



Doc#: 0402631101
Eugene "Gene" Moore Fee: \$34.00
Cook County Recorder of Deeds
Date: 01/26/2004 11:19 AM Pg: 1 of 6

1 of 11
AFFIDAVIT OF HEIRSHIP

EXETER TITLE COMPANY — FILE #
Phone (312) 641-1244 Fax (312) 641-1241
03120058 - COOL

I, **Thomas L. Jefferson**, being first duly
sworn on oath, deposes and states as follows:

1. That I, **Thomas L. Jefferson**, am the son of **Thelma Jefferson**, who is now deceased, and have personal knowledge as to the facts contained herein.
2. That if called as a witness, she could competently and with personal knowledge testify to the facts contained herein.
3. That **Thelma Jefferson** died on June 9, 1995. At the time of her death she was the sole surviving owner by joint tenancy of the property located at 11245 South Edbrooke, Chicago, IL 60628, Clarence Wade and Thomas L. Jefferson, Sr. having preceded her in death.
4. That **Thelma Jefferson** had 11 children, Beverley, Kevin, Bridgitte, Bernice, Bernadine, Barbara, Brenda, Leonard, Robert and Bernard, and that no other children were adopted by her.
5. That the only living heirs **Thelma Jefferson** are her children: Beverley McBride, Kevin Jefferson, Bridgitte Jefferson, Bernice Jefferson, Bernadine Jefferson, Barbara Jefferson, Brenda Jefferson, Leonard Jefferson, Robert Jefferson and Thomas L. Jefferson.

FURTHER AFFIANT SAYETH NOT.


UNOFFICIAL COPY



Affiant

SUBSCRIBED and SWORN to
before me this 5th day of

January, 2004



Notary Public



Property of Cook County Clerk's Office

STATE OF ILLINOIS
County of Cook

UNOFFICIAL COPY

DAVID ORR, County Clerk

JAN 16 2004

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

PERMANENT CERTIFICATE #298-SEP-78
TEMPORARY CERTIFICATE 1010
DATE OF BIRTH NO.

STATE OF ILLINOIS STATE FILE NUMBER 620060

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

DECEASED - NAME 1. THOMAS JEFFERSON			SEX 2. MALE	DATE OF DEATH 3. SEPTEMBER 8, 1978	
RACE - (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) 4a. BLACK			AGE - LAST BIRTHDAY (YRS) 5a. 60	UNDER 1 YEAR 5b.	UNDER 1 DAY 5c.
CITY, TOWN, TWP OR ROAD DISTRICT NUMBER 7b. CHICAGO			HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7c. ROSELAND		IF HOSP OR INST. INDICATE DOA, OF EMER RM, INPATIENT (SPECIFY) 7d. EMERGENCY
STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) 8. GEORGIA	CITIZEN OF WHAT COUNTRY 9. USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. MARRIED	NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) 11. THELMA WADE		
SOCIAL SECURITY NUMBER 12. UNAVAILABLE	USUAL OCCUPATION 13a. MACHINIST	KIND OF BUSINESS OR INDUSTRY 13b. PRINTING	U.S. WAR VETERAN (YES/NO) 13c. YES	WAR OR DATES OF SERVICE 13d. WW II	
RESIDENCE STREET AND NUMBER 14a. 11245 ED BROOKE		CITY, TOWN, TWP OR ROAD DISTRICT NO. 14b. CHICAGO	INSIDE CITY (YES/NO) 14c. YES	COUNTY 14d. COOK	STATE 14e. ILLINOIS
FATHER - NAME FIRST MIDDLE LAST 15. ROBERT JEFFERSON		MOTHER - MAIDEN NAME FIRST MIDDLE LAST 16. PEARLENE WILLIS			
INFORMANT'S SIGNATURE 17a. <i>Thelma Jefferson</i>			RELATIONSHIP 17b. WIFE	MAILING ADDRESS (STREET AND NO OR R.F.D. CITY OR TOWN STATE ZIP) 17c. 11245 S. Edbrooke	
DEATH WAS CAUSED BY 18. ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
PART I - IMMEDIATE CAUSE					
(a) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE					
(b) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE					
(c) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE					
PART II - OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (1)					
ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED (SPECIFY) 20a. NATURAL		DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOUR 20c.	HOW INJURY OCCURRED (ITEM 18) NATURE OF INJURY MENTIONED IN PART I OR PART II (ITEM 18) 20d.	
INJURY AT WORK (YES/NO) 20e.		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. (SPECIFY) 20f.	LOCATION 20g.	CITY, VIL OR TOWN, OR TWP OR RD. CITY NO. COUNTY STATE	
I CERTIFY THAT, IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT			THE DECEDENT WAS PRONOUNCED DEAD ON 21b. SEPTEMBER 8, 1978		AT 21c. 5:25 P.M.
MEDICAL EXAMINER'S SIGNATURE 22. <i>Robert J. Stein, M.D.</i> TAE LYONG AN, MD			DATE SIGNED 23. 9/8/78		
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial		CEMETERY OR CREMATORY - NAME 24b. RESTVALE	LOCATION 24c. WORTH ILLINOIS	DATE (MONTH DAY YEAR) 24d. 9-15-78	
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. TAYLOR FUNERAL HOME 63 E 79th St CHICAGO ILLINOIS 60619			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 6852		
FUNERAL DIRECTOR'S SIGNATURE 25b. <i>Charles B. Taylor</i>			DATE REC'D BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. SEP 12 1978		
LOCAL REGISTRAR'S SIGNATURE 26a. <i>Curry C. Brown</i>					

