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95791914



NORTH STAR TITLE

1420 Kensington Road, • Suite 336 • Oak Brook, IL 60521 • (708) 964-9939

SMALL ESTATE AFFIDAVIT

In the Matter of Estate of Mr. Saul H. Wilson,
825 E. 89th St., Chicago, IL 60619, the undersigned, do hereby depose and say:

1. That Saul H. Wilson, a residence of Cook County, in the State of Illinois, died on 8/13, 1988 A.D.;
2. That 7 yrs. 2 mos. 27 days (days) (months) (years) have elapsed since the death of the above decedent;
3. That no letters or administration or letters testamentary are now outstanding on decedent's estate in this state and that a petition for letters on decedent's estate in this state was never made nor is any such petition pending at this time;
4. That decedent's estate in this state at death did not exceed \$ 65,000.00 in value and consisted entirely of:
5. That the funeral expenses for the decedent amount to \$ 4,500.00 and that all said funeral expenses are paid.
6. That no person is entitled to a surviving spouse's or child's award that has not already been paid;
7. That decedent died leaving no creditors unpaid;
8. That decedent died leaving:
 - a. No will, or,
 - b. A will which has been filed with the Clerk or the Circuit Court in Cook County, Illinois, which will, to the best of my knowledge, is decedent's last will and bears the true signatures of the testator and the attesting witnesses (attach a certified copy of the will);
9. That the name, age, place of residence, and interest taken of each heir-at-law and/or devisee or legatee of the decedent is as follow:

NAME	ADDRESS	AGE	INTEREST
<u>Howard G. Wilson</u>	<u>825 E. 89th St. - 43</u>	<u>50</u>	<u>1/2</u>

LOT TWENTY-FOUR----- (24)

In Block Five (5), in Dauphin Park, a Subdivision of that part of the North Three-Quarters (3/4) of the West Half (1/2) of Section 2, Town 37 North, Range 14, East of the Third Principal Meridian, West of the Illinois Central Railroad Right-of-Way.

THE FOREGOING INSTRUMENT SAYS THIS NOT

WITNESSETH this 10th day of November, 1995

Pin# 25-02-106-012

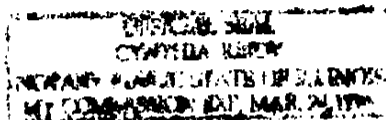
By: X Howard G. Wilson

State of Illinois)
County of Cook)

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, do hereby certify that Howard G. Wilson 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 he signed, sealed and delivered the said instrument as his free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and official seal, this 10th day of November, 1995

Commission expires _____ 19____



8 M. W. Neidy
Notary Public

33.50
+ 30.00

63.50

2230
7M

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BENEFICIAL
4012 W. 79th ST
CHGO, Ill. 60652

R DEPT-11 TORRENS

\$63.50

140013 TRAN 7818 11/15/95 15:53:00

41913 F M *-95-791914

COOK COUNTY RECORDER

11616256

DEPT-11 TORRENS

140013

463.50

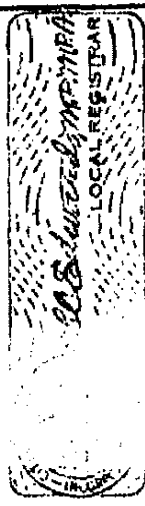
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STATE OF ILLINOIS
 MEDICAL CERTIFICATE OF DEATH
 REGISTRATION DISTRICT NO. 16.10
 REGISTERED NUMBER
 DECEASED - NAME FIRST MIDDLE LAST
 SAUL H WILSON

August 18, 1988.
 95791911

STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO

I, LONNIE C. EDWARDS M.D. M.P.A., 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 OF 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 AS A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SEAL AND BLUE SIGNATURE ARE AFFIXED

1. DATE OF DEATH 3. August 13, 1988
 SEX 2. Male
 COUNTY OF DEATH 74. Cook
 DATE OF BIRTH (MONTH, DAY, YEAR) 6. May 8, 1922
 HOSPITAL OR OTHER INSTITUTION - NAME, ADDRESS, CITY, STATE, ZIP CODE, AND DEPARTMENT 7. VA West Side Medical Center
 NAME OF SURVIVING SPOUSE (GIVEN NAME, IF WIFE) 11.
 WAS DECEASED OVER IN U.S. 12. YES (SPECIFY YES OR NO) Yes
 WAR OR DATES OF SERVICE (SPECIFY YES OR NO) 13a. WW II

14. FATHER - NAME FIRST MIDDLE LAST
 Isaac W. Wilson
 15. MOTHER - MARRIED NAME FIRST MIDDLE LAST
 ESTELLE YOUNG
 16. RELATIONSHIP
 17. MARRIAGE ADDRESS (STREET AND NO. OR R. F. O. CITY OR TOWN, STATE, ZIP)
 820 S. Damen Ave., Chicago, Ill. 60612

18. DEATH WAS CAUSED BY:
 METASTATIC LIVER DISEASE
 19. (BASED ONLY ON CAUSE PER USE OF (a), (b), AND (c))
 (a) METASTATIC LIVER DISEASE
 (b) METASTATIC LIVER DISEASE
 (c) METASTATIC LIVER DISEASE

20. DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION
 August 13, 1988
 21. TO THE BEST OF YOUR KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND IN THE MANNER STATED.
 22. SIGNATURE (TYPE OR PRINT)
 DR. CARLOS M. PABLOS M. D. 820 S. DAMEN CHICAGO, IL. 60680
 ILLINOIS LICENSE NUMBER 226. PERMIT

