



Doc#: 1119426076 Fee: \$70.00
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 07/13/2011 09:21 AM Pg: 1 of 5

AFFIDAVIT OF HEIRSHIP

I, **PAULINE KILLIAN**, on oath say as follows:

1. I am of legal age, residing at 11715 s. Bell, Chicago, Illinois 60643, and I am a sister of decedent, **ANNIE M. HEMPHILL** who died on July 27, 2010.
2. That **ANNIE M. HEMPHILL** was never married.
3. That no children were born to nor adopted by the decedent during her lifetime.
4. **ANNIE M. HEMPHILL'S** mother, **ESTELLA LYONS** predeceased her. Her father was unknown. Decedent had four siblings, **FRANK HEMPHILL, PAULINE KILLIAN, LISA FOSTER** and **NADINE JOHNSON**, the last three sisters survived decedent. **FRANK HEMPHILL** predeceased decedent having died on February 25, 1999 and had two children, **CHRISTINA FULLER AND CARISSA VASQUEZ** during his lifetime, who have survived decedent.
5. That based on the foregoing, **ANNIE M. HEMPHILL**, left surviving as her heirs the following, said heirs having survived the decedent, and in the absence of an indication to the contrary, are mentally competent:

PAULINE KILLIAN, sister, of legal age

LISA FOSTER, sister, of legal age

NADINE JOHNSON, sister, of legal age

CHRISTINA FULLER, niece, of legal age

CARISSA VASQUEZ, niece, of legal age.

6. Further affiant sayeth naught.

Pauline Killian

PAULINE KILLIAN

S N
P 5
S N
SC Y
INT ID

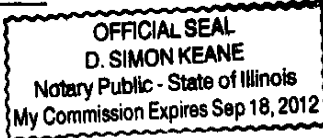
110169600253
1/5

UNOFFICIAL COPY

Subscribed and Sworn to before me

this 27th day of JUNE, 2011.


NOTARY PUBLIC



Prepared By & Return To:

**SAMUEL J. MANELLA
ATTORNEY AT LAW
20 NORTH CLARK STREET
SUITE 1100
CHICAGO, ILLINOIS 60602
(708) 687-6300**

PROPERTY ADDRESS
1317 S. PLYMOUTH COURT UNIT D
CHICAGO, IL 60605

17-21-214-112-0000

UNOFFICIAL COPY

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death and 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 births, stillbirths, and deaths.

DATE February 26, 1999 SIGNED Carol P. Compton

At Cook County Dept. of Public Health
1010 Lake Street
Oak Park, IL 60301

Official Title Chief Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FILE NUMBER

REGISTRATION DISTRICT NO. <u>16.0</u>		DECEASED-NAME <u>FRANK</u>		FIRST MIDDLE LAST <u>Hemphill</u>		SEX <u>Male</u>		DATE OF DEATH <u>February 25, 1999</u>	
COUNTY OF DEATH <u>Cook</u>		AGE-LAST BIRTHDAY (mm dd) <u>62</u>		MARRIED (yes no) <u>Married</u>		MARRIED (yes no) <u>Married</u>		DATE OF BIRTH (month, day, year) <u>March 29, 1936</u>	
CITY, TOWN, VILLAGE, OR ROAD DISTRICT NUMBER <u>Homewood</u>		HOSPITAL OR OTHER INSTITUTION NAME (NOT USUAL INVESTMENT INSTITUTIONS)		NAME OF SURVIVOR (SEE INSTRUCTIONS)		EDUCATION (SCHOOL YEARS ATTENDED) <u>12th</u>		COUNTY <u>Cook</u>	
13a. Illinois ZIP CODE <u>60425</u>		13b. Black American		14a. BIRTH DATE (mm dd) <u>1936</u>		14b. BIRTH PLACE <u>Illinois</u>		14c. BIRTH CITY, TOWN, VILLAGE, OR ROAD DISTRICT NO. <u>Glenwood</u>	
15. INFORMANT(S) NAME (TYPE OR PRINT) <u>Edel</u>		16. RELATIONSHIP <u>Medical</u>		17a. ADDRESS (CITY, TOWN, VILLAGE, OR ROAD DISTRICT NO., STATE) <u>19000 S. Halsted Homewood IL.</u>		17b. ADDRESS (CITY, TOWN, VILLAGE, OR ROAD DISTRICT NO., STATE) <u>19000 S. Halsted Homewood IL.</u>		17c. ADDRESS (CITY, TOWN, VILLAGE, OR ROAD DISTRICT NO., STATE) <u>19000 S. Halsted Homewood IL.</u>	
18. PART I. Immediate Cause (Final disease or condition resulting in death) <u>Cardiopulmonary Arrest</u>									
18. PART II. Other diseases, conditions, or causes contributing to death (Do not enter the mode of dying, such as cardiac or respiratory arrest.)									
DATE OF OPERATION <u>1-25-99</u>		MANNER FINDINGS OF OPERATION <u>Malnutrition</u>		DATE OF OPERATION <u>1-25-99</u>		MANNER FINDINGS OF OPERATION <u>Malnutrition</u>		DATE OF OPERATION <u>1-25-99</u>	
20a. SIGNATURE OF DECEASED		20b. SIGNATURE OF OPERATOR		20c. SIGNATURE OF OPERATOR		20d. SIGNATURE OF OPERATOR		20e. SIGNATURE OF OPERATOR	
21. NAME AND ADDRESS OF OPERATOR <u>M. Serushan 19000 S. Halsted Homewood, Illinois 60430</u>		22. NAME AND ADDRESS OF OPERATOR <u>M. Serushan 19000 S. Halsted Homewood IL. 60430</u>		23. NAME AND ADDRESS OF OPERATOR <u>M. Serushan 19000 S. Halsted Homewood IL. 60430</u>		24. NAME AND ADDRESS OF OPERATOR <u>M. Serushan 19000 S. Halsted Homewood IL. 60430</u>		25. NAME AND ADDRESS OF OPERATOR <u>M. Serushan 19000 S. Halsted Homewood IL. 60430</u>	
26a. FUNERAL HOME <u>W. W. Holt Funeral Home 175 W. 159th Street Harvey Illinois 60426</u>		26b. FUNERAL HOME <u>W. W. Holt Funeral Home 175 W. 159th Street Harvey Illinois 60426</u>		26c. FUNERAL HOME <u>W. W. Holt Funeral Home 175 W. 159th Street Harvey Illinois 60426</u>		26d. FUNERAL HOME <u>W. W. Holt Funeral Home 175 W. 159th Street Harvey Illinois 60426</u>		26e. FUNERAL HOME <u>W. W. Holt Funeral Home 175 W. 159th Street Harvey Illinois 60426</u>	
27a. LOCAL REGISTRAR <u>Carol P. Compton</u>		27b. LOCAL REGISTRAR <u>Carol P. Compton</u>		27c. LOCAL REGISTRAR <u>Carol P. Compton</u>		27d. LOCAL REGISTRAR <u>Carol P. Compton</u>		27e. LOCAL REGISTRAR <u>Carol P. Compton</u>	

