## **UNOFFICIAL COPY**

# AFFIDAVIT

203/501/56990 Date: 03/18/15

File No.: 1501-56990

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1509619073

Doc#: 1508619073 Fee: \$72.00 RHSP Fee: \$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds Date: 03/27/2015 11:37 AM Pg: 1 of 5

=
STATE OF ILLINOIS
COUNTY OF Cook
being duly sworn states that she resides at 108 Partie of in the Chy of Shoreway, IL. That she was acquainted with Irsue case who at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:
See Egal description attached and made a part hereof
That the deceased died on 92946 (INSERT DATE FROM DEATH CERTIFICATE), as evidenced by a certified copy of a death certificate of the deceased attached hereto
That the deceased died: (CHECK ONE)
Leaving no Last Will & Testament
Leaving a Last Will & Testament, a copy of which is attached hereto. The original
of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of County, Illinois.
Leaving a Last Will & Testament which was filed in the Unproven Will Box of the
Probate Division of the Circuit Court ofCounty, Clinois about
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of \$ 2000 dollars

death of the deceased, does not exceed the sum of \$ 2000 dollars.

Affiant makes this affidavit for that purpose of inducing Prairie Title Insurance Company to issue its Title Insurance Policy, describing the above-mentioned property.

SUBSCRIBED AND SWORN TO BEFORE ME BY THE SAID PENNY BEING this

Notary Public

Affiant's Signature

JAMES J MC PONE
JAMES J MC PONE
LLINOIS
NOTARY PUBLIC
MY COMMISSION EA MRES 4/26/2015

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## **UNOFFICIAL COPY**

### **AFFIDAVIT OF HEIRSHIP**

PENNY BARRY, being first duly sworn on oath, deposes and states as follows:

- 1. I am the daughter of Jesse Carl Williams and Ethel Mae Williams.
- 2. Jesse Carl Williams died on September 29, 2006. (See copy of death certificate attached.)
- 3. Ethel Mae Williams died on February 2, 2014. (See copy of death certificate attached.)
- 4. Three children were born of the marriage of Jesse Carl Williams and Ethel Mae Williams, namely:
  - A) Jesse Williams, an adult, mentally competent
  - B) Penny Barry, an adult, mentally competent
  - C) Ann Radford, an adult, mentally competent

No other children were ever born to or adopted by ETHEL MAE WILLIAMS. Further, no other children were ever fathered by or adopted by JESSE CARL WILLIAMS.

- 5. Therefore, the heirs of Jesse Carl Williams and Etr 3 Mae Williams are as follows:
  - A) Jesse Williams, an adult, mentally competent
  - B) Penny Barry, an adult, mentally competent

C) Ann Radford, an adult, mentally competent

6. Further Affiant sayeth not

Penny Barry

Subscribed and Sworn to before me this // day of March, 2015

Notary Public

"OFFICIAL SEAL"
JAMES J. MORRONE
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 4/26/2015

