

# UNOFFICIAL COPY

STATE OF Illinois  
COUNTY OF Cook SS.  
143901020

## AFFIDAVIT OF HEIRSHIP

Verlinda Spiller (AFFIANT) BEING DULY SWORN UPON OATH, DEPOSES AND STATES:

1. THAT THE AFFIANT RESIDES AT 632 S 16<sup>th</sup> Ave., Maywood, IL 60153.
2. THAT THE AFFIANT IS Daughter OF Pearl Sellers (DECEDENT).  
(RELATIONSHIP)
3. THAT THE DECEDENT DIED ON 01-11-99 IN THE City OF Maywood  
STATE OF Illinois.
4. THAT THE DECEDENT DIED OWING AN INTEREST IN THE PROPERTY LEGALLY DESCRIBED AS FOLLOWS:
5. THAT THE DECEDENT DIED LEAVING (A NO) WILL
6. THAT THE DECEDENT WAS MARRIED TO THE FOLLOWING INDIVIDUALS, AND NO OTHERS:

<u>NAME</u>	<u>STATUS</u>
<u>Never Married</u>	

7. THAT THE FOLLOWING CHILDREN WERE BORN TO, OR ADOPTED BY THE DECEDENT AND NO OTHERS:

<u>NAME</u>	<u>ST</u>
<u>None</u>	
<u>Lillie Jean Jenkins</u>	
<u>Jean Gray</u>	





Doc#: 0915649031 Fee: \$66.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 06/05/2009 10:01 AM Pg: 1 of 4

# UNOFFICIAL COPY

8. THAT TO THE BEST INFORMATION AND BELIEF OF THE AFFIANT, NO CHILDREN WERE BORN TO OR FATHERED BY THE DECEDENT OUT OF WEDLOCK, EXCEPT AS FOLLOWS:

*Tane*

9. THAT, IN THE EVENT THE DECEDENT DIED WITHOUT WIFE OR CHILD SURVIVING, TO THE BEST OF THE AFFIANTS BELIEF, THE FOLLOWING REPRESENTS THE DECEDENT'S HEIRSHIP:

10. THAT THE TOTAL VALUE OF THE ESTATE OF THE DECEDENT INCLUDING THE TAXABLE INTEREST IN THE AFORESAID PROPERTY IS \$ \_\_\_\_\_.

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:

*Tane*

12. THAT THE FEDERAL ESTATE TAX (HAS / HAS NOT) BEEN PAID, THAT THE ILLINOIS INHERITANCE TAX (HAS / HAS NOT) BEEN PAID; THAT NO (FEDERAL ESTATE TAX / ILLINOIS INHERITANCE TAX) IS DUE.

13. THAT THE AFFIANT MAKES THIS AFFIDAVIT TO INDUCE SPECIALTY TITLE SERVICES, INC. / STEWART TITLE GUARANTY COMPANY TO ISSUE IT'S POLICY OF TITLE INSURANCE NUMBER \_\_\_\_\_ AND WITH KNOWLEDGE THAT THE COMPANIES WILL RELY ON THE REPRESENTATIONS MADE AND CONTAINED HEREIN TO INSURE TITLE.

FURTHER AFFIANT SAYETH NOT.

Prepared By  
Mail To  
Verlinda Spiller  
632 S 16th Ave  
Maywood IL 60153

*Verlinda Spiller*  
\_\_\_\_\_  
AFFIANT

SUBSCRIBED AND SWORN BEFORE ME  
THIS 23 DAY OF May,  
2019.

*[Signature]*  
\_\_\_\_\_  
NOTARY PUBLIC



# Certified Copy of a Death Record

# UNOFFICIAL COPY

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. <u>16.92</u>	STATE OF ILLINOIS			STATE FILE NUMBER	
	REGISTERED NUMBER <u>39</u>	<b>MEDICAL CERTIFICATE OF DEATH</b>				
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED - NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
	1. PEARL SPILLER		2. FEMALE	3. JANUARY 11, 1999		
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		AGE - LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)
	4. COOK		5a. 61	5b.	5c.	5d. OCTOBER 31, 1937
	CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER		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)	
	6a. PROVISIO TOWNSHIP		6b. FOSTER G. MCGAW HOSPITAL		6c. EMER. RM.	
	7. WESTPOINT, MS.		8a. NEVER MARRIED	8b. NONE		9. NO
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
	10. 342-32-6317		11a. HOMEMAKER	11b. HOME	12. 10	College (1-4 or 5 +)
	RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	COUNTY	
13a. 632 S. 16TH AV.		13b. MAYWOOD	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.)		
13a. ILLINOIS		13f. 60153	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. EUGENE SPILLER		16. WILLIE MAE SELLERS				
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
17a. ANNA SCORNAVACCO		HOSPITAL RECORDS	17c. 2160 S. FIRST AV. MAYWOOD, ILLINOIS 60153			
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)		(a) Exsanguination (Bleeding) belly to carotid			Approximate Interval Between Onset and Death	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) A. V. Thrombosis Vascular access (Dialysis) cath			2-3 weeks	
		(c) Endstage Renal Disease			Years	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		AUTOPSY (YES/NO)	WAS AUTOPSY FINDINGS AVAILABLE FOR THE CORONER OR MEDICAL EXAMINER TO COMPLETE CAUSE OF DEATH? (YES/NO)			
		19a. NO	19b. YES			
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES <input type="checkbox"/> NO <input type="checkbox"/>		
20a.		20b.		20c. YES <input type="checkbox"/> NO <input type="checkbox"/>		
1 (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		(MONTH, DAY, YEAR)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		
21a. November 1998				21b. NO		
21c. 5:05 a. M.		HOUR OF DEATH				
22a. SIGNATURE		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		DATE SIGNED (MONTH, DAY, YEAR)		
		2160 S. FIRST AV. MAYWOOD, ILLINOIS 60153		22b. 1-11-99		
22c.		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER		
				22d. 036043992		
23.		BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY - NAME		
24a. BURIAL		24b. OAKRIDGE CEMETERY		24c. HILLSIDE, ILLINOIS		
FUNERAL HOME		NAME STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE ZIP		
25a. WALLACE FUNERAL HOME 2020 W. ROOSEVELT ROAD BROADVIEW, IL. 60153		24d. 1-16-99		DATE (MONTH, DAY, YEAR)		
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER				
25b. Vernon Wallace		23c. 34-9351				
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)				
26a. Richard J. Billib Broadview, Illinois 60153		26b. January 12, 1999				

PRINTED BY AUTHORITY OF THE STATE OF ILLINOIS

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at Item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE JAN 12 1999 SIGNED Richard J. Billib  
AT BROADVIEW ILLINOIS 60153, Illinois OFFICIAL TITLE LOCAL REGISTRAR OF VITAL STATISTICS

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence of the facts therein stated.

# UNOFFICIAL COPY

## EXHIBIT A

File No.: 9001020

Property Address: 632 S 16TH AVENUE, MAYWOOD, IL, 60153

LOT 5 IN THE SUBDIVISION OF LOT 2 IN BLOCK 12, IN PROVISO LAND ASSOCIATION TO MAYWOOD OF SECTION 10, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

**PIN: 15-10-420-025-0000**

Property of Cook County Clerk's Office