

CST 0 20645

Affidavit of Heirship

DILLYE L. HENRY, deceased



Ditra B. Henry, being first duly sworn on oath deposes and says:

1. That she is a daughter of Dillye L. Henry, who died intestate November 24, 1996 in Cook County, Illinois and as such is familiar with her mother's affairs.

2. That Dillye L. Henry was married one time and one time only and then to Lawrence Henry.

3. Lawrence Henry survived Dillye Henry, but passed away April 29, 2001.

4. That as a result of the marriage of Dillye and Lawrence two (2) children were born, to wit:

Ditra B. Henry, residing at 7459 N. Artesian, Chicago, IL. 60645

Elizabeth Jackson Scott, residing at 9412 Lafayette, Chicago, IL 60620

5. No other children were born to or adopted by Dillye and Lawrence.

6. No other children were born to or adopted by Dillye L. Henry.

7. The surviving children of Dillye L. Henry are of legal age and under no legal disability.

8. That at the time of her death Dillye L. Henry was the sole owner of the real estate legally described as:

The North 37.5 feet of the North 75 feet of Lot 2 in Block 9 of F.H. Bartlett's Wentworth Avenue and 95th Street Subdivision in Section 4, Township 37 North, Range 14, East of the third Principal Meridian in Cook County, Illinois

Commonly known as 9412^{S.} LaFayette, Chicago, IL 60620
PIN 25-04-414-038,, Volume 449

**COOK COUNTY
RECORDER
EUGENE "GENE" MOORE
SKOKIE OFFICE**

3P
DW

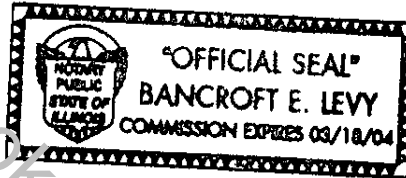
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Further affiant sayeth not

Ditra B. Henry
DITRA B. HENRY

Subscribed and sworn to
before me this *29th* day
of March, 2002.

B. Levy
Notary Public



This document prepared by Mayme F. Spencer, 1510 Asbury, Ave., Evanston, IL 60201

mail to:
CITY SUBURBAN TITLE
SERVICES COMPANY
1000 SKOKIE BLVD
WILMETTE, IL 60091



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0020631797

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

NOV 27 1996

I, SHEILA LYNE RSW, 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 PURSUANCE OF SAID LAWS AND ORDINANCES.

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

REGISTRARIC DISTRICT NO. 16.10

REGISTERED NUMBER

DECEASED-NAME: **FIRST** DILBYE **MIDDLE** L. **LAST** HENRY

1. COUNTY OF DEATH: **COOK** DATE OF BIRTH: **3 November 24 1996** SEX: **FEMALE** DATE OF DEATH: **24 1996**

4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **CHICAGO** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): **Case Land Hospital**

6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **Chicago, Illinois** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **MARRIED**

8a. SOCIAL SECURITY NUMBER: **352-16-8524** USUAL OCCUPATION: **TEACHER**

10. RESIDENCE (STREET AND NUMBER, CITY, TOWN, TWP. OR ROAD DISTRICT NO., STATE): **9412 S. LAFAYETTE CHICAGO**

13a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): **BLACK**

14a. MOTHER-NAME FIRST MIDDLE LAST: **LEE FOSTER**

16. RELATIONSHIP: **HUSBAND** MOTHER-NAME FIRST MIDDLE LAST: **ELIZABETH WILLIAMS**

17a. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): **9412 S LAFAYETTE CHICAGO, ILL 60620**

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.

(a) **Coronary artery disease, CHF**
DUE TO, OR AS A CONSEQUENCE OF

(b) **MI**
DUE TO, OR AS A CONSEQUENCE OF

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

Immediate Cause (Final disease or condition resulting in death)

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

20. MAJOR FINDINGS OF OPERATION: **MI**

20a. DATE OF OPERATION, IF ANY: **8-29-96**

20b. (DID YOU) DID NOT ATTEND THE DECEASED AND AT LEAST SAW HIM/HER ALIVE ON: **NO**

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

22a. SIGNATURE: **S. D. [Signature]** DATE SIGNED: **2 13 51 P.M.**

22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): **S. W. Western Ave Chicago, IL 60693**

22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): **[Signature]**

23. BIRTHAL CREMATION, REMOVAL (SPECIFY): **COBURIAL** CEMETERY OR CREMATORY-NAME: **Holy Sepulchre** CITY OR TOWN: **NORTH ILLINOIS** STATE: **IL** DATE (MONTH, DAY, YEAR): **24 Nov. 30 1996**

24a. FUNERAL HOME: **TAYLOR FUNERAL HOME LTD 123 E 79TH ST CHICAGO, ILL 60619** CITY OR TOWN: **CHICAGO** STATE: **IL** DATE (MONTH, DAY, YEAR): **NOV 27 1996**

25a. FUNERAL DIRECTOR'S SIGNATURE: **[Signature]** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **25C 034-010650**

25b. LOCAL REGISTRAR'S SIGNATURE: **[Signature]** DATE (MONTH, DAY, YEAR): **NOV 27 1996**

602844

County Clerk's Office