### CERTIFICATION DE DEATH RECORD

### CITY OF CHICAGO HEIGHTS CHICAGO HEIGHTS, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2	014 0010274								DATE ISSUED	2/7/201				
DECEDENT'S LEGAL NAME ETHEL MAE WILLIA	MS	SEX FEMALE	DATE OF DE	ATH VPY 02, 2014										
COUNTY OF DEATH			LAST BIRTHDAY	,		DATE OF	BIRTH EMBER 31, 193	34	####	<del></del>				
CITY OF TOWN CHICAGO HEIGHTS			HOSPITAL OR OTHER INSTITUTIO											
PLACE OF DEATH HOSPICE FACILITY	· · · · · · · · · · · · · · · · · · ·													
BIRTHPLACE MARSEILLES, IL	STATUS AT THE					THER'S MAIDEN N		E EVER IN U.S. ARMED FORCES? NO						
RESIDENCE 3949 SUNSET AVE	APT. NO. CITY OR TOWN MARKHAM							INSIDE CITY LIMITS? YES						
COOK	STATE CODE		FATHERICO-PARENTS NAME PRIOR TO PIRST MARRIAGE/CIVIL UNION CLIFFORD A SLOVER					MOTHERICO-PARENT'S NAME PRIOR TO PRET MARPIAGE/CIVIL UNION CORA MAE PENOYER						
INFORMANT'S NAME PENNY BARRY	CV)	RELATIONSHIP MAILING					S ADDRESS DANTE COURT, SHOREWOOD, IL., 60404							
METHOD OF DISPOSITION BURIAL			COF DISPOSITION LOCATION VER VIEW CEMETERY MARS				TY OR TOWN AND S, IL		ATE OF DISPOSITION EBRUARY 08, 2014					
FUNERAL HOME SEALS-CAMPBELL	FUNERAL HOME,	1009 E. B	U/FST., W	ARSEILLES,	IL, 61341		The second second			T T				
FUNERAL DIRECTORS NAME JOSEPH W KUIPER								FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015800						
LOCAL REGISTRAR'S NAME LORI WILCOX							DATE FILED WITH LOCAL REGISTRAR FEBRUARY 7, 2014							
CAUSE OF DEATH F	PART I. LUNG CANC E.	ER		C				,						
(Final disease or condition resulting in clearly)  b.								60° .						
	G.		Due to é	or as a consequence	) of):									
				or as a consequence				- 7.5						
PART II. Enter other algoriffon	nt conditione commutati	ng no amann c	out not regulling in	the underlying o	ikuse given is	n PART I.			PERFORMED? NO	)				
						:	C)M	PLETE CAUSE	OFDEATH? N/A	· <del>. ·.</del>				
NOT APPLICABLE	.rs							TUP AL	<b>,</b> '					
DATE OF MURY	TIME OF IN	JURY	PLACE OF INJURY					INJURY AT V	VORK?					
LOCATION OF INJURY		·						'C	9					
DESCRIBE HOW INJURY OCC	CURRED:							IF TRANSPO	PRITATION INJURY, (	SPECIFY:				
ATTEND THE DECEASED?	LIVE WAS MEDICAL EXAMINER OR DV CORONER CONTACTED? NO				DATE P	RONOUNCED		TIME OF DEATH 6:50 PM						
CERTIFIER PHYSICIAN								DATE CENT	IFIED VARY 05, 2014					
NAME, ADDRESS AND ZIP CO MUHAMMAD LONG!				HEIGHTS, IL	LINOIS,	60411		PHYSIC	ANS LICENSE NUM 089100	BER				
						<del></del>		<del></del>		<del></del>				

25050

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.

DATE ISSUED: MAR 18 2014





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# HARVEY, ILLINOIS DISTRICT 16.34

