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0935746065

Doc#: 0935746065 Fee: \$42.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 12/23/2009 01:52 PM Pg: 1 of 4

AFFIDAVIT OF HEIRSHIP

PIN No.: 14-14-113-088-0000

Property Address: 10528 S. Central Park Avenue, Chicago, IL 60655

Legal Description:

THE SOUTH 5 FEET OF THE EAST 142 FEET OF LOT 1 IN J. S. HOVLANDS LAWDALE AVENUE SUBDIVISION OF THE SOUTHEAST QUARTER OF THE NORTHWEST QUARTER OF SECTION 14, TOWNSHIP 37 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

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Stewart Title Company of Illinois AFFIDAVIT OF HEIRSHIP

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

ESTATE OF Alice L. Willis, Deceased.

And now on this 15th day of December, 2009, Sandra Elhenicky, after being first duly sworn under oath, testifies and deposes as follows, to wit:

1. My name is Sandra Elhenicky, I am over the age of twenty-one (21) years of age and, to my understanding, am otherwise competent to give testimony.

2. I reside at 26924 S. 88th Avenue, Monee, IL 60449.

3. I ~~am~~ am the daughter of Alice L. Willis (state relationship to deceased) and knew ~~him~~/her in his/her lifetime.

4. Alice L. Willis, owner of the property commonly known as 10528 S. Central Park Avenue, Chicago, IL 60655, (see legal description attached) died on December 2, 2009 in the City of Chicago, County of Cook, State of Illinois.

5. The decedent was married ~~one~~ ^{two} (2) time(s), to Howard Willis and Robert Arkell

6. Two (2) children were born to the decedent and Howard Willis as follows, and are and Robert Arkell assumed to be of majority age, unless otherwise noted:

Robert A. Arkell _____

Sandra Elhenicky _____

7. No persons were adopted by the decedent.

8. The parents of the decedent were Henry Hiorns and Eva Hiorns

_____, both said parents are now deceased.

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9. a) Pursuant to the Last Will and Testament of _____, the decedent herein, ~~left his/her entire estate, both real and personal, to~~

b) The decedent died intestate.

10. That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of \$100,000.00 dollars.

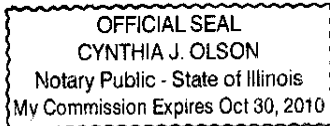
11. The foregoing is based upon my own personal knowledge and belief, is true, and if called upon as a witness I would competently and consistently testify thereto.

FURTHER AFFIANT SAYETH NOT.

Sandra Elberichy
AFFIANT

SUBSCRIBED AND SWORN TO
BEFORE ME THIS 15th DAY
OF December 2009

Cynthia J. Olson
NOTARY PUBLIC



Property of Cook County Clerk's Office

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**BREMEN TOWNSHIP REGISTRAR
TINLEY PARK, ILLINOIS
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2009 0089579

DATE ISSUED 12/10/2009

DECEDENT'S LEGAL NAME ALICE L WILLIS		SEX FEMALE	DATE OF DEATH DECEMBER 02, 2009	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 94 YEARS	DATE OF BIRTH JUNE 30, 1915		
CITY OR TOWN CRESTWOOD		HOSPITAL OR OTHER INSTITUTION NAME CRESTWOOD CARE CENTRE		
PLACE OF DEATH NURSING HOME / LONG TERM CARE FACILITY				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED] 7877	MARITAL STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE'S NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 10528 S CENTRAL PARK AVE	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60655	FATHER'S NAME UNKNOWN UNKNOWN	MOTHER'S NAME PRIOR TO FIRST MARRIAGE EVA HIORNS
INFORMANT'S NAME SANDRA L ELHENICKY		RELATIONSHIP DAUGHTER	MAILING ADDRESS 26924 S 88TH AVE, MONEE, IL, 60449	
METHOD OF DISPOSITION DONATION	PLACE OF DISPOSITION UNIVERSITY OF TENNESSEE	LOCATION - CITY OR TOWN AND STATE KNOXVILLE, TN	DATE OF DISPOSITION DECEMBER 08, 2009	
FUNERAL HOME ZIMMERMAN & SANDEMAN ORLAND FH, 9600 N 143RD ST., ORLAND PARK, IL, 60462				
FUNERAL DIRECTOR'S NAME SCOTT SANDEMAN		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014403		
LOCAL REGISTRAR'S NAME LEONARD J HINES		DATE FILED WITH LOCAL REGISTRAR DECEMBER 10, 2009		
CAUSE OF DEATH PART I. CORONARY ARTERY DISEASE				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	YEARS	
		Due to (or as a consequence of):		
		b. SICK SINUS SYNDROME		
		Due to (or as a consequence of):		
		c. ALZHEIMERS DEMENTIA	YEARS	
		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. HYPOTHYROID			WAS AN AUTOPSY PERFORMED? NO	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN	FEMALE PREGNANCY STATUS NOT APPLICABLE		MANNER OF DEATH NATURAL	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?	
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED			IF TRANSPORTATION INJURY, SPECIFY	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE OCTOBER 16, 2009	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 06:10 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED DECEMBER 07, 2009	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH MICHAEL SETTECASE, 4001 VOLLMER ROAD, OLYMPIA FIELDS, ILLINOIS, 60461			PHYSICIAN'S LICENSE NUMBER 036062506	

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

Leonard J. Hines

Leonard J. Hines
Bremen Township Registrar

