

# UNOFFICIAL COPY

**Prepared by and Mail To:**

**Dionte Durham**  
Atty at Law  
2635 Wasbash Ave  
Chicago, IL 60616

Doc#: 2114407194 Fee: \$98.00  
Karen A. Yarbrough  
Cook County Clerk  
Date: 05/24/2021 07:41 AM Pg: 1 of 5

ATG File No: 4607-3850

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Property of Cook County Clerk's Office

## Affidavit of Heirship

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## Affidavit of Heirship

Lloyd Wilson (Affiant) being duly sworn upon oath, deposes and states:

1. That the Affiant resides at: 9821 S Throop Street.
2. That the Affiant is ~~Warrant~~ Son (Relationship) of Doris Hart (Decedent).
3. That the Decedent died on 03/11/2020 in the County of Wake County in the State of IN. (Death Certificate Attached)

4. That the Decedent died owning an interest in the property legally described as follows:

421 S Cottage Grove  
Glenwood, NC 27525

5. That the Decedent died leaving (a / no) will. (Copy of Will Attached)
6. That the Decedent was married to the following individuals, and no others:

<u>Name</u>	<u>Status</u>
<u>N/A</u>	

7. That the following children were born to, or adopted by the Decedent and no others. (Give names of descendants of any child who is deceased.)

<u>Name</u>	<u>Status</u>	<u>Age</u>
<u>Lloyd Wilson</u>	<u>Alive</u>	<u>67</u>

8. That to the best information and belief of the Affiant, no children were born to or fathered by the Decedent out of wedlock, except as follows:

9. That in the event the Decedent died without wife or child surviving, to the Affiant's best information and belief, the following represents the Decedent's heirship (give in detail):

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- 10. That the total value of the estate of the Decedent including the taxable interest in the aforesaid property is \$ 58,000 . 00 .
- 11. That no claims have been filed against a Decedent and that all expenses of illness and/or funeral expenses have been paid in full; or, that the following claims will be paid from the proceeds of the subject property:
- 12. That the Federal Estate Tax ( has/ has not ) been paid, that the Illinois Estate Tax ( has/ has not ) been paid; that no ( Federal Estate Tax / Illinois Estate Tax ) is due.
- 13. That the Affiant makes this Affidavit to induce <sup>Attorney's</sup> ~~Floor~~-Title Insurance to issue its policy of Title Insurance number 4107-3850 and show title in:

and with knowledge that <sup>Attorney's</sup> ~~Floor~~ Title Insurance will rely on the representations made and contained herein to insure title.

Further Affiant sayeth not.

All riders and pages attached are intended to be incorporated in and to be a part of the Affidavit for the purposes stated.

[Signature]  
 Affiant

Subscribed and sworn to before me this 30<sup>th</sup> day of December, 2020.

[Signature]  
 Notary Public



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ATTORNEYS' TITLE GUARANTY FUND, INC.

## LEGAL DESCRIPTION

**Permanent Index Number:**

Property ID: 32-11-108-029-1030

**Property Address:**

421 South Cottage Grove Avenue, Glenwood, IL 60425

**Legal Description:**

UNIT 421 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN HICKORY BEND CONDOMINIUM DEVELOPMENT NUMBER 5 AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NUMBER 22539898, IN THE WEST 1/2 OF THE NORTHWEST 1/4 OF SECTION 11, TOWNSHIP 35 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

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Exhibit A

# INDIANA STATE DEPARTMENT OF HEALTH UNOFFICIAL COPY CERTIFICATE OF DEATH

Exhibit A

Tracking No. 247197

Local No 001393

EDR No 00000767322

State No 018645

1. Decedent's Legal Name (First, Middle, Last) <b>DORIS B HART</b>		1a. Maiden Name (if female) <b>WOODS</b>		2. Sex <b>FEMALE</b>		3. Time Of Death <b>03:22 PM</b>		4. Date Of Death (Month/Day/Year) <b>03/11/2020</b>		
5. Social Security Number		6a. Age - Yrs <b>84</b>		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		
		6e. Under 1 Hour Minutes		7. Date of Birth (Month/Day/Year) <b>05/21/1935</b>		8. Birthplace (City and State or Foreign Country) <b>CHICAGO, IL</b>				
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival		10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)						
11. Facility Name (If Not Institution, Give Street and Number) <b>FRANCISCAN HOSPITAL (LAKE)</b>										
12. City Or Town, State, And Zip Code <b>MUNSTER, IN, 46321</b>				13. County Of Death <b>LAKE</b>			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name				15a. Last Name Before First Marriage			16. Decedent's Usual Occupation <b>HOMEMAKER</b>		17. Kind Of Business/Industry <b>OWN HOME</b>	
18. Residence - State <b>ILLINOIS</b>		18a. County <b>COOK</b>		18b. City Or Town <b>GLENWOOD</b>						
18c. Street And Number <b>421 COTTAGE GROVES AVENUE</b>						18d. Apt. No.		18e. Zip Code <b>60425</b>		
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No										
19. Decedent's Education <b>ASSOCIATE DEGREE (AA, AS)</b>			20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>			21. Decedent's Race <b>Black or African American</b>				
22. Parent's Name (First, Middle, Last) <b>RUBEN WOODS</b>			23. Parent's Name (First, Middle, Last) <b>ESSIE WOODS</b>			23a. Parent's Last Name Before First Marriage <b>JOHNSON</b>				
24. Informant's Name <b>LLOYD WILSON</b>			24a. Relationship To Decedent <b>SON</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>9821 SOUTH THROOP, CHICAGO, IL 60643</b>					
25. Place Of Disposition										
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>THE LAKES CREMATORY</b>			25c. Location - City, Town, And State <b>LAKE VILLA, IL</b>				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>BURNS-KISH FUNERAL HOME INC-HAMMOND 5840 HOHMAN AVE, HAMMOND, IN 46321</b>					27a. Funeral Home License Number <b>FH83002819</b>			
27b. Signature Of Indiana Funeral Service Licensee: <b>BRIAN T. BURNS, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD08601763</b>				
28. 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 The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.										
Immediate Cause (Final Disease Or Condition Resulting In Death)								Approximate Interval: Onset To Death <b>2 MONTHS</b>		
A. <b>COLON CANCER, METASTATIC</b>								Due to (Or As A Consequence Of):		
B. _____								Due to (Or As A Consequence Of):		
C. _____								Due to (Or As A Consequence Of):		
D. _____								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										
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No				
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year				33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined				
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)				37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code		
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)				
41. Signature, Of Person Certifying Cause Of Death: <b>G. SCOTT BEAUREGARD, BY ELECTRONIC SIGNATURE</b>						42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician (M.D. or D.O.) <input type="checkbox"/> Licensed Funeral Home Director				
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>G. SCOTT BEAUREGARD, 5454 HOHMAN AVE, HAMMOND, IN 46321</b>						44. License Number: <b>010526924</b>				
45. Additional Funeral Service Provider: <b>FOR LEAK AND SONS CHICAGO IL SIGNATURE ONLY</b>						47. Date Of Death: <b>03/11/2020</b>				
48. Signature of Local Health Officer: <b>CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Of Registration: <b>SEP 04 2020</b>				
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)										
 <b>LAKE COUNTY HEALTH OFFICER</b>										