REGISTRATION

STATE OF ILLINOIS

	District No. 1077		3									INI	MDEH			
	REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH													
Type or Print in	DECEASED-NAME	FIF	IST	MIDDL	E	LAS	T		SEX		DATE	OFDEATH	(MONT	I, DAY, YEAR)		
PERMANENT INK se Funeral Directors.	1. Jesse			Carl		W:	ill.	iams	2 N	lale	$ _3$ S	epte	mber	29, 20	)06	
ospital, or Physicians	COUNTY OF DEATH		· · · · · · · · · · · · · · · · · · ·	AGE-LAS		UNDER 1 YEA	AFI	UNDER 1	1	DATE OF B						
Handbook for INSTRUCTIONS				BIRTHDAY		MOS. DAY	YS F	HOURS	LEIM				-	22		
Marnochona	4. COOK CITY, TOWN, TWP, OR ROAD	DICTRICT	5a. 73   5b.     5c.   CT NUMBER   HOSPITALOR OTHER INSTITUTION NAME (IF NOT INE							<sub>5d.</sub> October 18, 1932						
	i'	DISTRICT	NONDER			4		_			I AND NON	MBENI	OP/EMER.	OR INST, INDIC AM, INPATIEN DATIENT	T (SPECIFY)	
A	<sub>6a.</sub> Harvey		·	UU.		ls Memo			*				6c. 111			
DECEASED	BIRTHPLACE (CITYAND STATEOR FOREIGN COUNTRY) 7. Jerome, Idahio		WIDOWED, DIVORCED (SPECIFY)						SPOUSE (MAIDENNAME, IFWIFE)					WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. NO		
	SOCIAL SECURITY NUMBER		ISUAL OCCUP		-	8b. KIND OF BU					IOM (epr	CIEVONI V	HICHEST	FADE COMPLE	TEN	
В		- 1		a A						Elementan	(Secondar)	(0-12)	Colleg	ge (1-4 or 5 + )	1501_	
C	10.		<sub>1a.</sub> Masc	onary		11b. Co				1 541			ļ			
D	RESIDENCE (STREET AND NUM	(BER)			CITY,	TOWN, TWP,	OR RC	DAD DISTR	ICT NO	· [	INSIDE C (YES/NO)	iTY	COUNTY	'		
E	3949 Sunse	et Av	e.		135.M	arkhem					13c. Y	es :	13d, CC	ook		
J	STA' E	ZIP CODE	R/	ACE (WHITE, E	LACK, AMI	PICAN	OFH	SPANIC OF	IIGIN?	(SPECIFY NO	OF YES-IF	YES, SPEC	IFY CUBAN,	MEXICAN, PUEF	RTO FIICAN, etc.)	
Ĭ	136 17 LINOIS	13f, 60	400	DIAN, eic.) (SPE) 1a. Whi			146	☑ NO	_	VEC	SPECIF	v.				
	FATHER- JAME FIRST		DDLE		ST			ER-NAME			MIDDI			(MAIDEN)	TPA	
PARENTS				_		,					MIDDE	L.L.	٠.	•	LAG1	
	15. <u>J</u> r.80e		Jan	ies	Will		16,		irle					John		
	INFORMANT CHAME (TYPE OF	R PRINT)			RE	LATIONSHIP		MAILING	ADDRES	SS (STREET	AND NO. C	PR.F.D., CI	TYORTOW	M, STATE, 2IP)		
1	17a. Penny S Pu	ncy		·	17	Daughte	er	17c. 10	8 Da	nte C	t Sh	orew	ood I	(L 6040	)4	
2	18, PART I.	nterthe dis	eases, or comp	olications that	caused th	e death. Do not								APPROXIMAT BETWEEN ONSE		
•	· _ s	thock or h	. ut failure. List	t only one car	use on ea	ch line.						•	·	DETWEEN UNS	: I AND DEATH	
3	Immediate Cause (Final disease or condition	→ _	$\mathcal{I}_{\mathcal{I}_{\sim \infty}}$		$\nu$ $\sim$	120	7	$\mathcal{O}$	_							
	resulting in death)	( <u>[a]</u>	O CRASAGO			bist	ue	- \ k	<u>د ح</u>							
	CONDITIONS, IF ANY	JUE	I ANALO	JASE COENC	EUF											
	WHICH GIVE RISE TO	(b)	diens.	(AN	Cross											
CAUSE	IMMEDIATE CAUSE (a) STATING THE UNDERLYING	DUE	O, OFIACA JO	ONSEQUENC	EOF '	41.74										
	CAUSE LAST.	' ( <sub>(c)</sub>			1.0			•								
4	PART II. Citier significant conditio		g to death but not r	esu ngin ihe un	klariying cal	se givenin PART	l.				AUTO		WEREAUT	OPSY FINDINGS AV	ALABLE PRICA TO	
-						-					(YES		COMPLET	ION OF CAUSE OF D	EATH? (YESAX))	
5	DATE OF OPERATION, IF ANY		IAJOR FINDING	OC OF ODER							19a.	No	19b.			
N	DATE OF OF CHATTON, IF ANY	"	IAJUN FINDINI	33 OF OPER	A, ON	4						THREEM	E, WAS THE ONTHS7	RE APREGNAN	CYINPAST	
P	20a.		Ob.			) ~							YES 🗆			
	!(DID) (DID NOT) ATTEND THE AND LAST SAW HIM/HER ALIV	DECEASE	D (MONTH,	DAY YEAR)		77		Ä	ASCO	RONER OR	MEDICAL	L HOUR	OF DEAT	Н		
	21a. Ser	ptemb	or 28./	2006					tb. N		D? (TESAN		9:28	Λ	м	
	TO THE BEST OF MY KNOWLE	DGE DEA			Z. DATE	AND PLACE A	טם ני	E TO THE	AUSE(	S) STATED.			SIGNED	(MONTH.	DAY, YEAR)	
	,	12	QH/	11	$(X_{i})$	1.1			,			Can	- ombo	er 29,		
CERTIFIER	22a. SIGNATURE NAME AND ADDRESS OF CER	TITIED	$\mathcal{U} \subseteq X_{\mathcal{L}}$	A W	-+		_	4						SENUMBER	2000	
	NAME AND ADDRESS OF CEN	TIF1E H	(TYPE GRAVE)	IND A	1	1:		N.		\						
	22c Charles Bed	k MD	71W 13	6ТН На	rvev	IL 604	126		/			22d.	36-04	19196		
ľ	22c. Charles Beck MD 71W 136TH Harvey II, 60426  NAME OF ATTENDING PHYSICIAN IF OTHER THAN CEPTIFIER (TYPE OR PRINT)											NOTE: IF AN INJURY WAS INVOLVED IN THIS				
Į	23.											DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.				
7	BURIAL, CREMATION,	CEMET	RYORCHEM	ATORY-NAM	1E	Loc	ATION	i c	TYOR	N.	STATE		DATE	MONTH.	DAY, YEAR)	
	REMOVAL (SPECIFY) 24a, Burial	1	ivervie							s, [1]		i o				
	FUNERAL HOME		TACTATO			24c		arsel		OR TOWN.	T) 110.		TATE	Oct. 2	, ZUU6	
DISPOSITION															4113	
	25a. Seals-Cample	err	ruperal	. Home,	, 100	9 E. B	luf	f St.	, Ma	arsei.	11_s	, I11	inoi	<u>s 613</u>	41	
	FUNERAL DIRECTOR'S SIGNA	TURE	コノ	•						FUNE	RAL DIREC	OR'S LUN	IOIS LICENS	SE NUMBER		
Į	25b. ▶ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		<b>X</b>	·	Wi	lliam.	J.	Kuipe	r	25c.	034	4-(11	717			
`	LOCAL REGISTRAR'S SIGNATI	URÉ	170	11		pla								WTH, DAY, YEA	R)	
	269	$\cup$	XIVE	endor	40	rea	v	•		lac.				2nne		

