

UNOFFICIAL COPY

AFFIDAVIT OF HEIRSHIP



99687706

205

I, CHRISTINE MURPHY, being first duly sworn on oath, deposes and states as

follows:

1. That I, CHRISTINE MURPHY, am the daughter of ETHEL M. MURPHY, who is now deceased, and have personal knowledge as to the facts contained herein.
2. That if called as a witness, she could competently and with personal knowledge testify to the facts contained herein.
3. That ETHEL M. MURPHY died on MAY 5, 1981. At the time of her death she was the sole surviving owner of the property located at 1316 West 72nd Place, Chicago, Illinois 60636, and legally described as follows:

LOT 21 IN HECK'S SUBDIVISION OF BLOCK 8 OF JONES SUBDIVISION OF THE WEST 1/2 OF SECTION 29, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.
4. That ETHEL M. MURPHY had three (3) children, Alice Carney, Patricia Murphy, and Christine Murphy. And that no other children were adopted by her.
5. That the only heirs of ETHEL M. MURPHY are her children, Alice Carney, Patricia Murphy, and Christine Murphy.

FURTHER AFFIANT SAYETH NOT.

Christine Murphy
Christine Murphy

SUBSCRIBED and SWORN to
before me this 15 day of
July, 1999.

Rocco Digianantonio
Notary Public



99687706
6440/0055 21 001 Page 1 of 2
1999-07-19 12:21:59
Cook County Recorder 43.50

mail to:
Christine MURPHY
1316 W. 72nd Pl
Chgo. IL. 60636



DEPARTMENT OF HEALTH CITY OF CHICAGO

May 7, 1981

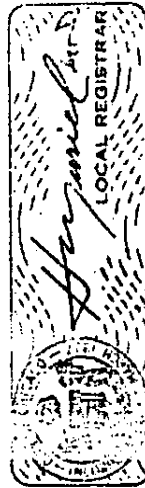
STATE FILE NUMBER 609888

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.10
REGISTERED NUMBER
DECEASED NAME

STATE OF ILLINOIS }
COUNTY OF COOK } SS
CITY OF CHICAGO }

I, Hugo H. Muriel, M.D., 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. DECEASED NAME: **ETHE MURPHY** SEX: **FEMALE** DATE OF DEATH: **MAY 5, 1981**

2. RACE: **BLACK** AGE: **52** UNDER 1 DAY: **None** DATE OF BIRTH (MO., DAY, YEAR): **March 5, 1929** COUNTY OF DEATH: **COOK**

3. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **Chicago** HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): **COOK COUNTY HOSPITAL**

4. STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY): **Illinois** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **WIDOWED**

5. SOCIAL SECURITY NUMBER: **12-331-20-9031** USUAL OCCUPATION: **Homemaker** KIND OF BUSINESS OR INDUSTRY: **None**

6. RESIDENCE STREET AND NUMBER: **149. 1316 W. 72nd. PL** CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **CHICAGO** INSIDE CITY (YES/NO): **YES** WAR OR DATES OF SERVICE: **None**

7. FATHER - NAME: **James L. Clinton** MOTHER - MAIDEN NAME: **Dorothy Becker**

8. INFORMANT'S SIGNATURE: **Muriel A. Smith** RELATIONSHIP: **Records** MAILING ADDRESS (STREET AND NO. OR R. T. D., CITY OR TOWN, STATE, ZIP): **COOK COUNTY HOSPITAL**

9. DEATH WAS CAUSED BY: **DISSIMINATED INTRAVASCULAR COAGULOPATHY** (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

10. IMMEDIATE CAUSE: **GRAM NEGATIVE SEPTICEMIA**

11. OTHER SIGNIFICANT CONDITIONS: **METASTATIC SQUAMOUS CELL CARCINOMA-ENVX. 5 Mos**

12. DATE OF OPERATION, IF ANY: **1-15-81** MAJOR FINDINGS OF OPERATION: **POSITIVE PELVIC LYMPH NODES**

13. ATTENDED FROM: **MARCH 19, 1981** TO: **MAY 5, 1981** HOUR OF DEATH: **2:00 P. M.**

14. DECEASED FROM: **MARCH 19, 1981** TO: **MAY 5, 1981** DATE SIGNED: **5 6 81**

15. SIGNATURE: **Katwath Vijayan** ILLINOIS LICENSE NUMBER: **36-56937**

16. NAME AND ADDRESS OF CERTIFIER: **DR. DINI, M.D.** CITY OF TOWN: **CHICAGO, ILL 60612**

17. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): **DR. DINI, M.D.** STATE: **ILLINOIS** DATE (MONTH, DAY, YEAR): **MAY 5, 1981**

18. CEMETERY OR CREMATORY - NAME (SPECIFY): **Burr Oak** CITY OR TOWN: **Worth, Illinois** DATE (MONTH, DAY, YEAR): **5-5-81**

19. FUNERAL HOME: **GOLDEN GATE** STREET AND NUMBER OR R.F.D.: **2036 W 79th Chicago Illinois** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **60620**

20. LOCAL REGISTRAR'S SIGNATURE: **Hugo H. Muriel** CHICAGO DEPT. OF HEALTH: **Richard J. Daley Center, Room 111**

21. DATE RECORDED: **MAY 7 1981** CONCOURSE LEVEL: **CHICAGO 80602**

22. (BASED ON 1978 U.S. STANDARD CERTIFICATE)

V. VIJAY