



Doc#: 0425703082
Eugene "Gene" Moore Fee: \$34.50
Cook County Recorder of Deeds
Date: 09/13/2004 03:48 PM Pg: 1 of 6

AFFIDAVIT OF HEIRSHIP

I, the Undersigned being duly sworn do state:

1. MELTEE B. WOOSLEY, title-holder of record and "Decedent" died at Chicago, Illinois on May 21, 1993;
2. At the time her death, Decedent resided at in Chicago, Illinois, County of Cook and was the record title-holder of the same; I have attached a copy of the death certificate hereto;
3. The surviving heirs of the Decedent and their residences are as follows:

ETHEL B. VEAL DOB 07/08/30
1167 Pecan Blvd.
Jackson , Mississpiis 39209

GUSSIE STOKES DOB 07/26/47
5722 South Marshfield
Chicago, Illinois 60636

The Decedent was last married to title-holder MARVIN WOOSLEY, who predeceased the Decedent on September 7, 1985. A copy of his death certificate is attached hereto.

4. There were no children born of the marriage between Decedent and Marvin Woosley.

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5. There were no children born to the Decedent and no children were adopted.
6. The decedent's parents are deceased.
7. The decedent had two siblings, namely Fred Butler, who died March 3, 2002 and ETHEL B. VEAL. A copy of Fred Butler's death certificate is attached hereto.
8. Fred Butler had one child, namely GUSSIE STOKES.
9. The heirs listed in paragraph 3 above are the only heirs of the Decedent.
10. No letters of office are now outstanding on the Estate of the Decedent and no petition for letters is contemplated or pending in Illinois or in any other jurisdiction;
11. The Estate of the Decedent consist of the following property to wit:

LOT 12 IN BLOCK 1 IN H. BUTFORD'S SUBDIVISION EAST OF THE RAILROAD AND SOUTH OF THE BOULEVARD IN LOTS 1 AND 2 IN SCHOOL TRUSTEE'S SUBDIVISION OF SECTION 16, TOWNSHIP 38 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN 20-16-207-011-0000

COMMONLY KNOWN AS 5531 SOUTH LAFAYETTE, CHICAGO, ILLINOIS
12. All funeral expenses of the Decedent have been paid.
13. There are no known unpaid claimants or contested claims against the Decedent.
14. The Decedent did not have a will. The name, places of residence and relationships of the Decedent's heirs and the portion of the Estate to which said heirs are entitled should be distributed as follows:

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**NAME, RELATIONSHIP
AND PLACE OF RESIDENCE**

**PORTION
OF
ESTATE**

ETHEL VEAL, SISTER
1167 Pecan Blvd.
Jackson Mississippi 39209

1/2

GUSSIE STOKES, NIECE
5722 South Marshfield
Chicago, Illinois 60636

1/2

Affiant is not aware of any dispute or potential conflict as to heirship of the Decedent.

The foregoing instrument is made under the penalties of perjury.

Gussie Stokes
GUSSIE STOKES

SUBSCRIBED and SWORN to before me
this 10TH day of SEPTEMBER 2004.

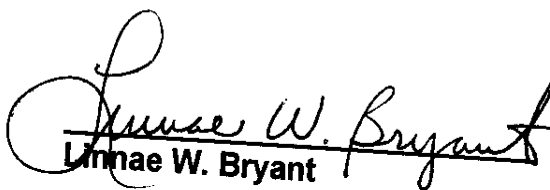
Linnae W. Bryant
NOTARY PUBLIC



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THIS DOCUMENT CONSISTS OF FOUR (4) PAGES INCLUDING THIS TESTAMENTARY PAGE.

I, Linnae W. Bryant, am an attorney, duly licensed to practice law in the State of Illinois. I have prepared the foregoing affidavit on behalf of GUSSIE STOKES Further, based upon the information supplied me, which I have no reason to believe is not true and accurate, paragraph 14 correctly reflects the appropriate heirship and distribution under the applicable law of Illinois.


Linnae W. Bryant

9/10/04
Date

Property of Cook County Clerk's Office

Return to:



Linnae W. Bryant
200 South Wacker Drive
Suite 3100
Chicago, Illinois 60606
312-750-0949
Attorney No. 19758



MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.10 STATE OF ILLINOIS STATE FILE NUMBER 609936

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. COUNTY OF DEATH: HELTEE B. WOOSLEY 2. FEMALE 3. MAY 21, 1993

4. COOK CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: 5. AGE LAST BIRTHDAY (MOS, DAYS, HOURS, MIN)

6. CHICAGO HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT NETHER, GIVE STREET AND NUMBER) 7. JACOBSON, HS 8. ROSELAND COMMUNITY HOSPITAL