### CERTIFIED COPY OF VITAL RECORDS

I HEREBY CERTIFY THAT THE FOREGOING is a true and correct copy of the DEATH record for the individual named therein and that this record was established and filed in my office in accordance with the provisions of the ILLINOIS STATUTES relating to the registration of BIRTHS. STILLBIRTHS and DEATHS.

042010

DATE ISSUED

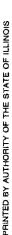
UCT 0 & 200E

ISSUED AT:

CITY OF HARVEY 45320 SO. BROADWAY AVE.

This copy not valid unless prepared on engraved border displaying seal and signature of Local Registrar.





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## UNOFFICIAL COPY

### PARCEL 1:

LOT 5 IN BLOCK 15 IN ARTHUR T. MCINTOSH & COMPANY'S SOUTHTOWN MANOR UNIT NO. 4, BEING A SUBDIVISION IN THE NORTHEAST FRACTIONAL QUARTER OF SECTION 22 AND IN THE NORTHWEST FRACTIONAL QUARTER SOUTH OF THE INDIAN BOUNDARY LINE OF SECTION 23, TOWNSHIP 36 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, ACCORDING TO THE PLAT THEREOF REGISTERED IN THE REGISTRAR'S OFFICE ON JANUARY 23, 1950 AS DOCUMENT 1279115.

PERMANENT INDEX NUMBER: 28-23-127-002-0000 COMMONLY KNOWN AS: 3949 SUNSET AVENUE, MARKHAM, IL 60428

#### PARCEL 2:

LOT 6 (FYCEPT THAT PART THEREOF LYING WESTERLY OF THE FOLLOWING DESCRIBED LINE; BEGINNING AT THE NORTHEAST CORNER OF LOT 6, AFORESAID; THENCE SOUTHERLY TO A POINT ON THE NORTHERLY CORNER THEREOF) IN E/OCK 15 IN ARTHUR T. MCINTOSH & COMPANY'S SOUTHTOWN MANOR UNIT NO. 4, BEING A SUBDIVISION IN THE NORTHWEST FRACTIONAL QUARTER OF SECTION 23, TOWNSHIP 36 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF REGISTERED IN THE REGISTRAR'S OFFICE ON LANUARY 23, 1950 AS DOCUMENT NUMBER 1279115.

PERMANENT INDEX NUMBER: 28-23-127-001
COMMONLY KNOWN AS: 3949 SUNSET AVENUE, MARKHAM, IL 60428