

UNOFFICIAL COPY



Re: Willie Hinton, Deceased
Property: 6939 S. Indiana Avenue
Chicago, IL 60637
PIN#: 20-22-317-002-0000

Doc#: 1514016068 Fee: \$44.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 05/20/2015 03:36 PM Pg: 1 of 4

AFFIDAVIT OF HEIRSHIP

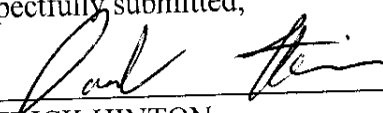
NOW COMES, Patrick Hinton and on oath states as follows:

1. The Willie Hinton, died at Chicago, Illinois on March 29, 2009 at the age of Sixty Eight (68) years. Leaving no Last Will and Testament.
2. The Affiants is of legal age and resides at 6939 S. Indiana Avenue, Chicago, IL 60637. The affiant is the son of the Decedent.
3. The Decedent was married once and then to Morris Hinton. Said marriage ended in divorce. One child was born from said marriage, namely: PATRICK HINTON, who is alive and of legal age. No other children than the one listed above was born to the Decedent. No children were adopted by the Decedent.
4. Based on the foregoing, Decedent left as her only heir the following:
 - (A) PATRICK HINTON, son
5. There are no State and Federal Inheritance taxes due since the value of the estate is less than \$1,000,000.00.

COOK COUNTY RECORDER OF DEEDS

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Respectfully submitted,



PATRICK HINTON

STATE OF ILLINOIS)
)
COUNTY OF COOK) SS

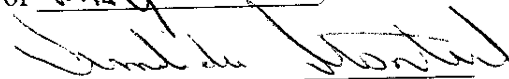
VERIFICATION

I, PATRICK HINTON, being first duly sworn on oath, hereby deposes and states that I have read the foregoing Affidavit of Heirship, subscribed by me, and that the same is true and correct to the best of my knowledge.

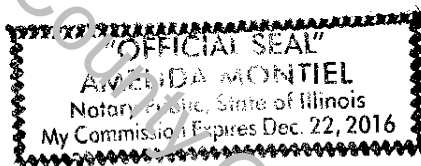


PATRICK HINTON

SUBSCRIBED and SWORN to
before me this 16 day
of May, 2015.



Notary Public



David Koppa
EVANS, LOEWENSTEIN, SHIMANOVSKY & MOSCARDINI, LTD.
130 S. Jefferson Street, Suite 350
Chicago, Illinois 60661
(312) 782-1850
Attorney No. 39849

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LEGAL DESCRIPTION

LOT 24 IN BLOCK "C" IN SONNENSCHNEIN AND SOLOMON'S PARK MANOR
SUBDIVISION OF BLOCKS 5, 7 AND 12 IN L.C. PAYNE FREER'S SUBDIVISION OF
THE EAST HALF OF THE SOUTHWEST QUARTER OF SECTION 32, TOWNSHIP 38
NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY,
ILLINOIS.

Property of Cook County Clerk's Office

UNOFFICIAL COPY

REGISTRATION DISTRICT NO. **16.10**
LOCAL FILE NUMBER

STATE OF ILLINOIS CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) **WILLIE HINTON** 2. SEX **FEMALE** 3. DATE OF DEATH (Month/Day/Year) (Spell Month) **MARCH 29 2009**

4. COUNTY OF DEATH **COOK** 5a. AGE AT LAST BIRTHDAY (Years) **68** 5b. UNDER 1 YEAR Months Days 5c. UNDER 1 DAY Hours Minutes 6. DATE OF BIRTH (Month/Day/Year) **MARCH 27 1941**

7a. CITY OR TOWN **CHICAGO** 7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) **ADVOCATE TRINITY HOSPITAL**

IF DEATH OCCURRED IN A HOSPITAL Inpatient Emergency Room/Outpatient Dead on Arrival IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL Hospice facility Nursing Home/Long-term care facility Decedent's home Other (Specify):

