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201

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)



Doc#: 1335056066 Fee: \$50.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 12/16/2013 03:15 PM Pg: 1 of 7

131604 FA

CAMBRIDGE TITLE COMPANY
400 Central Avenue
Northfield, IL 60093

AFFIDAVIT OF HEIRSHIP And INDEMNITY AGREEMENT

The undersigned, being first duly sworn on oath, depose and state that they are the heirs of **GEORGE HUNT**, hereinafter referred to as "the decedent," who died a resident of **9933 S. CARPENTER, CHICAGO, Illinois** on March 28, 2012. A copy of his death certificate is attached.

The decedent was married twice during his lifetime, first to **AZELLA KAY HUNT**, who predeceased him. Two children were born or adopted as issue of this marriage, namely **CLIFTON HUNT** and **DANIEL R. HUNT**.

The decedent was then married to **IDA EWING HUNT** in Cook County, Illinois, that marriage ending in the death of **George Hunt**, decedent. No children were born or adopted as issue of this marriage.

The decedent died testate leaving a Last Will and Testament.

The gross value of the decedent's entire personal and real estate does not exceed \$ 28,500.00 and consists primarily of the real estate known as **9933 S. Carpenter, Chicago, Illinois**.

No federal or state estate or inheritance tax will be due or payable as the result of the decedent's death.

All of decedent's funeral expenses have been paid in full and there are no other known unpaid claimants or contested claims against the decedent or her estate.

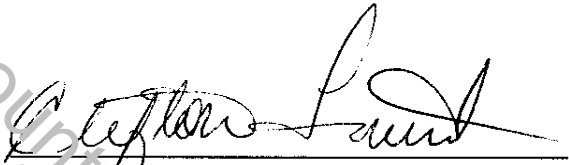
The undersigned is unaware of any dispute or potential conflict as to the heirship or will of the decedent.

The foregoing statements are made under the penalties of perjury and the undersigned understands that a fraudulent statement made under penalties of perjury is perjury, as defined by Section 32-2 of the Illinois Criminal Code of 1961.

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The purpose of this Affidavit and Indemnity Agreement is to induce First American Title Insurance Company and its agent, Cambridge Title Company, to issue its owner's title insurance policy covering title to the real estate known as **9933 S. Carpenter, Chicago, Illinois**, showing title in **GLEND A COPPOLA** subject only to standard or general exceptions contained in such policies issued by the company, specifically waiving any title objections with regard to the estate of the decedent. In consideration therefore, the undersigned for himself, his heirs, executors, representatives and assigns, agrees to indemnify and hold said title insurer and its agent harmless from and against any and all manner of actions, causes of actions, judgments, executions, debts, taxes, claims and demands of every kind and nature whatsoever against the decedent or her estate which may now exist or hereafter arise for any reason whatsoever, and further agrees to reimburse said title insurer and its agents for any expense, including reasonable attorney fees, incurred with regard to any such action or claim that may be brought and including any such expense or fees in enforcing this agreement.

Dated this 4th day of November, 2013.


Clifton Hunt

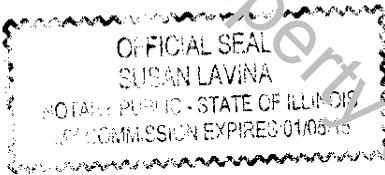

Daniel R. Hunt

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STATE OF ILLINOIS)
) SS
 COUNTY OF COOK)

Subscribed and sworn to before me by CLIFTON HUNT and DANIEL R. HUNT, personally known to me to be the same persons whose names are subscribed to the foregoing instrument, as their free and voluntary act, for the uses and purposes therein set forth.

Dated: November 4, 2013.



[Handwritten Signature]

 Notary Public

Commission Expires: 01-05-2015

LEGAL DESCRIPTION

LOT 6 (EXCEPT THE NORTH 78 FEET THEREOF) IN THE SUBDIVISION OF BLOCK 1 IN MRS. HILLIARDS SUBDIVISION OF BLOCK 3 IN HITS SUBDIVISION IN THE SOUTH EAST QUARTER OF SECTION 8, TOWNSHIP 37 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Commonly known as 9933 S. Carpenter, Chicago, IL 60643

PIN: 25-08-403-035-0000

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CERTIFICATION OF DEATH RECORD

COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS

MEDICAL CERTIFY

STATE FILE NUMBER 2012 0026171

TYPE OF DEATH

DATE ISSUED 04/10/2012

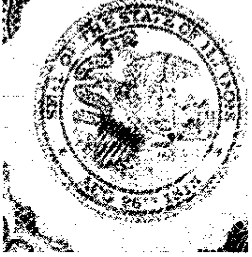
DECEDENT'S LEGAL NAME GEORGE HUNT		SEX MALE	DATE OF DEATH MARCH 28, 2012
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 78 YEARS	DATE OF BIRTH FEBRUARY 24, 1934	
CITY OR TOWN EVERGREEN PARK	HOSPITAL OR LITTLE C	OTHER INSTITUTION NAME COMPANY OF MARY HOSPITAL	
PLACE OF DEATH INPATIENT			
PLACE OF BIRTH MEMPHIS, TN	SOCIAL SECURITY NUMBER 409-52-6618	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME IDAMAE EWING
RESIDENCE 133 S CARPENTER	APT NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60643	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION FELIX HUNT
		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION LEOLA WILLIAMS	
DECEASED'S NAME LIFTON HUNT	RELATIONSHIP SON	MAILING ADDRESS 7241 OGLESBY, CHICAGO IL, 60649	
METHOD OF DISPOSITION URIAL	PLACE OF DISPOSITION MOUNT HOPE CEMETERY	LOCATION - CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION MARCH 31, 2012
GENERAL HOME EAKANDSONS, 7838 SOUTH COTTAGE GROVE, CHICAGO, IL, 60619			
GENERAL DIRECTOR'S NAME PENCER LEAK SR	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031007489		
LOCAL REGISTRAR'S NAME ELLY A KUZLIK	DATE FILED WITH LOCAL REGISTRAR APRIL 6, 2012		
CAUSE OF DEATH - PART 1 IMMEDIATE CAUSE ACUTE MYOCARDIAL INFARCTION	Due to (or as a consequence of): CARDIOGENIC SHOCK		
Due to (or as a consequence of):			
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.		WAS AN AUTOPSY PERFORMED? NO	
WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A		MANNER OF DEATH NATURAL	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?

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.



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LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED:				IF TRANSPORTATION INJURY, SPECIFY:
ATTEND THE DECEASED?	DATE	TIME LAST SEEN ALIVE	WAS MEDICAL EXAMINER OR CORONER CONTACTED?	DATE PRONOUNCED
0	11	UNKNOWN	NO	
CERTIFIER PHYSICIAN				TIME OF DEATH 03:05 AM
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH IVADALI, 10837 S CICERO, OAK LAWN, ILLINOIS, 60453				DATE CERTIFIED MARCH 28, 2012
				PHYSICIAN'S LICENSE NUMBER 036102767



Property of Cook County Clerk's Office

STATE OF ILLINOIS
(County of Cook)

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DAVID ORR, COUNTY CLERK

October 31, 2013

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is the true and correct copy of the original Record on file, all of which appears from the records and files in my office. IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David J. Orr
COUNTY CLERK

