

UNOFFICIAL COPY

AJJ-3773BV

Doc#: 2226541219 Fee: \$98.00
Karen A. Yarbrough
Cook County Clerk
Date: 09/22/2022 03:50 PM Pg: 1 of 5

AFFIDAVIT OF HEIRSHIP

This instrument was prepared by:

Frank Dempsey
5820 Orange Ln
Oak Forest IL 60452

After recording mail to:

Frank Dempsey
5820 Orange Ln
Oak Forest, IL 60452

(space above for Recorder's use only)

The undersigned FRANK DEMPSEY being first duly sworn upon oath, deposes and states as follows:

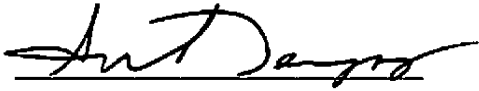
1. That she/he is the surviving SON of the decedent JOHN J. DEMPSEY.
2. That she/he resides at 5820 ORANGE LN.
OAK FOREST, IL. 60452
3. The attached hereto is a certified copy of the medical certificate of death of the decedent.
4. That the value of the decedents estate at the date of his/her death was \$ _____.
5. That the decedent died (estate)intestate. (Circle one)
6. That the decedent (was) was not married at the time of her/his death. (Circle one)
7. That only 2 child/children was/were born to or adopted by decedent, namely:
FRANK DEMPSEY
JACQUELINE DEMPSEY

8. That the undersigned is 80 years of age and is married to CAROLE A. DEMPSEY
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 2/21/1986 and was, at the time of her/his death
79 years of age and married to MARY DEMPSEY.
11. That the decedent was the owner of record of the property commonly known as 4752 S KILPATRICK AVE.
CHICAGO, IL 60632 at the time of their death, the legal description of which can be found attached as "Exhibit A" to this document.

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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 JACQUELINE DEMPSEY AND FRANK DEMPSEY, all of whom are competent adults.

Further affiant sayeth not.

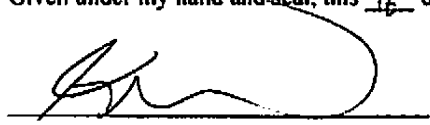


Affiant signature
FRANK DEMPSEY

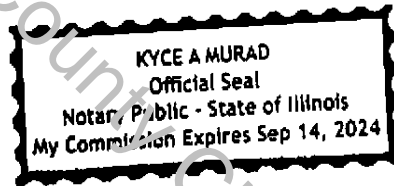
STATE OF IL
COUNTY OF COOK

I, the undersigned, a Notary Public in and for said County and State aforesaid, DO HEREBY CERTIFY that Frank Dempsey, 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 16th day of Sept, 2022.



Notary Public



Property of Cook County Clerk's Office

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EXHIBIT "A"

LEGAL DESCRIPTION

Lot 44 in Leonard E. Cooper's Sub-division of Certain Lots in Blocks 2,
3, 6, 7, 10, 11 in Frederick H. Bartlett's
Centerfield, being a Subdivision of the West 1/2 of the Northwest 1/4 of
Section 10, Township 38 North, Range 13
East of the Third Principal Meridian, in Cook County, Illinois.

Property Index Number: 19-10-101-039-0000

Commonly Known As: 4752 S Kilpatrick Ave, Chicago, IL 60632

Property of Cook County Clerk's Office

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STATE OF ILLINOIS
County of Cook

EXHIBIT

DAVID ORR, County Clerk

October 9, 2012

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is the true and correct copy of the original Record on file, all of which appears from the records and files in my office. IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David J. Orr
COUNTY CLERK

