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UNOFFICIAL COPY

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2002-06-06 13:39:59

Cook County Recorder 25.50

EST 020645

Affidavit of Heirship

LAWRENCE HENRY, deceased



0020631798

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

1. That she is a daughter of Lawrence Henry, who died intestate April 29, 2001 in Cook County, Illinois and as such is familiar with her father's affairs.

2. That Lawrence D. Henry was married one time and one time only and then to Dillye L. Henry who predeceased him.

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

4. That as a result of the marriage of Lawrence and Dillye 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 Lawrence Henry.

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

8. That at the time of his death Lawrence D. Henry and his daughters, Ditra B. Henry and Elizabeth Scott Jackson were owners 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

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M W

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Lawrence Henry, deceased
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Said property having been inherited by them from Dillye L. Henry, deceased who died intestate November 24, 1996 in Cook County, Illinois

Further affiant sayeth not

Ditra B. Henry
DITRA B. HENRY

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

[Signature]
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



STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16:33
 REGISTERED NUMBER 272

DECEASED-NAME FIRST MIDDLE LAST
 1. Lawrence Heckman Mac
 COUNTY OF DEATH COOK DATE OF BIRTH (MONTH, DAY, YEAR) 3. APRIL 29, 2001
 4. COOK DATE OF DEATH (MONTH, DAY, YEAR) 5d. October 7, 1984
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER IF NOT IN EITHER, GIVE STREET AND NUMBER
 6a. EVERGREEN PK NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) MARY
 BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) CHICAGO, ILL 6c. UNKNOWN
 7. CHgo, IL 8b. WIDOWED 9. YES
 SOCIAL SECURITY NUMBER 323-34-9321 10. 323-34-9321 11a. ENGINEER 12. COLLEGE
 RESIDENCE (STREET AND NUMBER, CITY, TOWN, TWP. OR ROAD DISTRICT NO., STATE) 9412 S. LAFAYETTE CHICAGO ILL 60619
 13a. ILLINOIS 13b. CHICAGO 13c. COOK
 13ce. ILLINOIS 14a. BLACK 14b. NO 14c. YES 14d. NO 14e. YES
 FATHER-NAME FIRST MIDDLE LAST ANDREW HENRY 15. ANNA ROBINSON
 INFORMANT'S NAME (TYPE OR PRINT) ELIZABETH SCOTT 16. DAUGHTER 17. 1709 DTD 1709412 S LAFAYETTE CHgo, ILL
 18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.
 Immediate Cause (Final disease or condition resulting in death) (a) Aortic aneurysm
 CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) (b) hyper tension
 STATING THE UNDERLYING CAUSE LAST. (c)
 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
 DATE OF OPERATION, IF ANY NO 20b. NO 20c. NO 20d. NO
 (DID) (DID NOT) ATTEND THE DECEASED AND/ OR AT LEAST SAW HIM/HER ALIVE ON 3-14-01 21a. NO 21b. NO 21c. 3:00 P. M
 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
 22a. SIGNATURE S. J. Thompson, MD 22b. 4-30-01 22c. 03608281
 NAME AND ADDRESS OF CEITIFIER (TYPE OR PRINT) 9830 S. Western Ave - Chgo, IL 60643
 22c. ILLINOIS LICENSE NUMBER
 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)
 23. NO
 BURIAL CREMATION REMOVAL (SPECIFY) REMOVED 24a. ABRAHAM LINCOLN 24b. ELWOOD ILLINOIS 24c. ILLINOIS 24d. MAY 3, 2001
 FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
 25a. TAYLOR FUNERAL HOME LTD 25b. 63 E. 79th St. Chgo, IL 60619
 FUNERAL DIRECTOR'S SIGNATURE Michael J. Taylor 25c. 034-010650 25d. ILLINOIS LICENSE NUMBER
 LOCAL REGISTRAR'S SIGNATURE Annemette Thrauer 26a. Annemette Thrauer 26b. May 3, 2001
 DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD OF THE PERSON 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 BIRTHS, STILLBIRTHS AND DEATHS.

DATE MAY 3, 2001
 AT EVERGREEN PARK, ILLINOIS

REGISTRAR Annemette Thrauer
 DEPUTY REGISTRAR _____