

# UNOFFICIAL COPY

AFFIDAVIT OF HEIRSHIP  
RECORDING REQUESTED BY:

WANDA L. VAUGHN

WHEN RECORDED RETURN

To: DAVID E. TRICE,  
ATTORNEY AT LAW

9723 S. WESTERN AVE.

CHICAGO, IL 60643

and MAIL FUTURE TAX BILLS

TO: WANDA L. VAUGHN

7547 S. WENTWORTH AVE.,

CHICAGO, IL 60620



Doc#: 1407657002 Fee: \$44.00

RHSP Fee: \$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds

Date: 03/17/2014 11:01 AM Pg: 1 of 4

(Above Space for Recorder's Use Only)

Being first duly sworn, the following individual who is of legal age: **WANDA L. VAUGHN**, a FEMALE RESIDENT OF **CHICAGO, DOMICILED IN COOK COUNTY, IL**, deposes and states:

1. That the affiant, **WANDA L. VAUGHN**, is the sister of **GEORGIE R. TOWNER (nee LOVE)**, a FEMALE who was born **JUNE 1, 1930**, and who died **SEPTEMBER 3, 2008**, testate.
2. That **GEORGIE R. TOWNER'S** will was filed on **December 5, 2008**, after her death with the **Clerk of the Circuit Court of Cook County, IL**, with the will number **2008-W-009459**.
3. That the relevant clause (article IV – 4.1(b)) of **GEORGIE R. TOWNER'S** will directs the Executor to “sell my real estate as soon as practical after my death, and distribute the net proceeds from the sale, in equal shares, of equal value, to my siblings...if they survive me. in the event that any one of them does not survive me, his share shall lapse and pass to the survivors in equal shares. If only one of them survives me, my executor shall distribute all proceeds from the sale to the survivor.”
4. That no letters of office are now outstanding on **GEORGIE R. TOWNER'S** estate and no petition for letters is contemplated or pending in Illinois or in any other jurisdiction.
5. That no children were naturally born to or legally adopted by **GEORGIE R. TOWNER**.
6. That **GEORGIE R. TOWNER** married once in her lifetime; it was to **JOE CHARLES TOWNER** and the marriage ended upon **JOE'S** death on **DECEMBER 27, 1982** as indicated in **JOE CHARLES TOWNER'S** attached **Certificate of Death**.
7. That **GEORGIE R. TOWNER** was one of eleven children of **HORACE O. LOVE** who was born **February 7, 1900**, and who died **August 6, 1955**, & **ROSA L. LOVE (NEE WRIGHT)** who was born **July 2, 1903**, and who died **July 30, 2000**.
8. That **Horace O. Love** and **Rosa L. Love** gave birth to eleven children, namely:
  - a. **CLIFFORD E. LOVE, DECEASED, BORN MARCH 9, 1925, AND DIED, OCTOBER 20, 2004;**
    - i. **CLIFFORD E. LOVE** died unmarried and neither fathered nor legally adopted any children during his lifetime.
  - b. **WILLIAM H. LOVE, DECEASED, BORN JANUARY 14, 1927, AND DIED, SEPTEMBER 21, 2009;**
    - i. **WILLIAM H. LOVE** survived **GEORGIE R. TOWNER**.
    - ii. **WILLIAM H. LOVE** died leaving a surviving spouse and two adult children.
  - c. **GEORGIE TOWNER, DECEASED, BORN JUNE 1, 1930, AND DIED, SEPTEMBER 3, 2008;**
  - d. **GWENDOLYN M. MOORE, A MARRIED FEMALE, BORN OCTOBER 21, 1931, OF CHICAGO, IL;**
  - e. **FLORA L. LEACH, A WIDOWED FEMALE, BORN JANUARY 5, 1934, OF CHICAGO, IL;**
  - f. **WANDA L. VAUGHN, A WIDOWED FEMALE, BORN OCTOBER 25, 1936, OF CHICAGO, IL;**
  - g. **THELMA L. FEARS, A WIDOWED FEMALE, BORN APRIL 6, 1939, OF CHICAGO, IL;**
  - h. **CALLIE L. YOUNG, A WIDOWED FEMALE, BORN JUNE 14, 1941, OF CHICAGO, IL;**
  - i. **GLENDA L. HIGH, A WIDOWED FEMALE, BORN FEBRUARY 22, 1944, OF CHICAGO, IL;**
  - j. **CAROLUS E. JOHNSON, A WIDOWED FEMALE, BORN AUGUST 30, 1946, OF CHICAGO, IL;**
  - k. **DEWITT C. LOVE, A MARRIED MALE, BORN DECEMBER 13, 1949, OF FAIRFIELD, CA.**
9. That no other children were naturally born to or legally adopted by **HORACE O. LOVE AND/OR ROSA L. LOVE**.

