



Doc#: 1129703048 Fee: \$42.00  
Eugene "Gene" Moore RHSP Fee:\$10.00  
Cook County Recorder of Deeds  
Date: 10/24/2011 02:38 PM Pg: 1 of 4

Property Address:  
2119 W. 70<sup>th</sup> Place  
Chicago, IL 60636  
PIN#: 20-19-338-003-0000

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS  
COUNTY DEPARTMENT – PROBATE DIVISION

IN RE:	ESTATE OF	)	NO.
		)	
	SADIE L. GILLIS	)	DOCKET:
		)	
	Deceased.	)	PAGE:

AFFIDAVIT OF HEIRSHIP

NOW COMES, RHONDA GILLIS by and through her attorneys, EVANS, LOEWENSTEIN, SHIMANOVSKY & MOSCARDINI, LTD., and on oath states as follows:

1. The Decedent, SADIE L. GILLIS, died at Chicago, Illinois on February 29, 2008 at the age of sixty four (64) years.
2. The Affiants is of legal age and resides at 2119 W. 70<sup>th</sup> Place, Chicago, IL 60636. The affiant is the daughter of the Decedent.
3. The Decedent was married once and then to Clarence Gillis and one child was born from said marriage, namely: RHONDA GILLIS, who is alive and of legal age. Said marriage ended in divorce. No other children than the one listed above was born to the Decedent. No children were adopted by the Decedent.
4. Based on the foregoing, Decedent left as her only heir the following;
  - (A) RHONDA GILLIS, Daughter
5. There are no State and Federal Inheritance taxes due since the value of the estate is less than \$1,000,000.00. The only asset is the real estate located at 2119 W. 70<sup>th</sup> Place, Chicago, IL 60636.

# UNOFFICIAL COPY

Respectfully submitted,

Rhonda Gillis  
RHONDA GILLIS

STATE OF ILLINOIS     )  
                                  )     SS  
COUNTY OF COOK     )

### VERIFICATION

I, Rhonda Gillis, being first duly sworn on oath, hereby deposes and states that I have read the foregoing Affidavit of Heirship, subscribed by me, and that the same is true and correct to the best of my knowledge.

Rhonda Gillis  
RHONDA GILLIS

SUBSCRIBED and SWORN to  
before me this 21<sup>st</sup> day  
of October, 2011.

Melissa Flowers  
Notary Public



J. Christian Manalli  
EVANS, LOEWENSTEIN, SHIMANOVSKY & MOSCARDINI, LTD.  
130 S. Jefferson Street, Suite 350  
Chicago, Illinois 60661  
(312) 782-1850  
Attorney No. 39849

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## LEGAL DESCRIPTION

Lot 676 in Allertons Englewood Addition in the Southwest  $\frac{1}{4}$  of Section 19, Township 38 North, Range 14 East of the Third Principal Meridian, in Cook County, Illinois.

