

Further Affiant Sayeth Naught:



 Melanie C. King

SUBSCRIBED AND SWORN TO
 BEFORE ME THIS 4th DAY OF
December, 2008



 NOTARY PUBLIC (SEAL)



Property of Cook County Clerk's Office

STATE OF ILLINOIS CERTIFICATE OF DEATH UNOFFICIAL COPY

REGISTRATION DISTRICT NO. **16.10**
LOCAL FILE NUMBER **600980**

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) **MAMIE WILLIAMS** 2. SEX **FEMALE** 3. DATE OF DEATH (Month/Day/Year) (Spell Month) **JANUARY 19, 2008**
4. COUNTY OF DEATH **COOK** 5a. AGE AT LAST BIRTHDAY (Years) **88** 5b. UNDER 1 YEAR Months Days 5c. UNDER 1 DAY Hours Minutes 6. DATE OF BIRTH (Month/Day/Year) **May 26, 1919**

7a. CITY OR TOWN **CHICAGO** 7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) **SOUTH SHORE NURSING HOME**

IF DEATH OCCURRED IN A HOSPITAL Inpatient Emergency Room/Outpatient Dead on Arrival IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL Hospice facility Nursing Home/Long-term care facility Decedent's home Other (Specify):

8. BIRTHPLACE (City and State or Foreign Country) **N/A** 9. SOCIAL SECURITY NUMBER **251-20-0885** 10. MARITAL STATUS AT TIME OF DEATH Married Married but separated Widowed Divorced Never Married Unknown 11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) 12. EVER IN U.S. ARMED FORCES? Yes No

13a. RESIDENCE (Street and Number) **1322 WEST 57TH STREET** 13b. APT. NO. 13c. CITY OR TOWN **CHICAGO** 13d. INSIDE CITY LIMITS? Yes No

13e. COUNTY **COOK** 13f. STATE **IL** 13g. ZIP CODE **60636** 14. FATHER'S NAME (First, Middle, Last) **N/A** 15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) **N/A**

16a. INFORMANT'S NAME **DEOTIS LEVINGSTON** 16b. RELATIONSHIP **NEPHEW** 18c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) **P.O. BOX 369125 CHICAGO, IL 60636**

17. METHOD OF DISPOSITION: Burial Cremation Donation Other (Specify): 18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) **Abraham Lincoln** 19. LOCATION - CITY, TOWN AND STATE **Elwood, IL** 20. DATE OF DISPOSITION (Month/Day/Year) **Jan. 25, 2008**

21a. FUNERAL HOME NAME **CALAHAN FUNERAL HOME** STREET AND NUMBER **7030 SOUTH HALSTED ST.** CITY OR TOWN **CHICAGO, IL** STATE **IL** ZIP **60621** 21b. FUNERAL DIRECTOR'S SIGNATURE *[Signature]* 21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **034-014794**

22. LOCAL REGISTRAR'S SIGNATURE *[Signature]* 23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) **012508**

CAUSE OF DEATH (See instructions and examples)
24. 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 a clear link to the decedent's condition, 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. **Acute Myocardial Infarction** Due to (or as a consequence of):
Sequentially list conditions, if any, leading to the cause listed on line a. b. **Coronary Artery Disease** Due to (or as a consequence of):
Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST c. **End Stage Dementia, Seizure Disorder, Feeding Problem 2, Malnutrition** Due to (or as a consequence of):

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
hour
years

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. **End Stage Dementia, Seizure Disorder, Feeding Problem 2, Malnutrition** 25. WAS AN AUTOPSY PERFORMED? Yes No 26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? Yes No

27. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes Probably No Unknown 28. IF FEMALE: Not pregnant within past 12 months Not pregnant, but pregnant within 42 days of death Not pregnant, but pregnant 43 days to 1 year before death Pregnant at time of death Pregnant within one year of death but time unknown Unknown if pregnant within the past 12 months 29. MANNER OF DEATH Natural Suicide Accident Homicide Could not be determined Pending investigation

30. DATE OF INJURY (Month/Day/Year) 31. TIME OF INJURY A.M. P.M. 32. PLACE OF INJURY (e.g. Decedent's home; construction site; restaurant; wooded area) 33. INJURY AT WORK? Yes 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: Driver/Operator Pedestrian Passenger Other (Specify):

37. I (UD) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON 38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? Yes No 39. DATE PRONOUNCED (Month/Day/Year) 40. TIME OF DEATH **3:05** A.M. P.M.

41. CERTIFIER (Check only one): Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. 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. 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) **ALFONSO NOBLEZA JR. MD 320 W 64th, Chicago, IL 60621** 43. PHYSICIAN'S LICENSE NUMBER **036-07887**

44. TITLE OF CERTIFIER **ATTENDING PHYSICIAN** 45. DATE CERTIFIED (Month/Day/Year) **01/23/08** 46. SIGNATURE OF CERTIFIER *[Signature]*

47. DECEDENT'S EDUCATION - Check the box that best describes the highest degree or level of school completed at the time of death. 8th grade or less 9th - 12th grade, no diploma High school graduate or GED completed Some college credit, but no degree Associate degree (e.g., AA, AS) Bachelor's degree (e.g., BA, AB, BS) Master's degree (e.g., MA, MS, MEng, MEd, MSw, MBA) Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LL.S., JD) Unknown 48. DECEDENT OF HISPANIC ORIGIN? - Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino. No, not Spanish/Hispanic/Latino Yes, Mexican, Mexican American, Chicano Yes, Puerto Rican Yes, Cuban Yes, other Spanish/Hispanic/Latino (Specify): 49. DECEDENT'S RACE - Check one or more races to indicate what the decedent considered himself or herself to be. White Black or African American American Indian or Alaskan Native (Name of the enrolled or principle tribe) Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian (Specify) Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander (Specify) Other (Specify):

50. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED). **Homemaker** 51. BUSINESS/INDUSTRY (Enter type of business or industry, NOT COMPANY NAME) **Domestic**

Illinois Department of Public Health - Division of Vital Records (Based on the 2003 U.S. Standard Certificate)

UNOFFICIAL COPY



TICOR TITLE INSURANCE COMPANY

ORDER NUMBER: 2000 000611664 OC

STREET ADDRESS: 5659 S. ADA

CITY: CHICAGO

COUNTY: COOK COUNTY

TAX NUMBER: 20-17-113-023-0000

LEGAL DESCRIPTION:

THE SOUTH 13 FEET 10 INCHES OF LOT 147 AND LOT 148 IN 55TH STREET BOULEVARD
ADDITION IN THE NORTHWEST 1/4 OF SECTION 17, TOWNSHIP 38 NORTH, RANGE 14 EAST OF
THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office