

AFFIDAVIT OF HEIRSHIP

98-1515
Estate of:

PATRICIA JONES
Deceased

Jack Hunt on oath says:

1. The decedent, PATRICIA JONES, died at Evanston Hospital, Evanston, Illinois on February 9, 1994.

2. I am of legal age. I now reside at 11007 South Homewood Drive, Chicago, Illinois. I am the son of the Decedent.

3. The decedent was married once.
The following is the information with respect thereto:

Name of Spouse Marriage terminated by:
1. Jack F. Hunt divorce

Handwritten initials/signature

4. The following children and no other were born to or adopted by decedent:
Name of Child

- 1. Jack M. Hunt, 11007 South Homewood Drive, Chicago, IL.
- 2. Terrence Stewart, 11007 South Homewood Drive, Chicago, IL.

5. The following is the information with respect to each of the above children who predeceased the decedent:

Name of Child

- 1. Terrence Stewart, predeceased decedent without issue on October, 1979

Based on the foregoing, Decedent left surviving as Decedent's only heir, the following, who survived the Decedent, and, in the absence of an indication to the contrary, are of legal age, are mentally competent, and, if children, are natural children:

- 1. Jack Hunt

Affiant further states that he makes this Affidavit in support of his effort to sell real estate situated at 11007 South Homewood Drive as the sole surviving heir of said property clear of all objections arising from the death of the Decedent named herein, and find title in Decedent's heir, Jack Hunt, or his devisees.

Handwritten signature of Jack M. Hunt

SUBSCRIBED and SWORN to before me this 13 day of February, 1998.

Handwritten signature of Notary Public
Notary Public



My commission expires:



Box 64

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DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 1623	STATE OF ILLINOIS	98141377 NUMBER	
	REGISTERED NUMBER 214	MEDICAL CERTIFICATE OF DEATH		
Type or Print or Permanent Ink See Funeral Directors, Hospital or Physicians Handbooks for INSTRUCTIONS DECEASED B C D E PARENTS CAUSE CERTIFIER DISPOSITION	DECEASED-NAME FIRST MIDDLE LAST PATRICIA FAYE JONES		SEX FEMALE	
	DATE OF DEATH MONTH DAY YEAR FEBRUARY 9, 1994			
	COUNTY OF DEATH COOK	AGE - LAST BIRTHDAY (YRS) 52 62	UNDER 1 YEAR MSE DMS 5c	UNDER 1 DAY HOURS MIN 5c
	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 68 EVANSTON		DATE OF BIRTH MONTH DAY YEAR 50 JANUARY 2, 1932	
	HOSPITAL OR OTHER INSTITUTION-NAME IF NOT IN EITHER ONE STREET AND NUMBER 68 EVANSTON HOSPITAL		PLACE OF DEATH INDICATE DOA OF HOME OR INPATIENT (SPECIFY) INPATIENT	
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7 CHICAGO, IL	MARRIED NEVER MARRIED WIDOWED DIVORCED (SPECIFY) 8a DIVORCED	NAME OF SURVIVING SPOUSE (MARRIAGE #) 9 NO	
	SOCIAL SECURITY NUMBER 10 323 26 2418	USUAL OCCUPATION 11a OPERATOR	INDUSTRY OR BUSINESS OR INDUSTRY 11 COMMERCIAL	EDUCATION (SPECIFY GRADE COMPLETED) 12 2
	RESIDENCE (STREET AND NUMBER) 13a 11007 SOUTH HOMERWOOD DR.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b CHICAGO	INSIDE CITY (YES/NO) 13c YES	COUNTY 13d COOK
	STATE 13e ILLINOIS	ZIP CODE 13f 60643	RACE (WHITE BLACK AMERICAN INDIAN OR SPECIFY) 14 BLACK	OF HISPANIC ORIGIN? (SPECIFY) YES-# YES SPECIFY CUBAN MEXICAN PUERTO RICAN OR 14b NO
	FATHER-NAME FIRST MIDDLE LAST 15 JAMES ALBERT JONES	MOTHER-NAME FIRST MIDDLE LAST 16 HATTIE REBECCA YOUNG	RELATIVES ADDRESS (STREET AND NO. OR P.O. BOX) CITY OR TOWN STATE ZIP 17a Jack Hunt 17b Son 17c 11007 S. Homewood Dr. Chgo., IL 60643	
18 PART I Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) → (a) Brain Herniation		DUE TO OR AS A CONSEQUENCE OF (b) Subarachnoid Hemorrhage		
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST (c) Aneurysm		DUE TO OR AS A CONSEQUENCE OF		
PART II Other significant conditions contributing to death and resulting in the underlying cause of death 20a 20b Hydrocephalus		19a AUTOPSY (YES/NO) NO	19b HAD AUTOPSY PREVIOUSLY AVAILABLE PRIOR TO DEATH (YES/NO) NO	
DATE OF OPERATION, IF ANY 20c 2/7/91	MAJOR FINDINGS OF OPERATION 20d	IF FEMALE WAS THERE A PREGNANCY REPEAT THREE MONTHS 20e YES NO		
WHO (DO NOT) ATTEND THE DECEASED AND LAST SAW HIM/her ALIVE ON 21a 2/9/94		WAS CONSUMER OR MEDICAL EXAMINER (NOTIFIED) (YES/NO) 21b NO		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO (CAUSE(S)) STATED		HOUR OF DEATH 21c 11:40P M		
22a SIGNATURE <i>Ted Eller</i>		DATE SIGNED 22c 2/10/94		
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22e Ted Eller M.D. 2650 Ridge Avenue Evanston, Illinois		RELAYS LICENSE NUMBER 22d 036 05813		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23		NOTE IF AN INQUIRY WAS INVOLVED IN THIS DEATH THE CONSUMER OR MEDICAL EXAMINER MUST BE NOTIFIED		
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a CREMATION	CEMETERY OR CREMATORY-NAME 24b MOUNT GLENWOOD	LOCATION CITY OR TOWN STATE 24c GLENWOOD, ILLINOIS	DATE MONTH DAY YEAR 24d FEB. 15, 1994	
FUNERAL HOME NAME STREET AND NUMBER OR P.O. BOX CITY OR TOWN STATE ZIP 25a CARTER FUNERAL CHAPEL, LTD. 2100 EAST 75TH STREET CHICAGO, ILLINOIS		FUNERAL DIRECTOR'S SIGNATURE <i>Robert P. Carter</i>		
FUNERAL DIRECTOR'S SIGNATURE <i>C. Lucia Brown</i>		FUNERAL DIRECTOR'S RELAYS LICENSE NUMBER 25c 034- 011900		
LOCAL REGISTRAR'S SIGNATURE <i>C. Lucia Brown</i>		DATE FILED BY LOCAL REGISTRAR MONTH DAY YEAR 25d FEB 15 1994		

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at Item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE FEBRUARY 15, 1994 SIGNED *C. Lucia Brown*
 AT EVANSTON, Illinois OFFICIAL TITLE LOCAL REGISTRAR

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

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Property of Cook County Clerk's Office

UNOFFICIAL COPY 78141377

Lot 13 (except the East 75 feet) in Block 50 in the subdivision by the Blue Island Land and Building Company known as Washington Heights, in Cook County, Illinois, in Section 18, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

Tax ID: 25-18-409-025

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