UNOFFICIAL COPY**CERTIFICATION OF DEATH RECORD****CHICAGO, ILLINOIS
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2010 0085738

DATE ISSUED 08/06/2010

DECEDENT'S LEGAL NAME ANNIE M HEMPHILL		SEX FEMALE	DATE OF DEATH JULY 27, 2010	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 65 YEARS	DATE OF BIRTH DECEMBER 31, 1944		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME RUSH UNIVERSITY MEDICAL CENTER		
PLACE OF DEATH INPATIENT				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER	MARITAL STATUS AT TIME OF DEATH NEVER MARRIED	SURVIVING SPOUSE'S NAME	EVER IN U.S. ARMED FORCE? NO
RESIDENCE 1317 S PLYMOUTH ST	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60605	FATHER'S NAME WADE LYONS	MOTHER'S NAME PRIOR TO FIRST MARRIAGE ESTELLA NOT AVAILABLE
INFORMANT'S NAME LISA FOSTER		RELATIONSHIP SISTER	MAILING ADDRESS 10531 S OAKLEY, CHICAGO, IL, 60643	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION HOMewood MEMORIAL GARDENS, INC.	LOCATION - CITY OR TOWN AND STATE HOMewood, IL	DATE OF DISPOSITION AUGUST 02, 2010	
FUNERAL HOME LEAK AND SONS, 7838 SOUTH COTTAGE GROVE, CHICAGO, IL, 60619				
FUNERAL DIRECTOR'S NAME SPENCER LEAK SR			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031007489	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR AUGUST 3, 2010	
CAUSE OF DEATH PART I. DIFFUSE ANOXIC BRAIN INJURY				
IMMEDIATE CAUSE (Final disease or condition resulting in death)				
a. _____ Due to (or as a consequence of):				
b. INTRACRANIAL HEMORRHAGE 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.				
DID TOBACCO USE CONTRIBUTE TO DEATH?			WAS AN AUTOPSY PERFORMED? NO	
FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	MANNER OF DEATH NATURAL	
LOCATION OF INJURY			INJURY AT WORK?	
DESCRIBE HOW INJURY OCCURRED:			IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE JULY 27, 2010	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 09:39 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED JULY 27, 2010	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH JASON DELL HANKS, 1653 W CONGRESS PKWY, CHICAGO, ILLINOIS, 60612			PHYSICIAN'S LICENSE NUMBER 125057070	



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

David Orr
David Orr
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

UNOFFICIAL COPY

ATTORNEYS' TITLE GUARANTY FUND, INC.

LEGAL DESCRIPTION

Legal Description:

Parcel 1: The North 17.50 feet of the South 66.50 feet of the East 72.0 feet, together with the North 1.41 feet of the East 17.0 feet of the South 67.91 feet of Lots 2, 4, 5 and 6, taken together as a single tract, in the Newgate Square Resubdivision Unit 1, being a Resubdivision in part of the Northeast 1/4 of Section 21, Township 39 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

Parcel 2: Easement for use and enjoyment and ingress and egress, for the benefit of Parcel 1, over, upon and across the common area, as described in the Declaration of Easements, Restrictions and Covenants for Dearborn Park II Newgate Square recorded May 28, 1993 as Document No. 93407102, 1st Amendment thereto recorded August 9, 1993 as Document No. 93623630, 2nd Amendment thereto recorded January 1994 as Document No. 94013649, and by the Deed recorded as Document No. 94873010 and re-recorded as Document No. 95263171.

Permanent Index Number:

Property ID: 17-21-214-112-0000

Property Address:

1317 S. Plymouth Court, Unit D
Chicago, IL 60605

Property of Cook County Clerk's Office