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AFFIDAVIT OF HEIRSHIP

I, Samantha Vosholler, being first duly sworn on oath depose and say as follows:

1. That I am the friend of the decedent, Deborah Johns, who died in Oak Lawn, County of Cook, State of Illinois on March 8, 2012.
2. The decedent, Deborah Johns, having been married once to Michael Johns Sr., she/he having predeceased decedent, had four (4) children born and none adopted, namely:
 - a. Sara Haggerty, Daughter
 - b. Kathleen Carlson, Daughter
 - c. Michael Johns, Jr., Son
 - d. Lauren Johns, Daughter

These are the only children that were born from the decedent.

3. The approximate value of the decedent's estate real property is \$ 80,000.00. This is the property located at 10312 Crawford Ave. Unit 202A, Oak Lawn, IL 60453.
4. The decedent died intestate.
5. Therefore, Deborah Johns, left surviving Sara Haggerty, Daughter; Kathleen Carlson, Daughter; Michael Johns, Jr., Son; Lauren Johns, Daughter as her only heirs.

FURTHER AFFIANT SAYETH NOT.

Samantha Vosholler
Samantha Vosholler

Subscribed and Sworn to before me
This 2nd day of February, 2016

[Signature]
Notary Public



Doc#: 1607147038 Fee: \$66.25
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 03/11/2016 11:12 AM Pg: 1 of 3

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COOK COUNTY CLERK VITAL RECORDS
CHICAGO, ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2012 0018364

DATE ISSUED 03/13/2012

DECEDENT'S LEGAL NAME DEBORAH C JOHNS		SEX FEMALE	DATE OF DEATH MARCH 08, 2012	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 56 YEARS	DATE OF BIRTH OCTOBER 05, 1955		
CITY OR TOWN OAK LAWN		HOSPITAL OR OTHER INSTITUTION NAME 10312 S PULASKI ROAD		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED]-0970	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 10312 S PULASKI ROAD	APT. NO. 202A	CITY OR TOWN OAK LAWN	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60453	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JOHN REX GIBBONS	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION SHIRLEE JEAN SMAGAC
INFORMANT'S NAME SARA HAGGERTY		RELATIONSHIP DAUGHTER	MAILING ADDRESS 912 PRAIRIE, DOWNERS GROVE, IL, 60515	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION HERITAGE CREMATORY	LOCATION - CITY OR TOWN AND STATE LOCKPORT, IL	DATE OF DISPOSITION MARCH 14, 2012	
FUNERAL HOME HICKEY MEMORIAL CHAPEL, 4201 W. 147TH, MIDLOTHIAN, IL, 60445				
FUNERAL DIRECTOR'S NAME EDWARD JAMES HICKEY			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012293	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR MARCH 9, 2012	
CAUSE OF DEATH PART I: MYOCARDIAL INFARCTION				
IMMEDIATE CAUSE (Final disease or condition resulting in death)				
a. _____ Due to (or as a consequence of):				
b. HYPERTENSION				
c. _____ Due to (or as a consequence of):				
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				
FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR			WAS AN AUTOPSY PERFORMED? NO	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
DATE OF INJURY			TIME OF INJURY	PLACE OF INJURY
LOCATION OF INJURY			INJURY AT WORK?	
DESCRIBE HOW INJURY OCCURRED:			IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE FEBRUARY 17, 2012	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 09:00 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED MARCH 08, 2012	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH ARTURO CHAVARRIA MD, 12400 S HARLEM, PALOS HEIGHTS, ILLINOIS, 60463			PHYSICIAN'S LICENSE NUMBER 036056365	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

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

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McRally

29th 1

UNIT NUMBER 202A AS DELINEATED ON SURVEY OF THE FOLLOWING DESCRIBED PARCEL OF REAL ESTATE (HEREINAFTER REFERRED TO AS ("PARCEL"): LOT 1 IN OWNERS DIVISION OF LOT 1 IN LONGWOOD ACRES, BEING A SUBDIVISION OF THE NORTHEAST 1/4 AND THE EAST 1/2 OF THE NORTHWEST 1/4 AND THE WEST 1/2 OF THE SOUTHEAST 1/4 OF SECTION 15, TOWNSHIP 37 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, WHICH SURVEY IS ATTACHED AS EXHIBIT "A" TO DECLARATION BY KNOXVILLE NATIONAL BANK, AS TRUSTEE UNDER TRUST NUMBER 2782 RECORDED IN THE OFFICE OF THE RECORDER OF DEEDS OF COOK COUNTY, ILLINOIS, AS DOCUMENT NUMBER 19738205 TOGETHER WITH AN UNDIVIDED PERCENTAGE INTEREST IN SAID PARCEL (EXCEPTING FROM SAID PARCEL THE PROPERTY AND SPACE COMPRISING ALL THE UNITS THEREOF AS DEFINED AND SET FORTH IN SAID DECLARATION AND SURVEY).

Permanent Tax Number: 24-15-217-003-1042,

which has the address of 10312 SOUTH CRAWFORD APT. #202A

OAK LAWN

Illinois 60453 ("Property Address"):

GUARANTY

Cook County Clerk's Office