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10. That **GEORGIE R. TOWNER** did not remarry after her marriage to **JOE CHARLES TOWNER**.
11. That the surviving eight siblings of **GEORGIE R. TOWNER**, namely: **GWENDOLYN, FLORA, WANDA, THELMA, CALLIE, GLENDA, CAROLUS AND DEWITT**, are living at the time of the execution of this statement, are of legal age and under no legal disability.
12. That the **GEORGIE R. TOWNER**, who died **SEPTEMBER 3, 2008**, is the decedent in the attached **Certificate of Death**, and is also the solely named **OWNER** on the **Certificate of Title**, which was recorded on **JUNE 3, 1992**, with the document number **92-388423** at the **Cook County Recorder of Deeds** and held all rights, title and interest in the subject property commonly known as: **7547 S. WENTWORTH AVE., CHICAGO, IL 60620** (Tax Parcel Number: **20-28-404-019-0000**) and legally described as follows:
- a. Lot Twenty Six (26) (except the South fifteen (15) feet thereof) Lot twenty seven (27) (except the North five (5) feet thereof), in block three (3) in Banker's Resubdivision of Blocks three (3) and ten (10) of H.L. Stewarts Subdivision of the North half (N ½ of the South East Quarter (SE ¼) of Section 26, Township 33 North, RANGE 14, East of the Third Principal Meridian, in Cook County, Illinois.

Dated: **MARCH 15, 2014**Dated: **MARCH 15, 2014****EXEMPT UNDER PROVISIONS OF REAL ESTATE TRANSFER LAW 35 ILCS 200/31-45 (e).**
 Wanda L. Vaughn  
**WANDA L. VAUGHN, AFFIANT**
 Wanda L. Vaughn  
**WANDA L. VAUGHN, AFFIANT**
State of **ILLINOIS**County of **COOK**

I, CERTIFY THAT, **WANDA L. VAUGHN**, appeared before me and each are known to me to be the individuals who respectively signed this instrument, and acknowledged that each signed the same as his or her free and voluntary act. GIVEN under my hand and official seal this **15<sup>TH</sup> DAY OF MARCH, 2014**.

(SEAL) "OFFICIAL SEAL"  
 DAVID E TRICE  
 Notary Public, State of Illinois  
 My Commission Expires 10/8/2017

 David E. Trice  
**DAVID E. TRICE, Notary Public**

This instrument was drafted and prepared by: **David E. Trice, Attorney at Law, 9723 S. Western Ave., Chicago, IL 60643, 773 233 3303 OFFICE, 773 233 3330 FAX, [www.tricelaw.com](http://www.tricelaw.com)**

This instrument was drawn without title insurance examination, using description available to the affiant.

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1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) <b>Georgie Towner</b>		2. SEX <b>Female</b>	3. DATE OF DEATH (Month/Day/Year) (Spell Month) <b>September 3, 2008</b>
4. COUNTY OF DEATH <b>Cook</b>	5a. AGE AT LAST BIRTHDAY (Years) <b>78</b>	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____
7a. CITY OR TOWN <b>Chicago</b>		7b. HOSPITAL OR OTHER INSTITUTION NAME (if not in either, give street and number) <b>7547 South Wentworth</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 type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long-term care facility <input checked="" type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____	
8. BIRTHPLACE (City and State or Foreign Country) <b>Villa Ridge, IL</b>	9. SOCIAL SECURITY NUMBER <b>325-24-9957</b>	10. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married but separated <input checked="" type="checkbox"/> Widowed <input 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) <b>Rosa L. Wright</b>
12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
13a. RESIDENCE (Street and Number) <b>7547 South Wentworth</b>	13b. APT. NO. <b>Chicago</b>	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>IL</b>	13g. ZIP CODE <b>60620</b>	14. FATHER'S NAME (First, Middle, Last) <b>Horace O. Love</b>
15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>Rosa L. Wright</b>			
16a. INFORMANT'S NAME <b>Flora Leach</b>		16b. RELATIONSHIP <b>Sister</b>	16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) <b>7547 S. Wentworth Ave. Chicago, Illinois 60620</b>
17. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): _____		18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) <b>Lincoln Cemetery</b>	19. LOCATION - CITY, TOWN AND STATE <b>Chicago, Illinois</b>
20. DATE OF DISPOSITION (Month/Day/Year) <b>September 9, 2008</b>			
21a. FUNERAL HOME NAME <b>Unity Funeral Parlors, Inc.</b>		21b. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>3414694</b>	
21c. STREET AND NUMBER <b>411 S. Michigan Ave.</b>		21d. CITY OR TOWN <b>Chicago, Illinois</b>	
21e. STATE <b>Illinois</b>		21f. ZIP <b>60653</b>	
22. LOCAL REGISTRAR'S SIGNATURE <i>Jerry Mason</i>		23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) <b>091708</b>	
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. <b>IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. METASTATIC LUNG CANCER</b> Due to (or is a consequence of): _____ Sequentially list conditions if any, leading to the cause listed on line b. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST c. _____ Due to (or is a consequence of): _____			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>one year</b>
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown			28. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Pregnant within one year of death but time unknown <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past 12 months
29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation			26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No
30. DATE OF INJURY (Month/Day/Year)	31. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	32. PLACE OF INJURY (e.g. Decedent's home; construction site; restaurant; wooded area)	
33. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify): _____			
37. (DID/DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON <b>August 12, 2008</b>		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	39. DATE PRONOUNCED (Month/Day/Year) <b>September 3, 2008</b>
40. TIME OF DEATH <b>5:00 P.M.</b>			
41. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> 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. <input type="checkbox"/> 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.			43. PHYSICIAN'S LICENSE NUMBER <b>016067167</b>
42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) <b>Flora Leach 973 S. Western Ave Evanston IL 60201</b>			
44. TITLE OF CERTIFIER <b>PHYSICIAN</b>		45. DATE CERTIFIED (Month/Day/Year) <b>September 3, 2008</b>	46. SIGNATURE OF CERTIFIER <i>Flora Leach</i>

(Based on the 2003 U.S. Standard Certificate)

Illinois Department of Public Health - Division of Vital Records

VR200 (Rev. 1/08)

DEPARTMENT OF CITY OF CHICAGO

This is to certify that this is a true and correct copy of the official death record of the State of Illinois.

THIS CERTIFICATE COPY IS UNOFFICIAL. A TRUE COPY OF THE ORIGINAL RECORD MUST BE FILED WITH THE REGISTRAR'S SIGNATURE.

*Flora Leach*

JERRY MASON, M.D., REGISTRAR OF VITALS CERTIFY THAT I AM THE REGISTRAR OF BIRTH AND DEATHS FOR THE CITY OF CHICAGO AND THE COUNTY OF COOK. THIS CITY OF CHICAGO AND COUNTY OF COOK ACCOMPANYING CERTIFICATE IS A TRUE COPY KEPT BY ME IN ODDMAN LOCKS AND ORDNANCE.

091708

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

Illinois Department of Public Health.

