## **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

### <u>AFFIDAVIT OF HEIRSHIP</u>

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 2ge 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 fellowing;
  - (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.

CORD DELICITED

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## **UNOFFICIAL COPY**

			Respectfully submitted,
			PATRICK HINTON
STATE OF ILLINOIS	)	SS	
COUNTY OF COOK	)		

#### **VERIFICATION**

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

SUBSCRIBED and SWORN to

before me this <u>\\</u> day

, 2015.

Notary Public

David Koppa

10/4'S OFFICO EVANS, LOEWENSTEIN, SHIMANOVSKY & MOSCARDINI, LTD.

130 S. Jefferson Street, Suite 350

Chicago, Illinois 60661

(312) 782-1850

Attorney No. 39849

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## **UNOFFICIAL COPY**

#### LEGAL DESCRIPTION

LOT 24 IN BLOCK "C" IN SONNENSCHEIN 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.

Dropperty of Cook County Clerk's Office

# UNOFFICIAL COPY

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33. IMBOF INJURY   32. PLACE OF INJURY (e.g. Decedent's hor construction site, restaurant; wooded area)   33. INJURY AT WORK   7 km   7	□ No □ Unknown □ Not no	egnant, but pregnant within 42 days egnant, but pregnant 43 days to 1	s of death Vear before death	Pregnant within	one year of de Aliab Lill	me unknown			Could not be determine Pendina Investigation
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DESCRIBE HOW INJURY OCCURRED:    GNOW ONLY ATTEND THE DECEASED (Month/Day/Year)   38. WAS MEDICAL EXAMINER OR CORONER CONTACTED?   Yes   No   DAY OF DEATH   12:45 A.M.   Proposition in charge of patient's care - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated.    MAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24)   TIME OF DEATH (Item 24)   TI	100-100	□ A.M.	□ P.M.		(o.g. Decedency nor	A CONSTRUCTION	site; restaurant	; wooded area) 33	3. INJURY AT WORK
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GHE) (DID NOT) ATTEND THE DECEASED (Month/Day/Year)   38. WAS MEDICAL EXAMINER OR   Driver/Operat   Pedestrian   Pedestr	Or Correspond		_			0		Ştate	ZIP Code
Geographic   Geo	DESCRIBE HOW INJURY OCCURRED:					36 IS TO AN	CE DE VEOR	1111211	
CERTIFIER (Check only one):  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.  MAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24)  TITLE OF CERTIFIER  45. DATE CERTIFIED (Month/Day/Year)  C3/3i/2-009  46. SIGNATURE OF CERTIFIER  C3/5-10/3-11/3-11/3-11/3-11/3-11/3-11/3-11/3						☐ Driver/Ope	rrak 📈 Pe	NJUHY, SPECIFY: destrian	
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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.    MAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24)	AND CAST SAW HIM/HER ALIVE ON		RONER CONTAC	TED? Tyes			(Mont. /l' ay/) 3	ar) 40, TIME	OF DEATH
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□ 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.  MAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Physician in charge of patient's care - To	the best of my knowledge, dea	ith occurred due to	the cause(s) and r	nanner stated				
MAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) — TITANAMMAL KAN DASWAMY  43. PHYSICIAN'S LICENSE NUMBER  TITLE OF CERTIFIER  45. DATE CERTIFIED (Month/Day/Year)  C3/31/2009  46. SIGNATURE OF CERTIFIER  C.K. CV  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.	☐ Medical Examiner/Coroner - On the basis	of examination and/	nge, ream occum	ed at the time, date	and place, and due t	to the cause(s)	and manner sta	led.	
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C3/31/2009 C.K. CD DECEDENT'S EDUCATION - Check line 48. DECEDENT OF HISPANIC ORIGIN? - Check the box that best 49. DECEDENTS HACE - Check one or once as a local control of the control o	TITLE OF CERTIFIER	45 DATE OF	DEFEND OF THE				•	036-1	10311
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.	1 D							\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
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