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A21-6093 K0
AFFIDAVIT OF HEIRSHIP

Doc#: 2203921492 Fee: \$98.00
Karen A. Yarbrough
Cook County Clerk
Date: 02/08/2022 01:41 PM Pg: 1 of 5

This instrument was prepared by:

Mitchell Mancione
5521 N. Cumberland St. #20
Chicago, IL 60656

After recording mail to:

Jacobyln maher
514 W. 42nd Pl.
Chicago, IL 60609

(space above for Recorder's use only)

The undersigned, Jacobyln maher being first duly sworn upon oath, deposes and states as follows:

1. That she/he is the daughter of the decedent Rosemary Maher
2. That she/he resides at 512 W. 42nd Pl., Chicago, IL 60609
3. The attached hereto is a certified copy of the medical certificate of death of the decedent.
4. That the value of the decedents estate at the date of his/her death was \$ 90,000.00.
5. That the decedent died testate/intestate. (Circle one)
6. That the decedent was/was not married at the time of her/his death. (Circle one)
7. That only 5 child/children was/were born to or adopted by decedent, namely:

<u>Debra Liguor</u>	<u>MARLENE MAHER</u>
<u>Theresa Moriarity</u>	
<u>Kathleen Dever</u>	
<u>Jacobyln maher</u>	
8. That the undersigned is 52 years of age.
9. That no children other than those enumerated in paragraph seven (7) above hereof were born to or adopted by the decedent.
10. That the decedent died on 9/15/21 and was, at the time of her/his death 81 years of age and married to widowed.

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This affidavit is made for the purpose of inducing Alliance Title Corporation and Fidelity National Title

Group to show ownership of the aforesaid Real Estate in the names of

Debra Lique, Theresa Moriarity, Kathleen, all of whom are competent adults.

David, Jacquelyn Maher, and Mariene Maher
Further affiant sayeth not.

Jacquelyn Maher
Affiant Signature

STATE OF IL)
COUNTY OF Cook) SS

I, the undersigned, a Notary Public in and for said County and State aforesaid, DO HEREBY CERTIFY that Jacquelyn Maher, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that she signed and delivered the said instrument as her free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and seal, this 21st day of July, 2022

[Signature]
Notary Public



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Legal Description

LOT 42 IN DUNCAN'S RESUBDIVISION OF BLOCK 7 IN TAYLOR AND KREIGH'S SUBDIVISION AND THAT PART OF A STRIP OF LAND FORMERLY MARKED "DRIVE" AND DUNCAN PARK (NOW VACATED) ON PLAT OF DUNCAN'S RESUBDIVISION OF BLOCK 7 OF TAYLOR AND KREIGH'S SUBDIVISION AFORESAID LYING BETWEEN THE SOUTH LINE OF SAID LOT 42 AND THE NORTH LINE OF 42ND PLACE AS NOW LOCATED THROUGH SAID BLOCK ALL IN THE EAST 1/2 OF THE NORTH WEST 1/4 OF SECTION 4, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.
Tax ID # 20-04-127-042-0000

Property Address:
514 W 42nd Pl
Chicago, IL 60609

Pin: 20-04-127-042-0000

Property of Cook County Clerk's Office

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EXHIBIT

CITY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

NOV 27 2000

SPHEILA LYNE, RSM, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM 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 ORDINANCE OF SAID LAW AND ORDINANCES.



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16-10
REGISTERED NUMBER 618462

DECEASED NAME: John T. Mahney
FIRST MIDDLE LAST
AGE LAST BIRTHDAY: 58-04-10
SEX: Male
DATE OF DEATH: 24 NOV 2000

CITY OF DEATH: Chicago, IL
COUNTY OF DEATH: Cook
STATE OF DEATH: IL

HOSPITAL OR OTHER INSTITUTION: 514 W. 42nd St.
CITY, TOWN, TWP. OR ROAD DISTRICT NO.: 118-14-01-1

DATE OF BIRTH: 04 OCT 1936
DATE OF DEATH: 24 NOV 2000

USUAL OCCUPATION: 118-14-01-1
INDUSTRY: 118-14-01-1

RELATIONSHIP: WIFE
MOTHER'S NAME: Rose Mahney

EDUCATION: 12
CITY, TOWN, TWP. OR ROAD DISTRICT NO.: 118-14-01-1

INSIDE CITY: 13
OUTSIDE CITY: 12

DATE OF OPERATION: 20 NOV 2000
HOURS: 03:15 P.M.

