

UNOFFICIAL COPY

STATE OF ILLINOIS)
)
COUNTY OF COOK)



Doc#: 141116037 Fee: \$44.00
RHSP Fee:\$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 04/21/2014 11:33 AM Pg: 1 of 4

AFFIDAVIT OF HEIRSHIP

Romez Smith, being first duly sworn on oath, states as follows:

1. That he is the son of Samuel B. Smith, who died June 12, 1995 and upon his death owned property located 8001 So. Constance, Chicago, Illinois, said property being legally described as follows:

Lot 40 and Lot 39 (except the South 10 feet thereof) in Block 4 in Bartlett's 79th Street Subdivision of Part of the North West ¼ of Section 36, Township 38 North, Range 14 East of the Third Principal Meridian according to the plat thereof recorded April 27, 1910 as Document No. 4550573 in Cook County, Illinois.

PIN # 20-36-108-001-0000

2. That Samuel B. Smith was married once during his lifetime and that marriage was to Anna M. Smith. Said marriage was terminated upon the death of Anna M. Smith on October 10, 1983.
3. That eight children were born to the marriage of Samuel B. Smith as follows:

Name	Relationship	Status
Aunvez Smith	Daughter	Living
Samuel B. Smith, Jr.	Son	Deceased (1999)
Romez Smith	Son	Living
Valletta Smith	Daughter	Living

UNOFFICIAL COPY

Sametra Smith-Harris	Daughter	Living
Aunzette Smith	Daughter	Living
Vittorio Smith	Son	Living
Dewanze Smith	Son	Living

4. That Samuel B. Smith, Jr. died in 1999, having never married and having never had any children born to or adopted by him during his lifetime.

Based upon the foregoing, decedent Samuel B. Smith left surviving as his only heirs at law the following:

Aunulev Smith	Daughter
Romez Smith	Son
Valletta Smith	Daughter
Sametra Smith-Harris	Daughter
Aunvette Smith	Daughter
Vittorio Smith	Son
Dewanve Smith	Son

Romez Smith

 Romez Smith

Subscribed and Sworn to before me this 29 day of August, 2013

Luke Hunter

 Notary Public



Attorney No.: 91182
 Luke Hunter
 Hunter & Hunter, P.C.
 53 W. Jackson Blvd., Suite 405
 Chicago, IL 60604
 (312) 567-9981

UNOFFICIAL COPY

JUL-15-2013 MON 01:52

DISTRICT NO. 16.10
REGISTERED NUMBER

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

1611050

DECEASED-NAME: **SAMUEL B. SMITH** FIRST MIDDLE LAST
DATE OF BIRTH: **12 JUL 1920** MONTH DAY YEAR

COUNTY OF DEATH: **COOK**
CITY/TOWN/TWP./CEREBRO DISTRICT NUMBER: **CHICAGO**

AGE LAST BIRTHDAY: **74** YEARS MONTHS DAYS
DATE OF BIRTH: **12 JUL 1920**

HOSPITAL OR OTHER INSTITUTION: **TRANSITIONAL**
NAME OF SURVIVING SPOUSE: **NONE**

RESIDENCE (STREET AND NUMBER): **8001 SO. CONSTANCE AVE.**
CITY/TOWN/TWP./CEREBRO DISTRICT NO.: **CHICAGO**

STATE: **ILLINOIS** ZIP CODE: **60617**

FATHER-NAME: **SAMUEL B. SMITH** MOTHER-NAME: **OSZELLA BURNHALTER**

RELATIONSHIP: **SON** DATE OF BIRTH: **12 JUL 1920**

EDUCATION (SCHOOL/TIME/TYPE/DEGREE/CLASS): **12 12 YEARS**

INDUSTRY: **MAIL CARRIER**

CONDITIONS, IF ANY, WHICH GIVE RISE TO NAME/DATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST

DATE OF OPERATION: **5/20/95**

NAME OF ALTERNATE PHYSICIAN (OTHER THAN CENTER):

22. T. MARENGAS MD 4058 N. WELLS ST. CHICAGO, ILL. 60641

23. SIGNATURE: *[Signature]*

24. TITRATION: **CHICAGO, ILLINOIS 60637**

25. JONES FUNERAL HOME 7949 SO. WILSON ST. CHICAGO, ILLINOIS 60620-7541

26. LOCAL REG. NO. **34-9111**

DATE REGISTERED: **JUN 14 1995**

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO
JUN 14 1995

I, SHERA LYNE RSM, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO. THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY YIELD WHEN THE REGULAR WORKING SEAL IS AFFIXED

JUL-15-2013 MON 01:51

UNOFFICIAL COPY

HUNTER & HUNTER

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH
 STATE FILE NUMBER: 620754

REGISTRATION DISTRICT NO. 16.10

1. **Anna M. Smith** Female Date of Death: **October 10 1983**

2. **Black American** Age: **60** Date of Birth: **Dec. 30 1922** County of Death: **Cook**

3. **Chicago** City of Death: **Jackson Pk** If death occurred in a hospital, give name and number: **DOA**

4. **Indiana** Country of Birth: **USA** 10. **Married** 11. **Samuel B. Smith** Name of Surviving Spouse (Maiden Name, if wife)

12. **Dept of Services** Kind of Business or Industry: **City of Chgo.** 13. **No** Was Deceased Ever in U.S. Armed Forces (Specify Yes or No)

14. **Chicago** City of Residence: **Yes** 15. **Cook** County: **Ill** State

16. **Babbitt** Mother: **Vallie Jane Harris** Maiden Name

17. **Samuel B. Smith** Relationship: **Husband** 18. **8001 S. Constance Chicago Ill** Mailing Address (Street and No. or R. F. D., City or Town, State, ZIP)

19. **Acute cardiac-pulmonary arrest** Cause of Death (Enter only one cause per line (a), (b), and (c))

20. **Chronic heart failure**

21. **Diabetes mellitus**

22. **Autopsy** (Required) **No** 23. **No** If Female, Was There a Pregnancy in Past Three Months? (Yes or No)

24. **10/13/83** Date Signed (Month, Day, Year) 25. **8:25** Hour of Death (A.M. or P.M.)

26. **10/10/83** Date of Death (Month, Day, Year)

27. **36-1440** Illinois License Number

28. **Chicago** City of Death: **Ill** State: **Oct. 14 1983** Date (Month, Day, Year)

29. **Chicago** City of Residence: **60619** ZIP

30. **4390** Annual Date of Illinois License Number

31. **OCT 13 1983** Date Rec'd. by Local Registrar (Month, Day, Year)

32. **ACTING LOCAL REGISTRAR** (Signature)

33. **Illinois Department of Public Health - Office of Vital Records** (Seal)

34. **60619** (Seal)

226

605

893

229

27

50

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