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1421247116

**Doc#:** 1421247116 **Fee:** \$48.25  
RHSP Fee:\$9.00 RPRF Fee: \$1.00  
Karen A.Yarbrough  
Cook County Recorder of Deeds  
Date: 07/31/2014 12:41 PM Pg: 1 of 5

**Prepared by:**  
**Renee Stewart**  
**9832 S Genoa Ave**  
**Chicago, Illinois**

**Deceased Affidavit**

Property of Cook County Clerk's Office

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## Affidavit of Death

STATE OF Illinois  
COUNTY OF Cook

I, Patrice Wilson, residing at 4921 Linden Rd #547, Rockford, Illinois 61109, being of legal age, depose and say that:

That Marcella Wilson, 534 E 95th St, Chicago, Illinois 60619 died on July 20, 2014 as evidenced by a certified copy of the Certificate of Death, attached hereto;

That decedent owned the following property described in the real property deed attached hereto and incorporated herein;

That I am the successor to the estate of the decedent and to the decedents interest in the described property and no other person has a superior right to the interest of the decedent in the described property;

That no proceeding is being or has been conducted in Illinois for administration of the decedent's estate;

That the funeral expenses, expenses of last illness, and all unsecured debts of decedent have been paid.

### Oath or Affirmation:

I certify under penalty of perjury under Illinois law that I know the contents of this Affidavit signed by me and that the statements are true and correct.



July 31, 2014

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STATE OF ILLINOIS, COUNTY OF COOK, ss:

This Affidavit was acknowledged before me on this 31st day of July, 2014 by Patrice Wilson, who, being first duly sworn on oath according to law, deposes and says that he/she has read the foregoing Affidavit subscribed by him/her, and that the matters stated herein are true to the best of his/her information, knowledge and belief.



Renee Stewart  
Notary Public

\_\_\_\_\_  
Title (and Rank)

My commission expires March 11, 2018

25-03-430029-0000

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162 West Hubbard Street  
Chicago, Illinois 60610  
www.oconnortitle.com

Sched A

Telephone: 312 527 4700  
Fax: 312 527 0700  
orders@oconnortitle.com

Order #: 2008106-0089  
Placed: 04/15/2008

Prepared for: Park National Bank / FBOP  
Attn: Sandra Rivera

Reference: Wilson

***LienSafe Title Report***

Property: 534-536 East 95th Street, Chicago, Illinois 60619 County: Cook

**Legal Description:** Lots 23 and 24 in Vernon Park Subdivision of the South West 1/4 of the South East 1/4 of Section 3, Township 37 North, Range 14, East of the Third Principal Meridian, (except the Railroad Right-of-Way and except Streets heretofore dedicated), in Cook County, Illinois.

Permanent Index Number(s): 25-03-430-029  
25-03-430-030

Owner(s) of Record: Marcella F. Wilson

Property of Cook County Clerk's Office

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## COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

## MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2014 0056046

DATE ISSUED 7/30/2014

DECEDENT'S LEGAL NAME MARCELLA F WILSON			SEX FEMALE	DATE OF DEATH JULY 20, 2014		
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 81 YEARS		DATE OF BIRTH MARCH 04, 1933		
CITY OR TOWN CHICAGO			HOSPITAL OR OTHER INSTITUTION NAME VITAS HOSPICE AT MERCY HOSPITAL			
PLACE OF DEATH HOSPICE FACILITY						
BIRTHPLACE CHICAGO, IL		SOCIAL SECURITY NUMBER [REDACTED] 6720	STATUS AT TIME OF DEATH WIDOWED		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME EVER IN U.S. ARMED FORCES? NO	
RESIDENCE 534 EAST 95TH STREET			APT. NO.	CITY OR TOWN CHICAGO		
INSIDE CITY LIMITS? YES						
COUNTY COOK	STATE IL	ZIP CODE 60619	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JAMES O BORRIS		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION SUSIE E PEASE	
INFORMANT'S NAME PATRICE A WILSON		RELATIONSHIP DAUGHTER		MAILING ADDRESS 4921 LINDEN ROAD APT 547, ROCKFORD, IL, 61109		
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION THE LAKES CREMATORY		LOCATION - CITY OR TOWN AND STATE LAKE VILLA, IL	DATE OF DISPOSITION JULY 24, 2014	
FUNERAL HOME UNITY FUNERAL PARLORS INC, 4114 S. MICHIGAN AVENUE, CHICAGO, IL, 60653						
FUNERAL DIRECTOR'S NAME BRENDA L THACKER				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014694		
LOCAL REGISTRAR'S NAME DAVID ORR				DATE FILED WITH LOCAL REGISTRAR JULY 25, 2014		
<b>CAUSE OF DEATH</b>						
PART I. END STAGE CARCINOMA LUNG						
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ Due to (or as a consequence of):			APPROXIMATE PERIOD BETWEEN ONSET AND DEATH	30 DAYS
		b. _____ Due to (or as a consequence of):				
		c. _____ 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? NO		DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO		DATE PRONOUNCED	
				TIME OF DEATH 8:37 PM		
CERTIFIER PHYSICIAN				DATE CERTIFIED JULY 21, 2014		
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH SESHAN SUBRAMANIAN, MD, 2525 SOUTH MICHIGAN AVENUE, CHICAGO, ILLINOIS, 60616					PHYSICIAN'S LICENSE NUMBER 036041610	

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