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)
 24. BURIAL CEMETERY OR CREMATORY - NAME LOCATION
 24a. Bury Oak
 24b. Bury Oak
 24c. Bury Oak
 24d. Bury Oak
 24e. Bury Oak
 24f. Bury Oak
 24g. Bury Oak
 24h. Bury Oak
 24i. Bury Oak
 24j. Bury Oak
 24k. Bury Oak
 24l. Bury Oak
 24m. Bury Oak
 24n. Bury Oak
 24o. Bury Oak
 24p. Bury Oak
 24q. Bury Oak
 24r. Bury Oak
 24s. Bury Oak
 24t. Bury Oak
 24u. Bury Oak
 24v. Bury Oak
 24w. Bury Oak
 24x. Bury Oak
 24y. Bury Oak
 24z. Bury Oak

25. FUNERAL HOME NAME STREET AND NUMBER OR R. F. O.
 Evans Funeral Home, Ltd., 6153 South Ashland Avenue, Chicago, Illinois 60636
 FUNERAL DIRECTOR'S SIGNATURE
 Evans Funeral Home, Ltd.
 26. LOCAL REGISTRAR SIGNATURE
 Lonnie C. Edwards
 27. LOCAL REGISTRAR NAME (TYPE OR PRINT)
 Lonnie C. Edwards
 28. LOCAL REGISTRAR ADDRESS (TYPE OR PRINT)
 29. LOCAL REGISTRAR CITY AND STATE (TYPE OR PRINT)
 Chicago, Illinois

30. LOCAL REGISTRAR SIGNATURE
 Lonnie C. Edwards
 31. LOCAL REGISTRAR NAME (TYPE OR PRINT)
 Lonnie C. Edwards
 32. LOCAL REGISTRAR ADDRESS (TYPE OR PRINT)
 33. LOCAL REGISTRAR CITY AND STATE (TYPE OR PRINT)
 Chicago, Illinois

34. LOCAL REGISTRAR SIGNATURE
 Lonnie C. Edwards
 35. LOCAL REGISTRAR NAME (TYPE OR PRINT)
 Lonnie C. Edwards
 36. LOCAL REGISTRAR ADDRESS (TYPE OR PRINT)
 37. LOCAL REGISTRAR CITY AND STATE (TYPE OR PRINT)
 Chicago, Illinois

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LAST WILL AND TESTAMENT

OF

SAUL WILSON

I, SAUL WILSON, a domiciliary of the City of Chicago, County of Cook and State of Illinois, being of sound and disposing mind and memory, do hereby make, publish and declare this to be my Last Will and Testament, and I hereby revoke all former testamentary documents by me heretofore made.

FIRST: I direct that my Executor, hereinafter named, pay out of my estate, as soon as may be conveniently done, all of my just debts, including expenses of my last illness, funeral and cemetery.

SECOND: I give, devise and bequeath to my beloved son, HOWARD WILSON, all of my estate, real, personal and mixed, wherever located, and most especially my real estate located at 825 East 89th Street, Chicago, Illinois, which I may own or in which I may have an interest at the time of my death.

THIRD: I hereby nominate and appoint my son HOWARD WILSON, to be the Executor of this, my Last Will and Testament, he to serve without surety or security on his bond.

FOURTH: I hereby give full authority to my Executor to sell whatever of my assets are necessary for

Saul Wilson
Saul Wilson
Saul Wilson

95791911

W OFF. CES
BY & WITNEY
HARRISON ST.
ILL. 60607-4367
33-8638

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11/11/11

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the better distribution of my estate.

IN WITNESS WHEREOF, I have hereunto set my hand and seal to this, my last Will and Testament, this 10 day of August, 1988.

Saul Wilson
Saul Wilson

The foregoing instrument, consisting of three (3) typewritten pages, each of which bears the signature of the Testator, for better security and better identification, was on the date hereof signed, sealed and declared by the Testator, in our presence to be his Last Will and Testament, and we at the same time, at the request of the Testator, in his presence and in the presence of each other, believing the Testator to be of sound and disposing mind and memory and under no constraint, have hereto subscribed our names and addresses as attesting witnesses.

[Signature]

WSVA

ADDRESS 820 S. DAMEN
CHGO IL 60612

[Signature]

WSVA

ADDRESS 820 S. DAMEN
CHGO IL 60612

95791911

LAW OFFICES
NEY & WITNEY
W. HARRISON ST.
D. ILL. 60607-4387
336-9038

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STATE OF ILLINOIS)
)
COUNTY OF COOK) SS

We, the attesting witnesses to the Will of Saul Wilson, being first duly sworn, on oath state that each of us was present on the day and date above written; that each of us saw the Testator sign the Will, of which this Affidavit is a part, in the presence of the Testator; that said Will was attested to by each of us in the presence of the Testator; that each of us believed the Testator to be of sound and disposing mind and memory at the time of the signing of said Will.

[Signature]

[Signature]

Subscribed and sworn to
before me this 10 day of
August, 1988

[Signature]

Notary Public

My Commission Expires Mar. 17, 1990.

[Signature]

Saul Wilson

95791914

LAW OFFICES
MEYER & WITNEY
111 N. HARRISON ST.
CHICAGO, ILL. 60607-4907
312-8628

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95791914
F1616256

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
PROBATE DIVISION

I HEREBY CERTIFY THAT THE DOCUMENT TO WHICH
THIS CERTIFICATION IS AFFIXED IS A TRUE AND
CORRECT COPY OF AN INSTRUMENT IN WRITING
PURPORTING TO BE THE LAST WILL AND TESTAMENT
OF SAUL WILSON

DECEASED, FILED IN THE OFFICE OF THE CLERK OF
THE CIRCUIT COURT OF COOK COUNTY, PROBATE

DIVISION ON MARCH 29, 19 93

MARCH 29 19 93
Amelia Pucinski
CLERK OF THE CIRCUIT COURT
OF COOK COUNTY, ILLINOIS