REGISTRATION DISTRICT NO. 16.10	STATE OF ILLINOIS	STATE FILE NUMBER
REGISTERED NUMBER	MEDICAL CERTIFICATE OF DEATH	
603982		
DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)		
1. John J. Dempsey 2. MALE 3. FEB. 21, 1986		
RACE (WHITE, BLACK, AMERICAN INDIAN OR ALASKA NATIVE, HISPANIC OR LATINO) (SPECIFY) COLOR OR COMPLEXION (SPECIFY) DATE OF BIRTH (MO., DAY, YEAR) COUNTY OF DEATH		
4. White 5. IRISH 6. FEB. 18, 1907 7a. Cook		
CITY, TOWN, VILL., OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN PRINT, GIVE STREET AND NUMBER) IF HOSP. OR INST., HOSPITAL PATIENT? (YES OR NO) (SPECIFY)		
8. Chicago 9. Holy Cross Hospital 10. D.O.A.		
CITIZENSHIP (U.S. OR FOREIGN) CITIZEN OF WHAT COUNTRY (SPECIFY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIAGE OF SURVIVING SPOUSE (GIVEN NAME, IF WIFE)		
11. Illinois 12. U.S.A. 13. WIDOWED 14. —		
SOCIAL SECURITY NUMBER OCCUPATION KIND OF BUSINESS OR INDUSTRY (SPECIFY YES OR NO) (SPECIFY YES OR NO) (SPECIFY YES OR NO) (SPECIFY YES OR NO)		
15. [REDACTED] 16. MANAGER 17. Food Co. 18. NO 19. —		
RESIDENCE—STREET AND NUMBER CITY, TOWN, VILL., OR ROAD DISTRICT NO. INSIDE CITY (YES OR NO) COUNTY STATE		
20. 4752 So. K. L. ATRICK 21. CHICAGO 22. YES 23. COOK 24. ILLINOIS		
FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST		
25. John C. Dempsey 26. Anna Pletaka		
IMMEDIATE NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)		
27. FRANK DEMPSEY 28. SON 29. 16404 So. 64CT. TINLEY PK. IL. 60477		
DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		
30. (a) CARDIAC ARREST (b) MYOCARDIAL INFARCTION (c) —		
APPROXIMATE INTERVAL BETWEEN DEATH AND DEATH		
31. Sudden Minutes		
CONDITIONS, IF ANY, WHICH ARE LIKELY TO INTERFERE WITH THE CORONER'S EXAMINATION (SPECIFY)		
32. —		
PART B. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH AND NOT RELATED TO CAUSE GIVEN IN PART A (a)		
33. —		
DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION		
34. — 35. —		
IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		
36. NO		
HOURS (MONTH, DAY, YEAR) WAS CORONER OR PUBLIC HEALTH EXAMINER NOTIFIED? (SPECIFY YES OR NO)		
37. JAN. 30, 1986 38. YES 39. 8:45 P. M.		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED		
40. — 41. — 42. —		
SIGNATURE NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER		
43. [Signature] P. SALUD. 44. 2-22-86 45. 76-046318		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		
46. Joseph F. Golecki, M.D.		
MANNER OF BURIAL (BURIAL, CREMATION) CHURCH OR CREMATORY—NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)		
47. BURIAL 48. RESURRECTION 49. JUSTICE ILLINOIS 50. FEB. 25, 1986		
FUNERAL HOME NAME STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE		
51. M. COLETTA SONS 52. 3240 W. 79 ST. CHICAGO IL. 60652		
FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		
53. [Signature] 54. 7103		
LOCAL HEALTH DEPARTMENT'S SIGNATURE DATE FILED BY LOCAL HEALTH DEPARTMENT (MONTH, DAY, YEAR)		
55. [Signature] 56. FEB 25 1986		

A. 2021
B. 5604
C. 263
D. 410X B
E. 427A

DECLAID

PARENTS

CAUSE

CERTIFIER

DISPOSITION

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CERTIFICATION OF DEATH RECORD

EXHIBIT

STATE OF ILLINOIS

05511

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

79-045845

DECEASED - NAME 1. Mary F. Dempsey		AGE 2. 69		SEX 3. Female		DATE OF DEATH 4. August 7, 1979	
RACE - WHITE OR BLACK OR OTHER 5. White		ETHNIC OR NATIONAL ORIGIN 6. ITALIAN		DATE OF BIRTH 7. July 20, 1910		COUNTY OF DEATH 8. Cook	
PLACE OF BIRTH 9. Olympia Fields		HOSPITAL OR OTHER INSTITUTION - NAME OF INSTITUTION, CITY AND STATE 10. Olympia Fields Osteopathic Medical Center, Inpatient					
STATE OF BIRTH 11. Illinois		CITIZEN OF WHAT COUNTRY 12. U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED 13. Married		NAME OF SURVIVING SPOUSE 14. John Dempsey	
USUAL OCCUPATION 15. Homemaker		KIND OF BUSINESS OR INDUSTRY 16. Own Home		U.S. WAR VETERAN 17. No		HARON DATES OF SERVICE 18.	
RESIDENCE - STREET AND NUMBER 19. 4752 S. Knaptrick		CITY, TOWN, OR VILLAGE 20. Chicago		INSIDE CITY 21. Yes		COUNTY 22. Cook	
STATE 23. Illinois		PARENTS - NAME 24. Joseph Messina		MOTHER - MAIDEN NAME 25. Michela Bonoriso			
INFORMANT'S SIGNATURE 26. Patricia Good Age		RELATIONSHIP 27. Clerk		MAILING ADDRESS - NUMBER AND OR R.F.D., CITY OR TOWN, STATE, ZIP 28. 203rd & Crawford Olympia Fields Ill			
DEATH WAS CAUSED BY PART I. IMMEDIATE CAUSE		OTHER SIGNIFICANT CONDITIONS PART II. OTHER SIGNIFICANT CONDITIONS					
(a) Myocardial Infarction		acute					
(b) Acute Myocardial Infarction		acute					
(c) Congenital Heart Failure		acute					
DATE OF OPERATION, IF ANY 29.		MAJOR FINDINGS OF OPERATION 30.		AUTOPSY 31. NO		DATE SIGNED 32. 8-8-1979	
LASTED TO THE DECEASED FROM 33. 20/79		TO 34. 8/7/79		HOURS OF DEATH 35. 5/41 P.		DATE SIGNED 36. 8-8-1979	
SIGNATURE 37. P. Robert Lombardo		NAME AND ADDRESS OF CERTIFIER 38. P. Robert Lombardo D.O., 203rd and Crawford Ave. Olympia Fields		ILLINOIS LICENSE NUMBER 39. 1436-33587			
BURIAL 40. BURIAL		CITY OF INTERMENT 41. RESURRECTION		COUNTY OF INTERMENT 42. JUSTICE		DATE 43. ILLINOIS 8-11-1979	

September 9, 2022

2222544

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
Cook County Clerk