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## MEDICAL CERTIFICATE OF DEATH

624388

FIRST MIDDLE LAST <b>JOE CHARLES TOWNER</b>		SEX <b>2. MALE</b>	DATE OF DEATH <b>3 DECEMBER 27, 1982</b>
1. RACE <b>BLACK</b>	2. ORIGIN OR DESCENT <b>AMERICAN</b>	3. AGE <b>62</b>	4. DATE OF BIRTH (MO. DAY, YEAR) <b>May 28, 1920</b>
5. COUNTY OF DEATH <b>CHICAGO</b>	6. HOSPITAL OR OTHER INSTITUTION - NAME (IF IN EITHER, GIVE STREET AND NUMBER) <b>ST. BERNARD HOSPITAL</b>	7. D.O.A.	
8. STATE OF BIRTH (IF NOT IN U.S.A. GIVE COUNTRY) <b>ILLINOIS</b>	9. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>MARRIED</b>	11. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) <b>GEORGIE LOVE</b>
12. SOCIAL SECURITY NUMBER <b>346-162-2679</b>	13. USUAL OCCUPATION <b>Crane Operator</b>	14. KIND OF BUSINESS OR INDUSTRY <b>U.S. Steel</b>	15. U.S. WAR VETERAN (YES/NO) <b>Yes</b>
16. RESIDENCE STREET AND NUMBER <b>7547 So. Wentworth Ave</b>	17. CITY, TOWN, TWP. OR ROAD DISTRICT NO. <b>Chicago</b>	18. INSIDE CITY (YES/NO) <b>Yes</b>	19. COUNTY <b>Cook</b>
20. STATE <b>Illinois</b>	21. FATHER - NAME <b>ELEC TOWNER</b>	22. MOTHER - MAIDEN NAME <b>EMMA LOPER</b>	
23. INFORMANT'S SIGNATURE <b>GEORGIA TOWNER</b>		24. RELATIONSHIP <b>WIFE</b>	25. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) <b>7547 So. Wentworth Ave Chicago, IL</b>
18. DEATH WAS CAUSED BY: (LEAVE ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
PART I. IMMEDIATE CAUSE <b>(a) ARTERIO SCLEROTIC HEART DISEASE</b>			
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. <b>(b) (c)</b>			
PART II. OTHER SIGNIFICANT CONDITIONS: (CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO CAUSE GIVEN IN PART I.) <b>Amended: 7-15-82k</b>			
26. DATE OF OPERATION, IF ANY	27. MAJOR FINDINGS OF OPERATION		
28. I ATTENDED THE DECEASED FROM: <b>12/10/82</b>	29. TO THE CARE OF BY (NAME, ADDRESS, CITY, STATE, ZIP): <b>William Soley</b>	30. DATE OF DEATH <b>12/11/82</b>	31. HOURS OF DEATH <b>4:35 A.M.</b>
32. SIGNATURE OF CERTIFIER <b>William Soley</b>	33. NAME AND ADDRESS OF CERTIFIER <b>2150 S. HALLEN HILLS HEIGHTS, ILL</b>	34. DATE SIGNED <b>12/27/82</b>	35. LICENSE NUMBER <b>053590</b>
36. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) <b>WILLIAM O'RIELY</b>	37. NAME OF PLACE WHERE DEATH OCCURRED (TYPE OR PRINT) <b>OAK WOODS CEMETERY, CHICAGO, ILLINOIS</b>		
38. BURIAL (TYPE OR PRINT) <b>Burial</b>	39. CEMETERY OR CREMATORIUM - NAME <b>OAK WOODS CEMETERY</b>	40. LOCATION <b>CHICAGO, ILLINOIS</b>	41. DATE <b>DEC. 31, 1982</b>
42. FUNERAL HOME <b>PROGRESSIVE FUNERAL PARLOR 7208 SOUTH STONY ISLAND AVE CHICAGO, IL 60648</b>			
43. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	44. LOCAL HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>	45. DATE <b>DEC 29 1982</b>	46. TIME <b>8423</b>

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the record as made from the original certificate for the person named therein and that this certificate was established and filed with the Department of Public Health in accordance with the statutes of Illinois.

STATE REGISTRAR - VITAL RECORDS  
*[Signature]*  
DEPUTY STATE REGISTRAR

SPRINGFIELD

JULY 15, 1987

THIS IS NOT A VALID CERTIFIED COPY WITHOUT THE EMBOSSED SEAL AND SIGNATURE OF THE STATE REGISTRAR