

HEIRSHIP AFFIDAVIT

(Heirship of Hazel Triplett)



00518789

STATE OF ** ILLINOIS }

SS.

COUNTY OF ** COOK }

ATC 001072-10F3QMB

CONNIE J. TRIPLETT, of lawful age, being first duly sworn upon his oath deposes and says:

That he was personally well acquainted with the above named decedent, during his lifetime, having known her for TEN years, and that affiant bears the following relationship to the said decedent, to wit:

DAUGHTER IN LAW

Affiant further states that the said decedent departed this life at Dank Forest Hospital, In Cook County, State of Illinois, on Sept. 28, 1999 being 76 years old at the date of her death.

Affiant further states that he was well acquainted with the family and near relatives of the said decedent, and with all those who would under the laws of the State of Illinois, be her heirs, and that the following statements and the answers to the following named questions are based upon the personal knowledge of affiant and are true and correct:

- 1. Did the decedent leave a will? Yes No
- 2. If so, has the will be admitted to probate – at what place, and when? N/A
- 3. Has an administrator been appointed for the estate of said deceased? Yes No
- 4. If so, give the County in which the said administration proceedings are pending, and the name and address of the administrator. N/A
- 5. Give the name and address of the surviving widow or widower of decedent.

Name:

Address:

If not living, state date of death: March 15, 1999

- 6. If the decedent was married more than once, give the name of the former husband or wife, and state whether said former spouse is dead or divorced. N/A
- 7. On the blank line below, give the names and places of residence of all the surviving children of deceased, together with the other information called for:

Box 154

UNOFFICIAL COPY

COOK COUNTY CLERK'S OFFICE
1000 N. WASHINGTON ST.
CHICAGO, ILL. 60610
TEL: 312.600.3000

TESTAMENTS, AFFIDAVITS

(In the State of Illinois)

STATE OF ILLINOIS

COUNTY OF COOK

I, the undersigned, Clerk of Cook County, Illinois, do hereby certify that the following is a true and correct copy of the original as filed in my office on this _____ day of _____, 20____.

Witness my hand and the seal of said County at Chicago, Illinois, this _____ day of _____, 20____.

Affiant further states that he is well acquainted with the family and members of the said decedent and with all laws which may apply under the laws of the State of Illinois and that he is fully conversant with the facts and circumstances of the following matters and that he has the personal knowledge of said facts and circumstances.

1. Did the decedent leave a will? Yes No
2. If so, has the will be admitted to probate at what place and when _____
3. Has an administrator been appointed for the estate of said decedent? Yes No
4. If so, give the name of the administrator and the address of the administrator _____
5. Give the name and address of the surviving widow or widower of decedent _____

Name _____ Address _____


6. If not in this state date of death _____
7. If the decedent was married more than once, give the name of the former husband or wife, and state whether said former spouse is dead or divorced _____
8. On the blank line below, give the names and places of residence of all the surviving children of decedent, together with the other information called for _____

UNOFFICIAL COPY

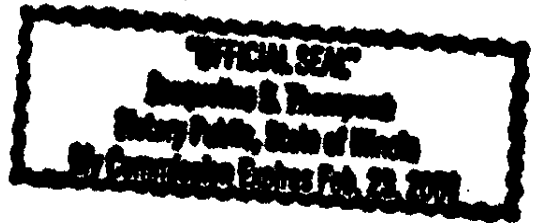
(Give names of surviving children only)

STEPHEN A. TRIPLETT SR. 411 BLACKSTONE / P.O. BOX 446 GLENWOOD, ILL. 60426
HAZEL WEAVER - 16332 Honore MARKHAM, ILL. 60426
Kathleen T. Jones 14617 S. Myrtle Ave Harvey, IL 60426
Paulette A. Triplett - 14233 S. Parnell Ave, Riverdale IL 60827
Gregory A Triplett 7324 S California Chicago IL 60629

SWORN TO AND SUBSCRIBED before me this the 20th day of March, 2000.


NOTARY PUBLIC

My Commission Expires: 2-23-2001



Mail TO : Gregory A. Triplett
7234 S. California
Chicago IL 60629

00518789

Cook County Clerk's Office

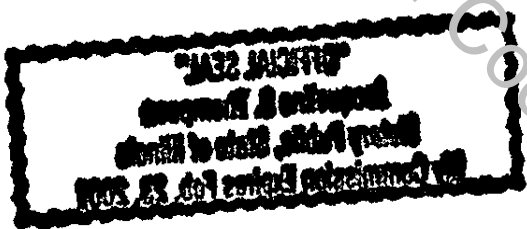
UNOFFICIAL COPY

(The number of the original is shown only)

WORK TO AND SUBSCRIBED before me this _____ day of _____

NOTARY PUBLIC

My Commission Expires _____



CHICAGO

Property of Cook County Clerk's Office

UNOFFICIAL COPY

THE SOUTH 1/2 OF LOT 6 AND LOT 7 (EXCEPT THE SOUTH 8 FEET AND 4 INCHES) IN BLOCK 20 IN EAST WASHINGTON HEIGHTS, A SUBDIVISION OF THE SOUTHWEST 1/4 OF THE WEST 1/2 OF THE NORTHWEST 1/4 OF SECTION 9, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office

00518789

UNOFFICIAL COPY

MEDICAL CERTIFICATE OF DEATH

DISTRICT NO. 16.91
 REGISTERED NUMBER 384
 DECEASED NAME HAZEL
 LAST FIRST MIDDLE
 1. COUNTY OF DEATH COOK
 2. FEMALE
 DATE OF BIRTH 28 SEPTEMBER 28, 1999
 DATE OF DEATH
 4. COOK
 CITY, TOWN, VILLAGE OR ROAD DISTRICT NUMBER
 HOSPITAL OR OTHER INSTITUTION - NAME AND STREET ADDRESS
 6a. BRINKER TOMSHIP
 BIRTHPLACE (CITY AND STATE OR FOREIGN)
 6b. CHICAGO, IL
 SOCIAL SECURITY NUMBER
 6c. INPATIENT
 7. CHICAGO, IL
 USUAL OCCUPATION
 11a. Home maker
 11b. Domestic
 11c. HOMEY
 11d. Domestic
 12. 15900 S. CICERO
 RESIDENCE (STREET AND NUMBER)
 13a. ILLINOIS
 ZIP CODE
 13b. 60452
 13c. YES
 13d. COOK
 13e. BLACK
 14a. BLACK
 15. March
 LAST
 16. March
 LAST
 17a. PEARL, ILLINOIS
 17b. RECORDS
 17c. 15900 S. CICERO, OAK FOREST, ILLINOIS
 18. PEARL, ILLINOIS
 19a. S. BOND
 19b. ANNIE
 19c. SWITH
 19d. JOHNSON
 19e. 60452
 20. S. PEARL, ILLINOIS
 20a. S. PEARL, ILLINOIS
 20b. S. PEARL, ILLINOIS
 21. S. PEARL, ILLINOIS
 22. S. PEARL, ILLINOIS
 23. S. PEARL, ILLINOIS
 24. S. PEARL, ILLINOIS
 25. S. PEARL, ILLINOIS
 26. S. PEARL, ILLINOIS

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD FOR THE DECEDENT NAMED IN ITEM #1 AND THAT THIS RECORD WAS ESTABLISHED AND FILED IN MY OFFICE IN ACCORDANCE WITH THE PROVISIONS OF THE ILLINOIS STATUTES RELATING TO THE REGISTRATION OF STILLBIRTHS, BIRTHS AND DEATHS.

DATED: Oct 1, 1999 SIGNED: John E. Brown LOCAL REGISTRAR
 SIGNED: Carol J. Hendrick DEPUTY REGISTRAR, TINLEY PARK, ILLINOIS

00518789

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

MAR 18 1999

CELIA 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 OBEYANCE OF SAID
LAWS AND ORDINANCES.

68287200



THIS CERTIFIED COPY VALID WHEN
MULTICOLOR SIGNATURE SEAL IS
AFFIXED.

DISTRICT NO. **16.10** STATE OF ILLINOIS
REGISTERED NUMBER **605012**

DECEASED-NAME: **ALEXANDER** FIRST **ALEXANDER** MIDDLE LAST **TRIPLETT**

1. COUNTY OF DEATH: **COOK** SEX: **2. MALE** DATE OF DEATH: **3. MARCH 15, 1999**

4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **CHICAGO** DATE OF BIRTH: **5d. MAY 06, 1923**

6a. **CHICAGO** HOSPITAL OR OTHER INSTITUTION: **6b. VENCOR HOSPITAL CHICAGO NORTH**

7. **Proctor Ark** MARRIED (NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED): **8c. INPATIENT**

8. **Married** USUAL OCCUPATION: **11e. Merchantic**

10. **161 12 0706 A** RESIDENCE (STREET AND NUMBER): **115 Self - Employed**

13a. **ILLINOIS** STATE: **CHICAGO** CITY, TOWN, TWP. OR ROAD DISTRICT NO.

13b. **11401 SOUTH OAKLEY** ZIP CODE: **60643**

13c. **BLACK** RACE (WHITE, BLACK, AMERICAN INDIAN, etc.): **13d. COOK** COUNTY

FATHER-NAME: **14a. BLACK** MOTHER-NAME: **14b. JANO**

15. **Alexander Triplett, Sr.** INFORMANT'S NAME (TYPE OR PRINT): **Arleta Cunningham** RELATIONSHIP

17a. **VERONICA POPIELARZ** 17b. **RECORDS** 17c. **CHICAGO, ILLINOIS**

18. **PART I** Enter the disease, or conditions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory failure, shock, or heart failure. List only one cause on each line.

(a) **MYOCARDIAL INFARCTION**
DUE TO, OR AS A CONSEQUENCE OF

(b) **CONDITIONS, IF ANY**
WHICH GIVE RISE TO IMMEDIATE CAUSE OR STATE THE UNDERLYING CAUSE LAST.

(c) **DUE TO, OR AS A CONSEQUENCE OF**

19. **DATE** Enter date (month, day, year) of death but not necessarily the underlying cause of death.

20a. **MARCH 15, 1999** DATE OF OPERATION, IF ANY

20b. **NO** MAJOR FINDINGS OF OPERATION

20c. **NO** IF FEMALE, WAS THERE A PREGNANCY IN THIS THREE MONTHS?

21. **TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND (IF TO THE CAUSE(S) STATED).**

22a. **Arleta Cunningham** SIGNATURE (TYPE OR PRINT) **CHICAGO** CITY OR TOWN

22b. **DR. JACK M. BULMASH** NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER **1725 WEST HARRISON STREET** ADDRESS **CHICAGO 60618** CITY OR TOWN STATE **ILL.**

23. **Funeral Home** FUNERAL HOME: **BURT OAK CEMETERY** CEMETERY OR CREMATORY-NAME: **24c. BURT OAK CEMETERY** STREET AND NUMBER OR P.O. NUMBER: **24b. BURT OAK CEMETERY** CITY OR TOWN STATE **ILL.**

25a. **Getling's Chapel Inc. 10133 S. Halsted St Chicago, Illinois 60628** FUNERAL DIRECTOR'S SIGNATURE: **25b. 034-014948** FURNERIAL LICENSE NUMBER: **25c. 034-014948**

25d. **Arleta Cunningham** LOCAL REGISTRAR'S SIGNATURE: **25e. MAR 18 1999** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

25f. **MAR 18 1999** DATE OF DEATH (MONTH, DAY, YEAR)