



1133445041

172553

Doc#: 1133445041 Fee: \$40.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 11/30/2011 01:06 PM Pg: 1 of 3

**AFFIDAVIT of HEIRSHIP**

State of Illinois )  
County of Cook ) ss.

ANGELIA CLAYTON being duly sworn states that she resides 255 Sangamon Street in the Village of Park Forest, Illinois.

That she was acquainted with DORIS JEAN CLAYTON the deceased who, at the time of Doris Jean Clayton's death, the owner of the land in Cook County, Illinois, described as:

THE NORTH 1/2 OF LOT 21 AND LOT 22 (EXCEPT THE NORTH 45 FEET THEREOF) IN BLOCK 15 IN E.L. BRAINERD'S SUBDIVISION OF TELFORD BURNHAM'S SUBDIVISION (EXCEPT BLOCKS 1 AND 8 THEREOF) OF THE WEST 1/2 OF THE NORTHWEST 1/4 OF SECTION 5, TOWNSHIP 37 NORTH, RANGE 14 EAST, OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Commonly know as: 9017 So. Laflin, Chicago, Illinois <sup>St.</sup> *6662 BPF*

PIN: 25-05-126-003-0000 *BPF*

That the deceased died on 19 day of October, 2011, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the decease was not married at the time of her death, she was a widow

That the deceased died leaving 2 children, all of majority in age.

ANGELIA CLAYTON  
JANNIECE CLAYTON

That the deceased died leaving 0 adopted children.

That the deceased died leaving 2 heir(s),

ANGELIA CLAYTON  
JANNIECE CLAYTON

Citywide Title Corporation  
850 West Randolph Boulevard  
Suite 320  
Chicago Illinois 60607

# UNOFFICIAL COPY

That the deceased died:

Leaving no Last Will & Testament.

That all bills and outstanding debts of the deceased have been paid in full.

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 \$30,000.00 dollars.

Affiant makes this affidavit for that purpose of inducing the First American Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

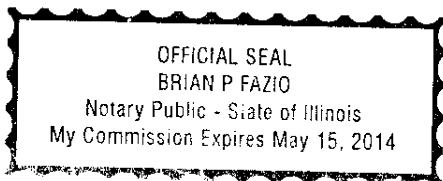
Angela D. Clayton  
(affiant's signature)

Subscribed and sworn to before me by the said

Angela Clayton

this 25th day of November, A.D. 2011

[Signature]  
Notary Public



Prepared By & Mailed to  
Paul Montes II  
1740 W 99th St  
Chicago IL 60643

# UNOFFICIAL COPY

## ARIZONA DEATH CERTIFICATE INFORMATION

Name of Deceased <b>Doris</b>		First <b>Jean</b>		Middle <b>Clayton</b>		Last	
Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Date of Death: <b>October 19, 2011</b>	Race: <input type="checkbox"/> White <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Spanish <input type="checkbox"/> Cuban <input type="checkbox"/> Other		<input checked="" type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Other		Was Decedent ever in the US Armed Forces? <b>No</b>	
Place of Death: <b>Maricopa</b>	County <b>Maricopa</b>	City or Town <b>Scottsdale</b>		Hospital or Institution <b>Dream Catcher Asst. Living</b>		Surviving Spouse (If wife, give maiden name)	
Date of Birth: <b>October 10, 1940</b>	Marital Status <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed	Citizenship - what country? <b>USA</b>		Social Security <b>[REDACTED]-4287</b>			
State & City of Birth (if not in US, name country) <b>Birmingham, AL</b>							
Usual Occupation (describe the type of work done most of working life, even if retired) <b>Teacher</b>							
Usual Residence: <b>AZ</b>	State: <b>AZ</b>	County <b>Maricopa</b>	Town or City <b>Phoenix</b>	Zip <b>85054</b>	How Long in Arizona? <b>2 Years</b>	On Reservation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address or RFD <b>6901 East Chauncey Lane, #1145</b>							
Previous State of Residence <b>FL</b>							
Father's First Name <b>Eugene</b>	Father's Middle Name	Father's Last Name <b>Mary</b>	Education (circle one): Elementary <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> Secondary <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input checked="" type="checkbox"/> Post-Secondary <input type="checkbox"/> 1 <input type="checkbox"/> 2		Mother's Maiden Name <b>Floyd</b>		
Informant's Name <b>Janniece Clayton</b>		Relationship to Deceased <b>Daughter</b>		State Address, City, State, Zip <b>6901 East Chauncey Lane, #1145, Phoenix, AZ 85</b>			
Please Specify: <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal <input type="checkbox"/> Other							
Name/ Location of Cemetery or Crematory <b>Lifepan Crematorium, Phoenix, Arizona</b>							

**The authorizing agent hereby directs Samaritan Funeral Home to dispose of any personal property, including clothing**

do hereby attest that the above information is true and correct to the best of my knowledge. I also understand any changes to be made must be within three (3) days from date of this statement, otherwise Samaritan Funeral Home will be filing the Death Certificate with the Health Department and charges may be incurred from the Health Department for any changes, and that is would be my sole responsibility to pay for such charges.

Signature:  Date Signed: October 19, 2011