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STATE OF ILLINOIS)
) SS
COUNTY OF COOK)



Doc#: 1128726165 Fee: \$44.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 10/14/2011 01:27 PM Pg: 1 of 5

1/3

AFFIDAVIT OF HEIRSHIP

JULITA LATIMER, being first duly sworn, under oath, deposes and states as follows:

1. That I reside at 5443 Forest Avenue, Kansas City, MO 64110.
2. That I am the natural daughter of **MARZELLA B. LATIMER**, a widow.
3. That my mother, **MARZELLA B. LATIMER** was married once to Raymond C. Latimer and one child was born to the marriage namely **JULITA LATIMER**, and no other children were born to or adopted by them; that my mother never remarried, and no other children were born to or adopted by her.
4. That my mother, **MARZELLA B. LATIMER**, a widow at the time of her death, died intestate on July 14, 2008, leaving as her only heir at her only child, namely **JULITA LATIMER**.
5. That at the time of her death, **MARZELLA B. LATIMER** was the sole owner of the property located 8714 S. Calumet Avenue, Chicago, IL 60619.
6. That the only child, **JULITA LATIMER**, is over the age of eighteen (18) and is competent.
7. That any and all debts, including public and old age assistance advancements, funeral, doctor and hospital bills have been paid in full for **MARZELLA B. LATIMER**.


JULITA LATIMER

Attorneys' Title Guaranty Fund, Inc.
1 S. Wacker Rd., STE 3100
Chicago, IL 60606
Attn: Search Department

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INT AR

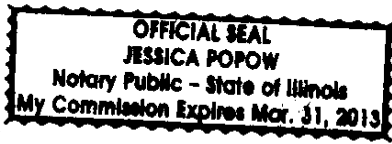
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STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

JULITA LATIMER, being first duly sworn upon oath, deposes and states that she has read the foregoing AFFIDAVIT OF HEIRSHIP, by her subscribed and that the aforementioned is true and correct and if called upon to testify, can do so competently as to the truth of the matters asserted herein.


JULITA LATIMER

Subscribed and sworn to
before me this 19 day
of Sept, 2011.




NOTARY PUBLIC

PROPERTY ADDRESS
8714 S. CALUMET AVE
CHICAGO, IL 60619
25-03-104-032

Prepared By + Return To:
SHARON A. ZOGAS + ASSOC. LTD
10020 S. WESTERN AVE
CHICAGO, IL 60643

Property of Cook County Clerk's Office

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REGISTRATION DISTRICT NO. 46.10
LOCAL FILE NUMBER 609417

STATE OF ILLINOIS
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) Maczella Latimer 2. SEX Female 3. DATE OF DEATH (Month/Day/Year) (Spell Month) July 10 2008

4. COUNTY OF DEATH Cook 5a. AGE AT LAST BIRTHDAY (Years) 76 5b. UNDER 1 YEAR Months Days 5c. UNDER 1 DAY Hours Minutes 6. DATE OF BIRTH (Month/Day/Year) 9-6-1929

7a. CITY OR TOWN Chicago 7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either give street and number) Northwestern Memorial

7c. PLACE OF DEATH (Check only one; see instructions)
 IF DEATH OCCURRED IN A HOSPITAL Inpatient Emergency Room/Outpatient Dead on Arrival
 IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL Hospice facility Nursing Home/Long-term care facility Decedent's home Other (Specify):

8. BIRTHPLACE (City and State or Foreign Country) Birmingham AL 9. SOCIAL SECURITY NUMBER
 10. MARITAL STATUS AT TIME OF DEATH Married Married but separated Widowed Divorced Never Married Unknown
 11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) 12. EVER IN U.S. ARMED FORCES? Yes No

13a. RESIDENCE (Street and Number) 8714 S Calumet 13b. APT. NO. 13c. CITY OR TOWN Chicago 13d. INSIDE CITY LIMITS? Yes No

14a. COUNTY Cook 14b. STATE IL 14c. ZIP CODE 60629 14d. FATHER'S NAME (First, Middle, Last) Arthur Perry 15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Wussie Oley

16a. INFORMANT'S NAME Jackie Smith 16b. RELATIONSHIP Medical records 16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 251 P Hurm Chicago IL 60611

17. MANNER OF DISPOSITION: Burial Donation Entombment Other (Specify):
 18. PLACE OF DISPOSITION (Name of cemetery, crematorium, other) Heights Crematory Chicago Heights IL 19. LOCATION - CITY, TOWN AND STATE
 20. DATE OF DISPOSITION (Month/Day/Year)

21a. FUNERAL HOME NAME W.W. JACKSON STREET AND NUMBER 2701 W 43rd CITY OR TOWN Chicago STATE IL ZIP 60629

21b. FUNERAL DIRECTOR'S SIGNATURE [Signature] 21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-012072

22. LOCAL REGISTRAR'S SIGNATURE [Signature] 23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) JUL 14 2008

CAUSE OF DEATH (See instructions and examples)
 24. PART I. Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal event 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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. renal failure
 Due to (or as a consequence of):
 b. myocardial infarction
 Due to (or as a consequence of):
 c.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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? Yes No
 26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? Yes No

27. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes Probably No Unknown
 28. IF FEMALE: Not pregnant within past 12 months Pregnant at time of death Not pregnant, but pregnant within 42 days of death Pregnant within one year of death but time unknown Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past 12 months

29. MANNER OF DEATH Natural Suicide Could not be determined Accident Homicide Pending investigation

30. DATE OF INJURY (Month/Day/Year) 31. TIME OF INJURY A.M. P.M. 32. PLACE OF INJURY (e.g. Decedent's home; construction site; restaurant; wooded area) 33. INJURY AT WORK? Yes No

34. LOCATION OF INJURY Street and Number Apartment Number City or Town State ZIP Code

35. DESCRIBE HOW INJURY OCCURRED: 36. IF TRANSPORTATION INJURY, SPECIFY: Driver/Operator Pedestrian Passenger Other (Specify)

37. I (AND) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON July 10 38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? Yes No 39. DATE PRONOUNCED (Month/Day/Year) July 10, 2008 40. TIME OF DEATH 645 A.M. P.M.

41. CERTIFIER (Check only one):
 Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated.
 Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated.
 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 (Form 94) Nicholas Dallas 251 P Hurm Chicago IL 60611 43. PHYSICIAN'S LICENSE NUMBER 175-47721

44. TITLE OF CERTIFIER MD 45. DATE CERTIFIED (Month/Day/Year) 46. SIGNATURE OF CERTIFIER

Based on the 2003 U.S. Standard Certificate

Illinois Department of Public Health - Division of Vital Records

VR200 (Rev. 1/08)

44. TITLE OF CERTIFIER: *Nicholas*
 45. DATE CERTIFIED (Month/Day/Year): *July 14 2008*
 46. SIGNATURE OF CERTIFIER: *[Signature]*
 47. DECIDENT'S EDUCATION: *[Blank]*
 48. DECIDENT'S RACE: *[Blank]*
 49. DECIDENT'S SEX: *[Blank]*
 50. DECIDENT'S AGE: *[Blank]*
 51. DECIDENT'S OCCUPATION: *[Blank]*
 52. DECIDENT'S SOCIAL SECURITY NUMBER: *[Blank]*
 53. DECIDENT'S MARITAL STATUS: *[Blank]*
 54. DECIDENT'S RELIGION: *[Blank]*
 55. DECIDENT'S ETHNICITY: *[Blank]*
 56. DECIDENT'S PLACE OF BIRTH: *[Blank]*
 57. DECIDENT'S PLACE OF DEATH: *[Blank]*
 58. DECIDENT'S PLACE OF BURIAL: *[Blank]*
 59. DECIDENT'S PLACE OF INTERMENT: *[Blank]*
 60. DECIDENT'S PLACE OF CREMATION: *[Blank]*
 61. DECIDENT'S PLACE OF URN INTERMENT: *[Blank]*
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 99. DECIDENT'S PLACE OF INTERMENT: *[Blank]*
 100. DECIDENT'S PLACE OF INTERMENT: *[Blank]*

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STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

JUL 14 2008

I, TERRY WARD, S.D., LOCAL
REGISTERED VITAL STATISTICS OF
CHICAGO, DO HEREBY CERTIFY THAT
THE SIGNATURE OF [Name], QUALIFIED
AND VALID FOR THE CITY OF CHICAGO
OR UNDER THE LAWS OF THE STATE
OF ILLINOIS AND THE JURISDICTION OF
THE CITY OF CHICAGO, THAT THE
SIGNATURE CERTIFIED ON THIS
CERTIFICATE IS A TRUE COPY OF A RECORD
COPY OF THE RECORDS OF THE
LAW AND OTHERWISE.

[Signature]

THIS CERTIFICATE COPY VALID WHEN
APPROVED SEAL IS APPLIED OVER
CERTIFIER'S SIGNATURE.

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

Received Time Sep. 26. 12:10PM

Property of Cook County Clerk's Office

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ATTORNEYS' TITLE GUARANTY FUND, INC.

LEGAL DESCRIPTION

Legal Description:

LOT 8 IN BLOCK 2 IN THE SUBDIVISION OF THE NORTH 6 ACRES OF THE NORTHEAST 1/4 OF THE NORTHEAST 1/4 OF THE NORTHWEST 1/4 OF SECTION 3, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index Number:

Property ID: 25-03-104-032-0000

Property Address:

8714 S. Calumet Avenue
Chicago, IL 60619

Property of Cook County Clerk's Office