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1253/0065 08 001 Page 1 of 3
2001-04-03 11:14:24
Cook County Recorder 25.50



STATE OF ILLINOIS }
COUNTY OF COOK }

CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT- PROBATE DIVISION

Estate of : } NO.
Hughetta Maxwell, } Docket:
Deceased. } Page :

Affidavit Of Heirship

Brenda Dandridge, on oath says,

1. The decedent died on August 11, 1999 at Melrose Park, Illinois at the age of 78 years of age.
2. I am of legal age, I reside at 413 S. 12th Avenue, Maywood, Illinois 60153 and am the daughter of the decedent.
3. The decedent died intestate.
4. The decedent was married once to Osie Maxwell who predeceased decedent.
5. The following children and no others were born or adopted by decedent:

Brenda Dandridge, Terry Maxwell, Sharon Maxwell, and James Dandridge

Based on the foregoing decedent left surviving as her heirs the following all of whom survived the decedent, and in the absence of any indication to the contrary, are of legal age, and mentally competent.

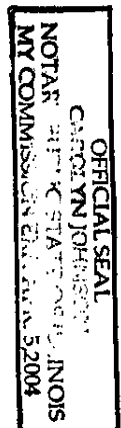
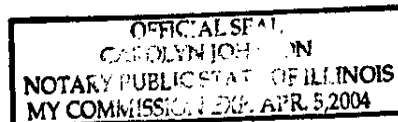
Brenda Dandridge and James Dandridge

Brenda Dandridge
Brenda Dandridge-Affiant

Signed and Sworn to before me this 13th day of February 2001.

Carolyn Johnson
Notary Public

Carolyn Johnson #33306
Attorney at Law
430 E. 162nd St., Ste. 292
South Holland, IL 60473



Property of Cook County Clerk's Office

Legal: Lot 14 and 15, in block 6, in the western addition, being in a subdivision of the west 1/2 of the southeast 1/4 of section 15, Township 39 North Range 12, east of the third principal meridian in Cook County Illinois.

P.I.N. 15-15-409-036-0000
15-15-409-037-0000

Prepared by: Carolyn Johnson
Atty at Law
430 E. 162nd Ste 292
→ South Holland IL 60473

Mail To:

PERMANENT CERTIFICATE
 TEMPORARY CERTIFICATE

REGISTRATION DISTRICT NO. 16.35
 REGISTERED NUMBER 426

CASE #: 369 JUN 1991

STATE OF ILLINOIS
 MEDICAL EXAMINERS - CORONERS
 CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEASED - NAME SHARON ANN MAXWELL FIRST LAST
 COUNTY OF DEATH COOK
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER MELROSE PARK
 AGE, LAST BIRTHDAY (MM/DD/YY) 35 5a. MONTH DAY YEAR
 SEX FEMALE
 DATE OF BIRTH (MM/DD/YY) JUN 4, 1956
 MONTH DAY YEAR

HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN OTHER ONE) STREET AND NUMBER
HESTLAKE COMMUNITY HOSPITAL
 MARITAL STATUS (IF MARRIED) NEVER MARRIED
 NAME OF SURVIVING SPOUSE
 EDUCATION (CHECK ONE)
 1. GRADUATE
 2. HIGH SCHOOL GRAD
 3. SOME COLLEGE
 4. LESS THAN HIGH SCHOOL

RESIDENCE STREET AND NUMBER 134928 S 15TH AVE.
 CITY, TOWN OR ROAD DISTRICT NO. 11b. NURSING HOME
 STATE ILLINOIS ZIP CODE 60153
 RACE WHITE ETHNIC OR HISPANIC ORIGIN (CHECK ONE)
 1. WHITE 2. BLACK 3. MEXICAN AMERICAN 4. OTHER

FATHER - NAME OSIE B MAXWELL FIRST LAST
 MOTHER - NAME HUGHETTA PAYNE FIRST LAST
 RELATIONSHIP 17b. MED REG
 MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE)
2149 N. HARRISON ST. CHICAGO, IL 60612

18. PART I. Enter the disease, injuries, or complications that caused the death. Do not omit the mode of dying, such as cardiac, respiratory arrest, shock, or heart failure. List immediate cause first, then proximate cause, and then the underlying cause.
1. HYPERTENSIVE CARDIOVASCULAR DISEASE
2. BRONCHIAL ASTHMA
3. DIABETES MELLITUS

19. PART II. Enter the conditions, if any, which give rise to the immediate cause listed in Part I. State the underlying cause last.
 (a) CONTRIBUTING TO DEATH BUT NOT RESULTING FROM IT
 (b) IMMEDIATE CAUSE
 (c) UNDERLYING CAUSE

20a. NATURAL PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (CHECK ONE)
20b. AT HOME
 DATE OF INJURY (MM/DD/YY) 20c. LOCATION
 CITY, TOWN OR ROAD DISTRICT NO. 20d. HOW INJURY OCCURRED
 (IF IN PART I OF PART II, STATE IN)

21. I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE PROVISIONS OF THIS DEATH CERTIFICATE, THE CAUSE(S) STATED, AND THE DATE, AT THE PLACE, AND DUE TO THE CAUSE(S) STATED, AND THE DATE, AT THE PLACE, OF THE DECEASED WAS PRONOUNCED DEAD ON
JUN 20, 1991
 DATE SIGNED 21c. TIME
2:35 AM

22. PHYSICIAN'S SIGNATURE ROBERT J. STEIN, M.D.
 DATE SIGNED OCT 11, 1991
 MONTH DAY YEAR

23a. NANCY L. JONES, M.D. 23b. DATE SIGNED
OCT 11, 1991
 MONTH DAY YEAR

24a. BURIAL 24b. OAK RIDGE CEMETERY
24c. HILLSIDE, ILLINOIS
 CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
24d. JUN 24, 1991

25a. CORBIN COLONIAL CHAPEL, 5345 N MADISON STREET CHICAGO, ILLINOIS 60644
 FUNERAL DIRECTOR'S SIGNATURE
25b. WILLIAM J. JONES
 LOCAL REGISTRAR'S SIGNATURE
25c. 034-011937
 DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
25d. JUN 16, 1991

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 JUN 29, 1991 SIGNED Joseph J. Innes
 AT Melrose Park, Illinois OFFICIAL TITLE DEPUTY 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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