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Doc#: 0913119014 Fee: \$40.00
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 05/11/2009 11:24 AM Pg: 1 of 3

STATE OF ILLINOIS)
COUNTY OF COOK) SS

AFFIDAVIT OF HEIRSHIP

CHRISTOPHER MONTGOMERY, SR.
(Affiant) being first duly sworn on oath deposes and states as follows:

1. That the Affiant resides at: 524 W, 127TH PL, CHICAGO IL 60628
2. That the Affiant is THE HUSBAND of DIANE MONTGOMERY
(Relationship) (Decedent)
3. That the decedent died on MAY 14, 2006 in the CITY of OAKLAWN (CHICAGO HOSPITAL) County of COOK, State of ILLINOIS As evidenced by the Death Certificate attached hereto.
4. That the decedent died owning 1/2 INTEREST in the property described in Title Company Commitment No.
5. That the decedent died leaving (no) will,
6. That the decedent was married to the following persons, and no others:

NAME:	MARRIAGE TERMINATED BY:	DATE:
CHRISTOPHER MONTGOMERY, SR	HER DEATH	MAY 14, 2006

7. That the following children and no' other were born to, adopted or acknowledged by decedent. Evidence of acknowledgement is attached.
(NOTE: If any are deceased, an affidavit of heirship as to that child must be supplied unless the child was unmarried and a minor at death)

NAME	OTHER PARENT	ADULT	ALIVE!
CHRIS MONTGOMERY	(SON)	ADULT	ALIVE
DELISA MONTGOMERY	(DAUGHTER)	ADULT	ALIVE

BOTH CHILDREN WERE BORN TO THE MARRIAGE OF CHRISTOPHER MONTGOMERY AND DIANE MONTGOMERY.

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8. That, in the event the decedent died without SPOUSE or child surviving, to the Affiant's best information and belief, the following represent the decedent's heirship as determined by N/A (state intestacy statute)

NAME	ADDRESS	RELATIONSHIP	AGE
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(NOTE: Determination of the above conclusions may require the assistance of an attorney. If Affiant is uncertain as to the above, he or she should contact an attorney.)

9. That the total value of the estate of the decedent including the taxable interest in the aforesaid property and all joint tenancy interests is \$ 103,000.00

10. That all debts of the decedent have been paid in full or will be paid in full from the proceeds of the subject real estate transaction and copies of the paid, final hospital bills and funeral bill are attached hereto

11. That there is no Federal Estate Tax, State Inheritance, or State Generation Skipping Tax as a result of decedent's death or that all said taxes have been paid in full and releases for the subject property are attached hereto.

12. That the Affiant makes this affidavit to induce Fidelity National Title Insurance Company to rely on the representations made herein to issue its title insurance policy or policies without exceptions for matters related to the death of the decedent.

13. The following documents attached hereto are hereby incorporated by reference as part of this Affidavit:

- Death Certificate of Decedent
- Certified copy of last will of Decedent.
- Copy of paid funeral and hospital bills of Decedent
- Federal Estate Tax Release of Subject property
- Copy of State Tax Release of subject property
- Personal Undertaking of Heir(s)/Devise (s)

RETURN TO:
SECURITY FIRST TITLE CO.
205 W. STEPHENSON
FREEPORT, IL 61032

2009-2425CK

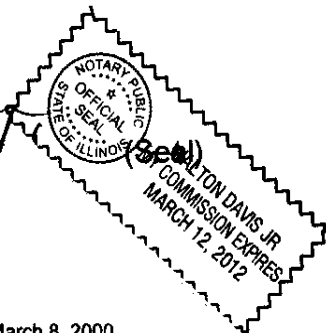
[] (other, specify)

IN WITNESS WHEREOF, The Affiant has affixed his/her signature hereto this 26TH day of MARCH, 2009.

Affiant Christopher Montgomery

Subscribed and sworn to before me
This 26 day of MARCH, 2009.

Nelton Davis Jr
Notary Public



Prepared by K
return to -

Christopher Montgomery
S 24 West 127th Place
Chicago, IL 60628

MAY 17 2006

STATE OF ILLINOIS
County of Cook

UNOFFICIAL COPY
DAVID ORR, County Clerk

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		1. DECEASED NAME FIRST MIDDLE LAST Diane Montgomery			SEX 2. Female		DATE OF DEATH (MONTH, DAY, YEAR) 3. May 14, 2006			
A.....		4. COUNTY OF DEATH Cook		AGE—LAST BIRTHDAY (YRS) 5a. 54		UNDER 1 YEAR 5b. 54		UNDER 1 DAY 5c. 54		
B.....		6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER Oak Lawn		6b. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Advocate Christ Medical Center			6c. IF HOSP. OR INST. INDICATE D.O.A. OP, EMER. RM, INPATIENT (SPECIFY) Inpatient			
C.....		7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Chicago IL		8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) Christopher L. Montgomery		9. WAS DECEASED EVER IN ARMED FORCES? (YES/NO) No		
D.....		10. SOCIAL SECURITY NUMBER		11a. USUAL OCCUPATION Housewife		11b. KIND OF BUSINESS OR INDUSTRY Domestic		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 12 (Elementary/Secondary 0-12) / 2 (College 1-4 or 5+)		
E.....		13a. RESIDENCE (STREET AND NUMBER) 524 W 127th Pl		13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO. Chicago		13c. INSIDE CITY (YES/NO) Yes		13d. COUNTY Cook		
PARENTS		15. FATHER—NAME FIRST MIDDLE LAST James Nailing			16. MOTHER—NAME FIRST MIDDLE LAST (MAIDEN) LAST Marie Safford					
1.....		17a. INFORMANT'S NAME (TYPE OR PRINT) Christopher Montgomery			17b. RELATIONSHIP Husband		17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 524 W 127th Pl Chicago IL 60628			
2.....		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.							APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
3.....		Immediate Cause (Final disease or condition resulting in death) → (a) BREAST CANCER							1 YEAR	
CAUSE		(b) DUE TO, OR AS A CONSEQUENCE OF								
4.....		(c) DUE TO, OR AS A CONSEQUENCE OF								
5.....		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.							19a. AUTOPSY (YES/NO) No	
N.....		20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION			20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? NO			
P.....		21a. (I DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON 5-14-06				21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) No		21c. HOUR OF DEATH 5:55 P.		
CERTIFIER		22a. SIGNATURE → <i>Gary Steinecker, MD</i>							22b. DATE SIGNED (MONTH, DAY, YEAR) May 15, 2006	
		22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) Gary Steinecker, MD / 4400 W. 95th St. Oak Lawn, IL 60453							22d. ILLINOIS LICENSE NUMBER 036-045587	
		23. 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.	
DISPOSITION		24a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		24b. CEMETERY OR CREMATORY—NAME Lincoln Cemetery		24c. LOCATION CITY OR TOWN STATE Chicago IL		24d. DATE (MONTH, DAY, YEAR) 5-20-06		
		25a. FUNERAL HOME Gatling's Chapel Inc 10133 S Halsted St Chicago IL 60628							25b. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-015437	
		25b. FUNERAL DIRECTOR'S SIGNATURE <i>Adam Broadwell</i>							25c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
		26a. LOCAL REGISTRAR'S SIGNATURE <i>David Orr</i>							26b. MAY 17 2006	

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