VER202C (REV. 1/79) Illinois Department of Public Health - Office of Vital Records (BASED ON 1978 U.S. STANDARD CERTIFICATE)

CEASED

PARENTS

CAUSE

CERTIFIER

POSITION

07

124

914

41

#298-SEP-78

REGISTRATION DISTRICT NO
REGISTERED NUMBER

of Print in Permanent Ink Manual for Clerks and Directors Book for Regulations

045

914

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STATE OF ILLINOIS
County of Cook

UNOFFICIAL COPY DAVID ORR, County Clerk JAN 16 2004

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

IRTH NO.	REGISTRATION DISTRICT NO. 16.10	STATE OF ILLINOIS	STATE FILE NUMBER 610965
	REGISTERED NUMBER	MEDICAL CERTIFICATE OF DEATH	
DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. THELMA JEFFERSON		2. FEMALE	3. JUNE 9, 1995
COUNTY OF DEATH	AGE—LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY
4. COOK	5a. 74	5b. 74	5c. 56-9 1916
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		IF HOSP. OR INST. INDICATE D.O.A. OP. EMER. AM. INPATIENT (SPECIFY)
6a. CHICAGO	6b. UNIVERSITY OF CHICAGO HOSPITALS		6c. INPATIENT
BIRTHPLACE (CITY AND STATE OR 1 FOREIGN COUNTRY)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)	
7. IND ROBERTY	8a. WIDOWED	8b. NONE	
SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
10. 341-20-1698	11a. COOK	11b. HOTEL	12. 12
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.	INSIDE CITY (YES-NO)
13a. 6225 DREXEL		13b. CHICAGO ILL	13c. YES
STATE	ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, OR SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES; IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.)
13e. ILLINOIS	13f. 60627	14a. BLACK	14b. X NO YES SPECIFY BLACK
FATHER—NAME FIRST MIDDLE LAST	MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST		
15. LON RIGGINS	16. ANNIE THOMAS		
INFORMANT'S NAME (TYPE OR PRINT)	RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D. CITY OR TOWN STATE ZIP)	
17a. JANICE FERNANDO HOOPER	17b. HOSPITAL RECORDS	17c. 5041 SOUTH MARYLAND CHICAGO, ILLINOIS 60637	
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, shock, or heart failure. List only one cause on each line.			
Immediate Cause (Final disease or condition resulting in death)	(a) PULMONARY HYPERTENSION		
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST	(b) LUNG COLLAPSE		
	(c) HYPERKALEMIA		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I			
DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION	AUTOPSY (YES/NO)	IF AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETE FILING—CAUSE OF DEATH (YES/NO)
20a.	20b.	19a. NO	19b. NO
IF (DID) OR (NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	HOUR OF D.O.A.	
21a. JUNE 9, 1995	21b. NO	21c. 6:42 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	NAME AND ADDRESS OF CERTIFIER		22b. DATE SIGNED
<i>Patrick Cunningham</i>	22c. PATRICK CUNNINGHAM, MD 5841 SOUTH MARYLAND, CHICAGO, ILLINOIS		22d. JUNE 9, 1995
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER			ILLINOIS LICENSE NUMBER
22c. SUSAN BELNER MD			22d. 125-031678
BURIAL OR REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	DATE (MONTH, DAY, YEAR)
24a. BURIAL	24b. KURR OAK	24c. ALSIP ILL	24d. 246-16-95
FUNERAL HOME	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		
25a. VESLEY MEMORIAL CHAPEL 8138 50. COTTAGE CHICAGO ILL 60619	25c. 6104		
FUNERAL DIRECTOR'S SIGNATURE	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		
25b. <i>Loewsky</i>	26b. JUN 12 1995		
LOCAL REGISTRAR'S SIGNATURE	26a. <i>Shila Orr RSM</i>		