9. SOCIAL SECURITY NUMBER: 10. 312-24-1176 11. USUAL OCCUPATION: 12. FACTORY

13. STATE: 14. ZIP CODE: 15. 60628 16. CITY, TOWN, TWP. OR ROAD DISTRICT NO.: 17. CHICAGO

18. FATHER-NAME: 19. ANDREW 20. BUTLER SR. 21. MOTHER-NAME: 22. DAISY

23. DECEASED'S NAME (TYPE OR PRINT): 24. ALICE WEATHERSBY 25. RELATIONSHIP: 26. SISTER

27. Mailing Address (Street and No. or R.F.D., City, Town, State, Zip): 28. 9611 S Yates Chicago Illinois 60617

29. Immediate Cause (Final Diagnosis or condition resulting in death): 30. Acute Myocardial Infarction

31. Conditions, if any which gave rise to starting the underlying cause last: 32. Arteriosclerosis due to or as a consequence of

33. Diabetes Mellitus Type I Diabetic Ketoacidosis

34. Date of operation, if any: 35. Major findings of operation: 36. Diabetic Ketoacidosis

37. (Do not fill in if the deceased was last seen alive on): 38. MAY 20, 1993

39. Signature of certifier: 40. Dr. Henry B. E. Iare

41. Name and address of certifier: 42. 8530 Oaklawn Ave Chicago IL 60630

43. Name of attending physician if other than certifier: 44. [Blank]

45. Burial, cremation, removal (specify): 46. CEMETERY OR CREMATORY-NAME: 47. WASHINGTON

48. Funeral home: 49. Taylor Funeral Home Ltd 63 E 79th St Chicago Illinois 60619

50. Local Registrar's Signature: 51. [Signature]

52. Date: 53. MAY 25 1993

54. Date of registration: 55. MAY 25 1993

56. Date of death: 57. MAY 21 1993

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO MAY 25 1993

I, VIRGINIA L. PARKER, M.B.A. 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 APPLIED.

UNOFFICIAL COPY

AUGUST 31, 2004

STATE OF ILLINOIS
County of Cook

DAVID ORR, County Clerk

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

517856

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.10
REGISTERED NUMBER

DECEASED—NAME: **MARVIN WOOSLEY** SEX: **2 MALE** DATE OF DEATH: **3. SEPTEMBER 7, 1985**

1. RACE: **BLACK AMERICAN** AGE: **70** BIRTH: **6. JUNE 15, 1915** COUNTY OF BIRTH: **COOK**

2. **Chicago** HOSPITAL OR OTHER INSTITUTION: **PROVIDENT HOSPITAL** 7c. **DOA**

3. STATE OF BIRTH: **TEXAS** CITIZEN OF WHAT COUNTRY: **U.S.A** 10. **MARRIED** 11. **MELTEE BUTLER**

4. SOCIAL SECURITY NUMBER: **UNAVAILABLE** 12. **UNAVAILABLE** 13. **MAINTENANCE HOSPITAL** 14. **5531 S LAFAYETTE CHICAGO** 15. **COOK** 16. **ILLINOIS**

17. FATHER—NAME: **AUSTIN WOOSLEY** 18. MOTHER—MAIDEN NAME: **UNAVAILABLE**

19. INFIRMANT NAME (TYPE OR PRINT): **MELTEE WOOSLEY** 20. RELATIONSHIP: **WIFE** 21. MAILING ADDRESS: **5531 S. LAFAYETTE CHICAGO IL**

22. DEATH WAS CAUSED BY: **STROKE**
 (a) **Hypertension**
 (b) **myocardial infarction**

23. PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE LISTED ON PART I OR DATE OF OPERATION, IF ANY: **MAJOR FINDINGS OF OPERATION**

24. SIGNATURE: **Ray A. Beveridge** (BEVERIDGE) 25. ILLINOIS LICENSE NUMBER: **36-069201**

26. NAME OF ATTENDING PHYSICIAN OR OTHER THAN CERTIFIER (TYPE OR PRINT): **5841 Maryland Chicago, Illinois 60637**

27. BURIAL, CREMATION, OR OTHER DISPOSITION: **BURIAL** 28. CEMETERY OR CREMATORY—NAME: **WASHINGTON** 29. LOCATION: **HOMewood ILLINOIS** 30. DATE: **SEPTEMBER 1985**

31. FUNERAL HOME: **TAYLOR FUNERAL HOME LTD. 63 E. 79th St. CHICAGO ILLINOIS 60620** 32. FUNERAL DIRECTOR'S SIGNATURE: **Charles B. Taylor** 33. FUNERAL DIRECTOR'S PHONE NO. (SEE INSTRUCTIONS): **6852**

34. LOCAL REGISTRAR'S SIGNATURE: **Samuel C. Edwards, M.D., MPA** 35. DATE REC'D BY LOCAL REGISTRAR: **SEP 11 1985**

36. ILLINOIS DEPARTMENT OF PUBLIC HEALTH - OFFICE OF VITAL RECORDS

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DECEASED
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PARENTS

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