8. BIRTHPLACE (City and State or Foreign Country) **HORN LAKE MISS** 9. SOCIAL SECURITY NUMBER **[REDACTED] - 4471** 10. MARITAL STATUS AT TIME OF DEATH Married Married but separated Widowed Divorced Never Married Unknown 11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) 12. EVER IN U.S. ARMED FORCES Yes No

13a. RESIDENCE (Street and Number) **6939 S INDJANA AVE** 13b. APT. NO. **2 ND FL** 13c. CITY OR TOWN **CHICAGO** 13d. INSIDE CITY LIMITS? Yes No

13e. COUNTY **COOK** 13f. STATE **IL** 13g. ZIP CODE **60637** 14. FATHER'S NAME (First, Middle, Last) **FRANK GUY** 15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) **LULA SCALLION**

16a. INFORMANT'S NAME **MARYANN V CARRILLO ADMT CLRK MED RCDS** 16b. RELATIONSHIP **ADMT CLRK MED RCDS** 16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) **2320 E 93 RD ST CHICAGO IL 60617**

17. METHOD OF DISPOSITION: Cremation Donation Entombment Other (Specify): **MT HOPE** 18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) **WORTH ILLINOIS** 19. LOCATION - CITY, TOWN AND STATE **WORTH ILLINOIS** 20. DATE OF DISPOSITION (Month/Day/Year) **APRIL 3 2009**

21a. FUNERAL HOME NAME **TAYLOR FUNERAL HOME LTD** STREET AND NUMBER **63 E 7926 ST** CITY OR TOWN **CHICAGO** STATE **ILLINOIS** ZIP **60619**

21b. FUNERAL DIRECTOR'S SIGNATURE **[Signature]** 21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **034-010650**

22. LOCAL REGISTRAR'S SIGNATURE **[Signature]** 23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) **040309**

CAUSE OF DEATH (See instructions and examples)
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.
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. **METASTATIC CARCINOMA OF UNKNOWN PRIMARY** Due to (or as a consequence of):
Sequentially list conditions, if any, leading to the cause listed on line a. b. **LIVER METASTASIS** Due to (or as a consequence of):
Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST c. _____ Due to (or as a consequence of):

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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? Yes No 26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? Yes No 27. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes Probably No Unknown 28. IF FEMALE: Not pregnant within past 12 months Not pregnant, but pregnant within 42 days of death Not pregnant, but pregnant 43 days to 1 year before death Pregnant at time of death Pregnant within one year of death, but time unknown Unknown if pregnant within the past 12 months 29. MANNER OF DEATH Natural Suicide Accident Homicide Could not be determined Pending investigation

30. DATE OF INJURY (Month/Day/Year) 31. TIME OF INJURY A.M. P.M. 32. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant; wooded area) 33. INJURY AT WORK? Yes 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: Driver/Operator Pedestrian Passenger Other (Specify)

37. I (we) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON **3/28/09** 38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? Yes No 39. DATE PRONOUNCED (Month/Day/Year) **MARCH 29 2009** 40. TIME OF DEATH **12:45** A.M. P.M.

41. CERTIFIER (Check only one): Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. 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. 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.

42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) **CHINNAMMAL KANDASWAMY 2555 S. KING DRIVE, CHICAGO, IL-60616** 43. PHYSICIAN'S LICENSE NUMBER **036-110311**

44. TITLE OF CERTIFIER **M.D.** 45. DATE CERTIFIED (Month/Day/Year) **03/31/2009** 46. SIGNATURE OF CERTIFIER **C.K. CH**

47. DECEDENT'S EDUCATION - Check the 48. DECEDENT OF HISPANIC ORIGIN? - Check the box that best 49. DECEDENT'S RACE - Check one or more boxes to indicate what the decedent was

This is to certify that this is a true and correct copy of the official death record filed with the Illinois Department of Public Health.

DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

THIS CERTIFICATE COPY VALID WHEN
EMBOSSER SEAL IS APPLIED OVER
REGISTRAR'S SIGNATURE

[Signature]

1. TERRY MASON, M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, IS 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 Obedience OF SAID LAWS AND ORDINANCES.

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO
040309