Property Address: 2119 W. 70<sup>th</sup> Place, Chicago, IL 60636

PIN#: 20-19-338-003-0000

Property of Cook County Clerk's Office

# UNOFFICIAL COPY

REGISTRATION DISTRICT NO. **16.10**  
LOCAL FILE NUMBER **602936**

## STATE OF ILLINOIS CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) <b>SADIE L. GILLIS</b>		2. SEX <b>FEMALE</b>	3. DATE OF DEATH (Month/Day/Year) (Spell Month) <b>FEBRUARY 29, 2008</b>				
4. COUNTY OF DEATH <b>COOK</b>	5a. AGE AT LAST BIRTHDAY (Years) <b>64</b>	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH (Month/Day/Year) <b>JUNE 27 1943</b>			
7a. CITY OR TOWN <b>CHICAGO</b>		7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) <b>SEASONS HOSPICE at HOLY CROSS HOSPITAL</b>					
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 checked="" 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 and State or Foreign Country) <b>RAYVILLE, LA.</b>	9. SOCIAL SECURITY NUMBER <b>[REDACTED]-4947</b>	10. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage)	12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
13a. RESIDENCE (Street and Number) <b>2119 WEST 70th PLACE</b>		13b. APT. NO.	13c. CITY OR TOWN <b>CHICAGO</b>	13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
13e. COUNTY <b>COOK</b>	13f. STATE <b>ILL</b>	13g. ZIP CODE <b>60636</b>	14. FATHER'S NAME (First, Middle, Last) <b>ELIJAH FAIRLEY</b>		15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>ETHEL JACKSON</b>		
16a. INFORMANT'S NAME <b>Rhonda Gillis</b>		16b. RELATIONSHIP <b>DAUGHTER</b>		16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) <b>2119 WEST 70th PLACE CHICAGO, ILL 60617</b>			
17. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Other (Specify): _____		18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) <b>THE LAKES CREMATORY</b>		19. LOCATION - CITY, TOWN AND STATE <b>LAKE VILLA, ILL</b>		20. DATE OF DISPOSITION (Month/Day/Year) <b>MARCH 6, 2008</b>	
21a. FUNERAL HOME NAME <b>Doty Nash FH</b>		21b. STREET AND NUMBER <b>8620 So. Stony Island</b>		21c. CITY OR TOWN <b>CHICAGO</b>		21d. STATE <b>ILL</b>	21e. ZIP <b>60628</b>
22. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>		23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) <b>030508</b>		24. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>033-02130</b>			

**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 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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. **LUNG CANCER**

Due to (or as a consequence of): \_\_\_\_\_

Sequentially list conditions, if any, leading to the cause listed on line a. b. \_\_\_\_\_

Due to (or as a consequence of): \_\_\_\_\_

Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST c. \_\_\_\_\_

Due to (or as a consequence of): \_\_\_\_\_

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 (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON **2/29/08**

38. WAS MEDICAL EXAMINER OR CORONER CONTACTED?  Yes  No

39. DATE PRONOUNCED (Month/Day/Year) **2/29/08**

40. TIME OF DEATH **10:40**  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 (Item 24)  
**SANJAY AMIN, MD  
DEB PLAINES, IL 60012**

43. PHYSICIAN'S LICENSE NUMBER  
**036-087155**

44. TITLE OF CERTIFIER  
**MD**

45. DATE CERTIFIED (Month/Day/Year)  
**2/29/08**

46. SIGNATURE OF CERTIFIER  
*[Signature]*

47. DECEDENT'S EDUCATION: Check that this is DECEASED FOR PURPOSES OF THE OFFICIAL DEATH RECORD filed with the Illinois Department of Public Health.

Illinois Department of Public Health - Division of Vital Records  
VR2000 (Rev. 1/08)

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

030508

THIS CERTIFICATE COPY VALID WHEN EMBOSSED SEAL IS APPLIED OVER REGISTRAR'S SIGNATURE.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

DEPARTMENT OF PUBLIC HEALTH  
CITY OF CHICAGO

CHANDRA K. AMIN, MD

1. I HEREBY LICENSE, M.D., LOCAL HEALTH OFFICER, TO REGISTER THIS CERTIFICATE OF DEATH WITH THE OFFICE OF THE REGISTRAR OF VITAL STATISTICS OF THE COUNTY OF COOK, ILLINOIS. THE REGISTRAR OF VITAL STATISTICS OF THE COUNTY OF COOK, ILLINOIS, IS AUTHORIZED BY THE CITY OF CHICAGO TO REGISTER THIS CERTIFICATE OF DEATH WITH THE OFFICE OF THE CLERK OF THE CITY OF CHICAGO. THE CLERK OF THE CITY OF CHICAGO IS AUTHORIZED BY THE CITY OF CHICAGO TO REGISTER THIS CERTIFICATE OF DEATH WITH THE OFFICE OF THE CLERK OF THE COUNTY OF COOK, ILLINOIS. THIS CERTIFICATE IS A TRUE COPY OF A RECORD KEPT BY ME IN OBEYANCE OF SAID LAWS AND ORDINANCES.