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AFFIDAVIT OF HEIRSHIP

Doc#: 0930944022 Fee: \$42.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 11/05/2009 10:36 AM Pg: 1 of 4

Property of Cook County Clerk's Office

10945
172

AFFIDAVIT OF HEIRSHIP

Doris Jean Clayton (Affiant) being duly sworn upon oath, deposes and states:

1. That the Affiant resides at: 9517 S. Laflin, Chicago, IL 60620
2. That the Affiant is daughter (Relationship) of Mary E. Moore (Decedent).
3. That the Decedent died on 7 13 /08 in the County of Cook in the State of Illinois. (Death Certificate attached).
4. That the Decedent died owning an interest in the property legally described as follows:
See attached legal description.
5. That the Decedent died leaving (a/no) will. (Copy of Will attached.)
6. That the Decedent was married to the following individual(s), and no others.

<u>Name</u>	<u>Status</u>
Eugene E. Moore	Deceased

7. That the following children were born to, or adopted by the Decedent and no others. (Give names of descendants of any child who is deceased).

<u>Name</u>	<u>Status</u>	<u>Age</u>
Doris Jean Clayton	Living	Majority
Edith Wijethilaka	Living	Majority

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8. That to the best information and belief of the Affiant, no children were born to fathered by the Decedent out of wedlock, except as follows:

None.

9. That in the event the Decedent died without wife or child surviving, to the Affiants best information and belief, the following represents the Decedent's heirship (give in detail): Not applicable

10. That the total value of the estate of the Decedent including the taxable interest in the aforesaid property is \$ 260,000.00.

11. That no claims have been filed against a 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 ^{is not due.} ~~(has not) been paid.~~ That the Illinois Estate Tax ~~(has not) been paid.~~ That no (Federal Estate Tax / Illinois Estate Tax) is due. is not due.

13. That the Affiant makes this Affidavit to induce **AMAXX Title Services, LLC**, to issue its policy of Title Insurance number 10945 and show title in: Doris Jean Clayton after recording of Quit Claim deed. and with knowledge that **AMAXX Title Services, LLC** will rely on the representations made and contained herein to insure title.

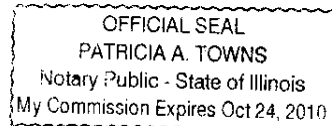
FURTHER AFFIANT SAYETH NOT

All riders and pages attached are intended to be incorporated in and to be a part of the Affidavit for the purposes stated.

Doris J. Clayton
Affiant

Subscribed and sworn to before me this 30th day of October, 2008.

Patricia A. Towns
Notary Public



Prepared by:
Doris Jean Clayton
9017 S. Laflin
Chicago, IL 60620

Mail to:
Doris Jean Clayton
9017 S. Laflin
Chicago, IL 60620

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STATE OF ILLINOIS
CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. <u>16-91</u>		STATE FILE NUMBER	
LOCAL FILE NUMBER <u>188</u>			
1. DECEDENT'S LEGAL NAME (Include All Suffixes) (First, Middle, Last) <u>Mary Elizabeth Moore</u>		2. SEX <u>Female</u>	3. DATE OF DEATH (Month/Day/Year) (Spell Month) <u>July 13, 2008</u>
4. COUNTY OF DEATH <u>Cook</u>	5a. AGE AT LAST BIRTHDAY (Years) <u>93</u>	5b. UNDER 1 YEAR Months _____ Days _____	5c. UNDER 1 DAY Hours _____ Minutes _____
7a. CITY OR TOWN <u>Crestwood</u>		7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) <u>Crestwood Quality Care</u>	
7c. PLACE OF DEATH (Check only one; see instructions)			
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input 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, State and Foreign Country) <u>LANETT, AL</u>	9. SOCIAL SECURITY NUMBER [REDACTED]	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 her marriage) <u>None</u>
12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
13a. RESIDENCE (Street and Number) <u>9017 S. Laflin</u>		13b. APT. NO. <u>Chicago</u>	13c. CITY OR TOWN <u>Chicago</u>
13d. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
13e. COUNTY <u>Cook</u>	13f. STATE <u>IL</u>	13g. ZIP CODE <u>60620</u>	14. FATHER'S NAME (First, Middle, Last) <u>Otis Gray</u>
15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <u>Leola Floyd</u>			
16a. DECEASED'S NAME <u>DOUGLAS CLAYTON</u>	16b. RELATIONSHIP <u>DAUGHTER</u>	16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) <u>60478 4152 W. GATLING BLVD apt 216 CHH, IL</u>	
17. MANNER OF DISPOSITION <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) <u>MT. GLENWOOD SOUTH</u>	19. LOCATION - CITY, TOWN AND STATE <u>GLENWOOD, IL</u>	20. DATE OF DISPOSITION (Month/Day/Year) <u>JULY 19, 2008</u>
21a. FUNERAL HOME NAME STREET AND NUMBER CITY OR TOWN STATE ZIP <u>GATLING'S CHAPEL INC 1200 EAST 162nd ST SOUTH HOLLAND, ILLINOIS 60473</u>			
21b. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <u>03109572</u>	
22. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>		23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) <u>July 15, 2008</u>	
CAUSE OF DEATH (See instructions and examples)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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 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. <u>Cardiac - Myocardial Detachment</u>			
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. _____ Due to (or as a consequence of): _____			
b. _____ Due to (or as a consequence of): _____			
c. _____ Due to (or as a consequence of): _____			
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			
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 checked="" type="checkbox"/> No			
27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	28. IF FEMALE: <input 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 type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation	
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; public place; wooded area)	
34. LOCATION OF INJURY (Street and Number Apartment Number City or Town State ZIP Code)		36. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify): _____	
35. DESCRIBE HOW INJURY OCCURRED: <u>IA</u>		36. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. (DID) (DID NOT) ATTEND THE DECEDENT AND LAST SAW HIM/HER ALIVE ON <u>7/12/08</u>	38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	39. DATE PRONOUNCED (Month/Day/Year) <u>7-13-08</u>	40. TIME OF DEATH <u>10:40 P.M.</u>
41. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Physician in charge of medical care - On the basis of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Physician in attendance at time of death only - On the basis 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) <u>M. NAHAS, M.D. 12307 S. Harlem Ave</u>			43. PHYSICIAN'S LICENSE NUMBER <u>03107572</u>
44. TITLE OF CERTIFIER <u>M.D.</u>	45. DATE CERTIFIED (Month/Day/Year) <u>7/15/08</u>	46. SIGNATURE OF CERTIFIER <i>[Signature]</i>	

Illinois Department of Public Health - Division of Vital Records (Based on the 2003 U.S. Standard Certificate) VFD200 (REV. 7/08)

THE SIGNATURES OF THE PARTIES EXECUTING THIS DOCUMENT ARE COPIES AND ARE NOT ORIGINAL SIGNATURES.

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.

COPY

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH 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 STILLBIRTHS, BIRTHS AND DEATHS.

DATE July 18, 2008 SIGNED *[Signature]* LOCAL REGISTRAR

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The North ½ of Lot 21 and Lot 22 (except the North 45 feet thereof) in Block 15 in E.L. Brainerd's subdivision of Telford Burnham's subdivision (except Blocks 1 and 8 thereof) of the West ½ of the North West ¼ of Section 5, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

Known as: 9017 S. Laflin Street, Chicago, Illinois 60620

PIN: 25-05-126-003-0000

Property of Cook County Clerk's Office