DECEDENT'S BIRTH NO.		STATE OF ILLINOIS		STATE FILE NUMBER	
REGISTRATION DISTRICT NO. 16.10		MEDICAL CERTIFICATE OF DEATH		602838	
REGISTERED NUMBER		DECEASED - NAME		SEX	DATE OF DEATH
1. AZARELIA HUNT		2. FEMALE	3/31/81		
RACE - WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)		ORIGIN OR DESCENT	AGE - LAST BIRTHDAY (YR)	UNDER 1 YEAR	UNDER 1 DAY
4a. NEGRO		4b. AMERICA	5a. 43	5b. 1	5c. 1
DATE OF BIRTH (MO, DAY, YEAR)		CITY OF DEATH		IF HOSP. OR INST. INDICATE DOOR OR OTHER R/O INPATIENT (SPECIFY)	
6. Sept. 15 1937		7a. Cook		Emergency Room	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. Chicago		7c. Michael Reese			
STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY)		CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	
8. Illinois		9. U.S.A.	10. Married	11. George Hunt	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	U.S. WAR VETERAN (YES, NO)	WAR OR DATES OF SERVICE
12. NOT AVAILABLE		13a. Home Maker	13b. Own Home	13c. No	13d.
RESIDENCE STREET AND NUMBER		CITY, TOWN, TWP. OR ROAD DISTRICT NO.	INSIDE CITY (YES, NO)	COUNTY	STATE
14a. 9933 S. Carpenter		14b. Chicago	14c. Yes	14d. Cook	14e. Illinois
FATHER - NAME		MOTHER - MAIDEN NAME			
15. Marion L. Kay		16. Hattie Lattimer			
INFORMANT'S SIGNATURE		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR P.O. CITY OR TOWN, STATE ZIP)		
17a. <i>George Bellandini</i>		RECORDS	17c. 29th & Ellis Chicago Ill.		
DEATH WAS CAUSED BY:		PART I. IMMEDIATE CAUSE			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. MYOCARDIAL INFARCTION		(a) MYOCARDIAL INFARCTION			
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) SEPSIS			
		(c) MULTIPLE SCLEROSIS			
PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		ANTOPSY (YES, NO)	IF YES, NARRATE FINDINGS CONCERNING UNDERLYING CAUSE OF DEATH		
		19. Yes	19b.		
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION			
20a.		20b.			
I ATTENDED THE DECEASED FROM:		AND LAST EXAM. BY ME (ALIVE)	DATE OF DEATH	HOUR OF DEATH	
21a. 9/11/79		21b. 11/31/81	21c. 11/1/81	21d. 2 p.m.	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED		DATE SIGNED			
22a. SIGNATURE <i>George Bellandini</i>		22b. 2-3-1981			
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER			
22c. 950 E. 59th ST. CHGO. ILL. 60637		22d. 36588701			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE MEDICAL EXAMINER MUST BE NOTIFIED			
23.					
BURIAL CREATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY - NAME	LOCATION	CITY OR TOWN	STATE	DATE (MONTH, DAY, YEAR)
24a. BURIAL	24b. LINCOLN	24c. WORTH	ILLINOIS	24d. 2-5-1981	
FUNERAL HOME		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE MEDICAL EXAMINER MUST BE NOTIFIED			
25a. GRIFFIN FUNERAL HOME LTD. 3232 KING DRIVE CHICAGO ILLINOIS 60616					
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER			
25b. <i>George Bellandini</i>		25c. 7348			
LOCAL REGISTRAR SIGNATURE		CHICAGO DEPT. OF HEALTH	DATE RECD BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		
26a. <i>George Bellandini</i>		RICHARD J. DALEY CENTER, ROOM 111 CONCOURSE LEVEL, CHICAGO 60602	26b. FEB 4 1981		

A. **H-033**
DECEASED

B. **7306**

C. **700**

D. **700**

E. **700**

1. **340xc**

2. **H10 A**

3. **038 D**

CAUSE

4.

5.

N.

P.

CERTIFIER

DISPOSITION

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**CHICAGO, ILLINOIS
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2013 0036378

DATE ISSUED 10/31/2013

DECEDENT'S LEGAL NAME IDA M EWING		SEX FEMALE	DATE OF DEATH MAY 02, 2013	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 80 YEARS	DATE OF BIRTH OCTOBER 17, 1932		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME HOLY CROSS HOSPITAL		
PLACE OF DEATH INPATIENT				
BIRTHPLACE BRANDON, MS	SSN [REDACTED] 1757	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME EVER IN U.S. ARMED FORCES? NO	
RESIDENCE 9933 S CARPENTER		APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60643	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JAMES L BURTON	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MARY ELLA BRYANT
INFORMANT'S NAME MARY MILLER		RELATIONSHIP DAUGHTER	MAILING ADDRESS 3606 BIRCHWOOD DRIVE, HAZEL CREST, IL, 60429	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION LINCOLN CEMETERY	LOCATION - CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION MAY 08, 2013	
FUNERAL HOME TAYLOR FUNERAL HOME LTD, 63 E 79TH STREET, CHICAGO, IL, 60619				
FUNERAL DIRECTOR'S NAME CHARLES B TAYLOR			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034010097	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR MAY 8, 2013	
CAUSE OF DEATH PART I. CEREBROVASCULAR ACCIDENT				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	Due to (or as a consequence of):	
		b.	Due to (or as a consequence of):	
		c.	Due to (or as a consequence of):	
			Due to (or as a consequence of):	
PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I.			WAS AN AUTOPSY PERFORMED? NO	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT APPLICABLE			MANNER OF DEATH NATURAL	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED:				IF TRANSPORTATION INJURY, SPECIFY:
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE MAY 02, 2013	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 03:15 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED MAY 03, 2013	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PREM RUPANI, 2701 W 68TH STREET, CHICAGO, ILLINOIS, 60629			PHYSICIAN'S LICENSE NUMBER 036061662	

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
David Orr
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM