



SMALL ESTATE AFFIDAVIT

Doc#: 1107444004 Fee: \$40.00
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 03/15/2011 10:09 AM Pg: 1 of 3

I, CURTIS MARTIN, on oath state:

1. My residence address is 7012 S. Prairie, Chicago, Illinois 60637.
2. The decedent's name was ELIZABETH E. COFFEE also known as, ELIZABETH COFFEE.
3. The date of decedent's death was August 12, 2006, and I have attached a copy of the death certificate hereto.
4. The decedent's place of residence immediately before her death was 7012 S. Prairie, Chicago, Illinois 60637.
5. No letters of office are now outstanding on the decedent's estate and no petitions for letters are contemplated or pending in Illinois or in any other jurisdiction, to my knowledge.
6. The gross value of the decedent's entire personal estate, including the value of all property passing to any party either by intestacy or under a will, does not exceed \$100,000.00.
7. The decedent's funeral expenses have been paid.
8. There is no known unpaid claimant or contested claims against the decedent.
9. The Decedent was married twice. Her first marriage was to Anderson Martin, who predeceased her, see attached Death Certificate. From that union three (3) children were born, to wit:
 - (a) Curtis Martin, adult and competent
 - (b) James Martin, deceased, who had no children, and non adopted
 - (c) Barbara Martin, adult and competent
10. The Decedent's second marriage was to Willie Coffee, who predeceased her. From that union no children were born and non adopted.
11. The decedent died testate. The property described in paragraph six (6) of this affidavit should be distributed per the following. The names and places of residence and relationships of the decedent's heirs, and the portion of the estate to which each heir is entitled under the law where the decedent died testate are as follows:

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Name and relationship	Portion of Estate
(a) Curtis Martin, Son	50%
(b) Barbara Jean Martin, Daughter	50%
	100%

Curtis H. Martin

 CURTIS MARTIN

SUBSCRIBED and SWORN to before me by the said CURTIS MARTIN this 2nd day of March, 2011



Benjamin E. Starks Sr.

 NOTARY PUBLIC

I, BENJAMIN E. STARKS, an attorney, duly licensed to practice law in the State of Illinois. I have prepared the foregoing affidavit on behalf of the party signing it. Further, based upon the information supplied to me, which I believe, correctly reflects the appropriate heirship and distributions under the applicable law and any will.

Benjamin E. Starks

 BENJAMIN E. STARKS

This Document prepared by:
STARKS & BOYD
 Attorneys at Law
 11528 S. Halsted
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STATE OF ILLINOIS
County of Cook

UNOFFICIAL COPY
DAVID ORR, County Clerk

MARCH 3, 2011

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 the 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 J. Orr
COUNTY CLERK

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PERMANENT CERTIFICATE
 PERMANENT CERTIFICATE
 TEMPORARY CERTIFICATE

31 AUG 77 MEDICAL EXAMINER
REGISTRATION DISTRICT NO. **16.10**
STATE OF ILLINOIS
REGISTERED NUMBER
CERTIFICATE OF DEATH
617223

DECEASED'S BIRTH NO. 2-051
DECEASED
6904
739
PARENTS
4124.A
CAUSE
250
CERTIFIED
BLR A.

1. DECEASED—NAME: **ANDERSON MARTIN** SEX: **MALE** DATE OF DEATH: **3 AUGUST 2, 1977**

2. RACE: **NEGRO** AGE—LAST BIRTHDAY (YRS.): **65** UNDER 1 YEAR: **NO** UNDER 1 DAY: **NO** DATE OF BIRTH: **JULY 17 1912** PLACE OF BIRTH: **COOK**

3. CITY, TOWN, VIL. OR ROAD DISTRICT NUMBER: **CHICAGO** INSIDE CITY (YES/NO): **YES** HOSPITAL OR OTHER INSTITUTION—NAME: **D.O.A. ST. BERNARD HOSPITAL**

4. BIRTHPLACE—STATE OR FOREIGN COUNTRY: **MISSISSIPPI** CITIZEN OF WHAT COUNTRY: **U.S.A.** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **MARRIED** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIDOW): **ELIZABETH OWENS**

5. SOCIAL SECURITY NUMBER: **8424** USUAL OCCUPATION: **MAINTENANCE** KIND OF BUSINESS OR INDUSTRY: **FACTORY** U.S. WAR VETERAN: **NO** WAR OR DATES OF SERVICE: **NO**

6. RESIDENCE STATE: **ILLINOIS** COUNTY: **COOK** CITY, TOWN, VIL. OR ROAD DISTRICT NO.: **CHICAGO** INSIDE CITY (YES/NO): **YES** STREET AND NUMBER: **7012 S. PRAIRIE**

7. FATHER—NAME: **DAN MARTIN** MOTHER—MAIDEN NAME: **FRANCES BLUER**

8. INFORMANT'S SIGNATURE: *Elizabeth Martin* RELATIONSHIP: **Wife** MAILING ADDRESS: **7012 So. Prairie Ave Chicago, Ill**

9. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))
PART I. IMMEDIATE CAUSE
(a) **ATHERIO SCLEROTIC CARDIOVASCULAR DISEASE**
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (b) STATING THE UNDERLYING CAUSE LAST
(b) **DIABETES MELLITUS**
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE (GIVEN IN PART I.)
DIABETES MELLITUS AUTOPSY (YES/NO): **NO** YES, WITH FINDINGS CORRELATED IN DETERMINING CAUSE OF DEATH: **NO**

10. ACCIDENT SUICIDE HOMICIDE OR UNDETERMINED (SPECIFY): **NATURAL** DATE OF INJURY: MONTH, DAY, YEAR, HOUR: **—** HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I. OR PART II. ITEM 1): **—**

11. INJURY AT WORK (YES/NO): **—** PLACE OF INJURY AT HOME FARM STREET FACTORY, OFFICE BUILDING ETC. (SPECIFY): **—** LOCATION: **—** CITY, VIL. OR TOWN, OR TWP., A. R. DIST. NO., COUNTY, STATE: **—**

12. I CERTIFY THAT IN MY OPINION, BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT ---
21a. SIGNATURE: *Robert J. Stein, M.D.* 21b. MONTH, DAY, YEAR: **AUG. 2 1977** 21c. AT: **6:55 AM**

13. PHYSICIAN'S SIGNATURE: **EDMUND DONOGHUE, JR MD** DATE SIGNED: **AUG 2, 1977**

14. BURIAL, CREMATION, REMOVAL (SPECIFY): **BURIAL** CEMETERY OR CREMATORY—NAME: **LINCOLN** LOCATION: **WORTH ILLINOIS** DATE: **AUG 8 1977**

15. FUNERAL HOME NAME: **A.A. RAYNER & SONS** STREET AND NUMBER OR R. F. D.: **4141 COTTAGE GROVE** CITY OR TOWN, STATE, ZIP: **CHGO IL 60653**

16. FUNERAL DIRECTOR'S SIGNATURE: *William Likens* FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **7803**

17. LOCAL REGISTRAR SIGNATURE: *Harvey C. Brown* DATE REC'D. BY LOCAL REGISTRAR: **AUG 4 1977**

18. VR 202 (1971) Illinois Department of Public Health - Office of Vital Records (BASED ON 1968 U. S. STANDARD CERTIFICATE)

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