

## AFFIDAVIT OF HEIRSHIP

11.

Doc#: 1305139002 Fee: \$42.00 Karen A. Yarbrough RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 02/20/2013 08:53 AM Pg: 1 of 3

STAT	E OF ILLINOIS	) \ CC
COU	NTY OF COOK	) SS )
ESTA	TE OF SOPHIE SIMPSO	N, Deceased.
<u>Willia</u>	ow on this <u>/ / /</u> day of <u>/</u> m A. Simpson, /r. after bein oath, testifies and deposes a	g first duly sworn
	O/X	
1.		impson, Jr., I am over the age of twenty-one (21) years of age and, to my
2.	I reside at 4228 West 111th	Street, Oak Lawn, Illinois 60453.
3.	I, am the son of <u>Sophie Sim</u>	pson and knew her in her lifetime.
4.		ner of the property commonly known as 3019 S. Princeton, Chicago, Illinois n attached) who died on March 28, 2011 in the City of Oak Lawn, County of
5.	The decedent was married	one (1) time(s), to William A. Sanpson.
6.	Two (2) children were born majority age, unless otherw <u>William A. Simpso</u>	variable to the control of the cont
7.	No persons were adopted b	y the decedent.
8.	The parents of the deceden	t were Louis Costello and Mary Costello, both said parezo are now deceased.
9.	,	l and Testament of Sophie Simpson, the decedent herein, left ner entire estate, <u>William A. Simpson, Jr.</u> and <u>Richard H. Simpson</u> .
	b) The decedent died intest	rate.
10.	deceased either individuall	estate of the deceased, including both real and personal property owned by the yor in joint tenancy at the time of the death of the deceased, does not exceed the isand (\$100,000.00) dollars.

The foregoing is based upon my own personal knowledge and belief, is true, and if called upon as a witness

I would competently and consistently testify thereto.

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## **UNOFFICIAL COPY**

FURTHER AFFIANT SAYETH NOT.

AFFIANT - William A. Simpson, Jr.

SUBSCRIPED AND SWORN TO BEFORE MF THIS 14 DAY

OF James.

, 20\_/\_3\_

**NOTARY PUBLIC** 

CYNTHIA J. OLSON

Notery Public State of Illinois

Februs Oct 30, 2014

LEGAL DESCRIPTION

LOT 27 IN PRICE'S SUBDIVISION OF PART OF BLOCK 10 IN SHERMAN AND OTHERS' SUBDIVISION OF THE EAST ½ OF THE WEST ½ OF THE SOUTHEAST 1/4 OF SECTION 28, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN: 17-28-435-007-0000

## COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS **MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER	2011 0024844	DATE ISSUED	04/06/201

DECEDENT'S LEGAL NAME SOPHIE SIMPSON		*					SSX FEMALE	DATE OF DEA	
COUNTY OF DEATH				DATE OF BIRTH					
COOK									<del> </del>
CITY OR TOWN HOSPITAL OR OTHER INSTITUTION NAME OAK LAWN ADVOCATE CHRIST MEDICAL CENTER									
PLACE OF DEATH  1NPATIENT									
BIRTHPLACE CHICAGO, IL	SOCIAL SECUR	ITY NUMBER	MARITAL STA	TUS AT TIME O	OF DEATI	H SURVIVING	SPOUSE'S NAMI	<u> </u>	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 3019 S PRINCETON	0		APT.	NO.	1	OR TOWN ICAGO			INSIDE CITY LIMITS? YES
COUNTY COOK	ST/.(E ZIP COE IL 60616		HER'S NAME OUIS COST	ΓELLO				ME PRIOR TO FI ARRANTINO	
INFORMANT'S NAME WILLIAM SIMPSON	100	l l	TIONSHIP ON		. N	AAILING ADDRE	ss 1TH STREET,	OAK LAWN	, IL, 60453
METHOD OF DISPOSITION BURIAL		CF OF DISPOS	SIFION VEN CATHOLIC	CEMETERY	Ĺ	OCATION - CIT HILLSIDE,	Y OR TOWN AND		OF DISPOSITION RIL 01, 2011
FUNERAL HOME MICHAEL COLETTA SO	ONS. 544 W. 318	ST ST. CH	CAGO, IL, 6	0616		<del></del>			
FUNERAL DIRECTOR'S NAME MICHAEL COLETTA					-		FUNERAL DIRE 03401483		S LICENSE NUMBER
LOCAL REGISTRAR'S NAME DAVID ORR			0,				STRAR		
	TI. ASPIRATION	PNEUMONI	A	7		<u> </u>		ńт	
IMMEDIATE CAUSE	a.							ATE I'WE	DAYS
IMMEDIATE CAUSE (Final disease or condition resulting in death)  b. METASTATIC CANCER PRIMARY UNKNOWN  Due to (or as a consequence of):  Due to (or as a consequence of):									
	******				_(_/_		· · · · · ·	APPF TERV	<u> </u>
	c		Due to (	(or as a consequen-	ce of):		·	ž õ	
				(or as a consequeл				<del></del>	10
PART II Enter other significant of CONGESTIVE HEART FA		ng to death bu	ut not resulting in	n the underlying	cause giv	ven in PART			PERFORMED? NO
	.,					·	CC	MPLETE CAUSE	OF DEATH? N/A
DID TOBACCO USE CONTRIBU	TE TO DEATH?		EGNANCY STAT PLICABLE	TUS				NNER OF DEATI ATURAL	H
DATE OF INJURY		TIME OF INJ	IURY	PLACE OF I	NJURY			0.	INJURY AT WORK?
LOCATION OF INJURY		<u> </u>					<del></del>		
DESCRIBE HOW INJURY OCCU	IRRED:							IF TRANS	COPTATION INJURY, SPECIFY:
ATTEND THE DECEASED? YES	DATE LAST SEEN MARCH 27,			L EXAMINER OF		DATE	PRONOUNCED		TIME OF DEATH 03:44 PM
CERTIFIER PHYSICIAN								DATE CER MARC	RTIFIED CH 28, 2011
NAME, ADDRESS AND ZIP COD				* C C !! ! ! ! !	210 60	630		ı	CIAN'S LICENSE NUMBER

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

David Orr

Cook County Clerk