STATE OF ILLINOIS
County of Cook

UNOFFICIAL COPY DAVID ORR, County Clerk JAN 16 2004

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

MEDICAL CERTIFICATE OF DEATH									
DISTRICT NO. 10		REGISTERED NUMBER		DECEASED-NAME		SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. CLARENCE		WADE		2. MALE		3. OCTOBER 21, 1994			
COUNTY OF DEATH		AGE-LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)				
4. COOK		5a. 70	5b.	5c.	5d. AUGUST 1, 1924				
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				IF HOSP. OR INST. INDICATE D.O.A. OPERATED BY (SPECIFY)			
6a. CHICAGO		6b. VA WESTSIDE MEDICAL CENTER				6c. INPATIENT			
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)			WAS DECLARED EVER IN ARMED FORCES? (YES/NO)		
7. CHICAGO, ILLINOIS		8a. NEVER MARRIED		8b. NONE			9. YES		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)			
10. 343 20 7584		11a. FOREMAN		11b. WAREHOUSE		12. 12		13. YES	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY			
13a. 9651 S. JEFFERY AV.		13b. CHICAGO		13c. YES		13d. COOK			
STATE		ZIP CODE	RACE (WHITE, BLACK, AMER. INDIAN, ALASKAN)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.)				
13e. ILLINOIS		13f. 60617	14a. BLACK		14b. NO YES SPECIFY:				
FATHER-NAME		MOTHER-NAME		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST					
15. LEONARD		16. SAMUELLE		16. ARMSTRONG					
INFORMANT'S NAME (TYPE OR PRINT)		MAILING ADDRESS (STREET ADDRESS OR P.O. BOX, CITY OR TOWN, STATE, ZIP)		17. P.O. BOX 8195 CHICAGO, IL. 60680					
17a. SUSAN ROBY		17b. Susan Roby		17c. RECORDS					
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, shock, or heart failure. List only one cause on each line.							APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Immediate Cause (Final disease or condition resulting in death)		MYOCARDIAL INFARCTION							
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(a) DUE TO OR AS A CONSEQUENCE OF							
		(b) DUE TO OR AS A CONSEQUENCE OF							
		(c)							
PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		PERIPHERAL VASCULAR		STATUS POST CEREBROVASCULAR ACCIDENT, HYPERLIPIDEMIA					
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		18a. RIGHT GROIN INFECTION WITH EXPOSED VASCULAR GRAFT					
20a. 9/16/94		20b.		18b. YES NO					
WHO (D.D.P.) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH					
21. OCTOBER 21, 1994		21b. NO		21c. 12:25 P.M.					
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED		DATE SIGNED		22b. 10/24/94					
22a. SIGNATURE		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER					
22c. DR. ERIC BASS M.D. 820 S. DAMEN CHGO, IL. 60680				22d. PERMIT					
22e.		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		DATE (MONTH, DAY, YEAR)	
24a. BURIAL		24b. LINCOLN		24c. WORTH		ILLINOIS		24d. 24 October 29, 1994	
25a. TAYLOR FUNERAL HOME LTD. 63 E. 79th St. Chicago Illinois 60619		FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		25c. 034-011950			
25b. <i>Eric Bass</i>		25c. RSM		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		26. OCT 25 1994			
26.		LOCAL REGISTRAR'S SIGNATURE		ILLINOIS DEPARTMENT OF PUBLIC HEALTH—DIVISION OF VITAL RECORDS					

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PROPERTY DESCRIPTION

LOT 18 IN BLOCK 1 IN DYK'S ADDITION TO PULLMAN, BEING A SUBDIVISION OF LOT 2 OF THE WEST 1/2 OF THE NORTHWEST 1/4 OF SECTION 22, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office