CAUSE OF DEATH: BRONCHOGENIC CARCINOMA
DUE TO, OR AS A CONSEQUENCE OF: (a) BRONCHOGENIC CARCINOMA (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF

DATE OF OPERATION: 20 NOV 2000
HOURS: 03:15 P.M.

OPERATOR: James Fairbairn Jr MD
ADDRESS: 634 W 43rd St Chicago Ill 60609

REGISTERED NUMBER: 034-01902
DATE: 27 NOV 2000

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CERTIFICATION OF DEATH RECORD

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

STATE FILE NUMBER 2021 0082500

DATE ISSUED 10/18/2021

DECEDENT'S LEGAL NAME ROSEMARY PATRICIA MAHER		SEX FEMALE	DATE OF BIRTH SEPTEMBER 18 1940
DECEASED IN COOK	AGE AT LAST BIRTHDAY 81 YEARS	DATE OF DEATH JANUARY 06 1940	
CITY OR TOWN CHICAGO		RESIDENTIAL OR PLACE OF DEATH 514 WEST 42ND PLACE	
PLACE OF DEATH DECEDENT'S HOME			
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH WIDOWED	EDUCATION HS GRAD
RESIDENCE 514 WEST 42ND PLACE		CITY CHICAGO	STATE IL
COUNTY COOK	STATE IL	ZIP CODE 60639	NAME OF FATHER'S MARRIAGE TO DECEASED JAMES HAROLD RYAN
MARRIAGE NAME KATHLEEN DEVER		RELATIONSHIP DAUGHTER	MARRIAGE ADDRESS 4039 SOUTH WALLACE, CHICAGO, IL 60631
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION SANT MARY CATHOLIC CEMETERY	LOCATION, CITY OR TOWN AND STATE EVERGREEN PARK IL	DATE OF DISPOSITION SEPTEMBER 20 2021
FUNERAL HOME CENTRAL CHAPEL INC. 6158 SOUTH CENTRAL AVENUE, CHICAGO, IL 60638			
FUNERAL DIRECTOR'S NAME JENNIFER L BERLONGIERI		FUNERAL DIRECTOR'S LICENSE NUMBER 034016171	
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH		DATE FILED WITH LOCAL REGISTRAR SEPTEMBER 21 2021	
CAUSE OF DEATH PART I NECROTIZING FASCITIS			
IMMEDIATE CAUSE			
MIDDLE CAUSE			
DISTAL CAUSE			
Due to (or as a consequence of)			
PART II Enter other significant conditions contributing to death but not resulting in the underlying cause (shown in PART I)		DID AN AUTOPSY PERFORMED? NO	
FEMALE PREGNANCY STATUS NOT APPLICABLE		WAS 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 TRANSPORTED, INJURY SUSTAINED	
AT TIME THE DECEASED? NO	DATE LAST SEEN ALIVE UNKNOWN	DID MEDICAL EXAMINER OR PHYSICIAN CONTACTED? NO	DATE PRONOUNCED
CERTIFIER PHYSICIAN		TIME OF DEATH 07:00 PM	
NAME, ADDRESS AND ZIP CODE OF PERSON CARRYING THIS CAUSE OF DEATH DR. B THEODORPOULOS, 2050 CLAIRE CT GENVIEW ILLINOIS, GLENVIEW, ILLINOIS, 60025		DATE CERTIFIED SEPTEMBER 16 2021	
		PHYSICIAN'S LICENSE NUMBER 036 096347	

THE WORDS APPEAR WHERE INDICATED



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.

Karen A. Yarbrough
Karen A. Yarbrough
Cook County Clerk



1964950

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE