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2000-12-20 14:52:49
Cook County Recorder 25.50



STATE OF ILLINOIS)
COUNTY OF COOK) SS.
COOK COUNTY
RECORDER

EUGENE "GENE" MOORE AFFIDAVIT OF HEIRSHIP OF JOANNE PRICE, DECEASED

ROLLING MEADOWS PAM PRICE, being first duly sworn, on oath, states:

1. That he is a daughter of JOANNE PRICE, decedent herein, is of legal age and resides at 13800 Crawford Avenue, Robbins, IL 60472.

2. That the said decedent died intestate on May 17, 1998, and at the time of her death was a resident of Robbins, Illinois.

3. That decedent was married once, to ALLEN PRICE. Only one child was born of that marriage, namely, PAMELA Y. PRICE.

Two other children were born to decedent prior to her marriage, namely ALICE A. COLEMAN and ANTHONY ANDERSON.

No other children were born to or adopted by decedent.

4. Based on the above, the only heirs at law of decedent are the following, all of whom are of legal age, mentally competent, and under no legal disability:

- A. ALLEN PRICE, surviving spouse;
- B. PAMELA Y. PRICE, daughter;
- C. ALICE A. COLEMAN, daughter; and
- D. ANTHONY ANDERSON, son.

Pamela Y. Price
PAMELA Y. PRICE, AFFIANT

Subscribed and sworn to before me this 22nd day of August, 2000.

Carol A. Tuman
Notary Public



Carol A. Tuman, Attorney
10200 S. Cicero Avenue
Oak Lawn, IL 60453
708-229-0800
Atty. No. 51624

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Exhibit "A"
Legal Description

All those certain parcels of land situate in Cook County, Illinois, being known as the South $\frac{1}{2}$ of Lot 18 and all of Lot 19 in Block 3 in Lincoln Manor Fourth Addition, being a Subdivision of that part of the East $\frac{1}{2}$ of the North East $\frac{1}{4}$ of Section 3, Township 36 North, Range 13, East of the Third Principal Meridian, which lies North of Midlothian Turnpike in Cook County, Illinois.

Tax ID: 28-03-214-067

13800 CRAWFORD AVE
ROBBINS, IL

Property of Cook County Clerk's Office

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 a 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 Orr
COUNTY CLERK

H. NO.		STATE OF ILLINOIS				STATE/FILE NUMBER	
REGISTRATION DISTRICT NO. 16.0		MEDICAL CERTIFICATE OF DEATH				REGISTERED NUMBER	
DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)							
1. JOANNE PRICE 2. FEMALE 3. MAY 17, 1998		COUNTY OF DEATH		AGE-LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY		DATE OF BIRTH (MONTH, DAY, YEAR)	
4. COOK		5a. 56		5b. 5c.		5d. OCTOBER 16, 1941	
6a. PALOS HEIGHTS		6b. PALOS COMMUNITY HOSPITAL		6c. INPATIENT			
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
7. CHICAGO, ILLINOIS		8a. MARRIED		8b. ALLEN PRICE		9. NO	
10. 320-36-4920		11a. Machinist		11b. Factory		12. 12th	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY	
13a. 13800 SOUTH CRAWFORD AVENUE		13b. ROBBINS		13c. YES		13d. COOK	
STATE ZIP CODE		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)			
13a. ILLINOIS 13c. 60472		14a. BLACK		1. b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:			
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE (MAIDEN)-LAST		15. SIDNEY ANDERSON Alice Neal			
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D. CITY OR TOWN, STATE, ZIP)			
17a. SUSAN FELLERS		17b. HOSPITAL		17c. 251 SOUTH 80TH AVENUE			
18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of death, such as cardiac or respiratory arrest, stroke, or heart failure. List only one cause on each line.				INTERVAL BETWEEN ONSET AND DEATH			
Immediate Cause (Final disease or condition resulting in death)		(a) DISSEMINATED MULTIPLE MYELOMA					
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.		(b)					
		(c)					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		AUTOPSY (YES/NO)		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)			
		19a. NO		19b.			
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?			
20a.		20b.		20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH			
21a. 5/16/98		21b. NO		21c. 03:10 A.M.			
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED (MONTH, DAY, YEAR)					
22a. SIGNATURE <i>Susan Fellers</i>		22b. 5/17/98					
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER					
22c. J. W. PARDELL 17901 GOWERWOOD HOLLOWOOD, IL 60430		22d. 05606480					
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.					
23.							
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY-NAME		LOCATION CITY OR TOWN STATE		DATE (MONTH, DAY, YEAR)	
24a. Burial		24b. Washington Cemetery		24c. Homewood Illinois		24d. 5-23-1998	
FUNERAL HOME NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE		ZIP	
25a. W. W. Holt Funeral Home		175 W. 159th St.		Harvey Illinois		60426	
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER					
25b. <i>W. W. Holt</i>		25c. 10992					
LOCAL REGISTRAR SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)					
26a. REGISTRAR <i>Carol R. Lomaha</i>		26b. May 21-1998					