



Affidavit of Heirship

Doc#: 0501804116
Eugene "Gene" Moore Fee: \$50.00
Cook County Recorder of Deeds
Date: 01/18/2005 01:00 PM Pg: 1 of 3

I Celia Brimage, being first duly sworn, deposes and says:

1. Beatrice Brimage, who died on Nov 6, 1996; testate, was married but once and then to James H. Brimage

2. That of the marriage of Beatrice Brimage and James Brimage 3 children were born being:

- Celia Brimage Anthony Brimage
- Marlon Brimage _____
- Alicia Brimage _____

They never adopted any child or children.

3. That all of said persons are of legal age and emancipated.

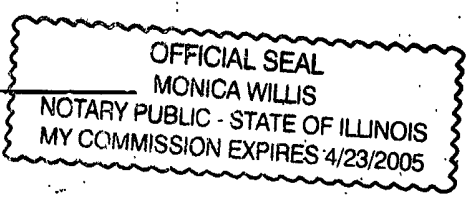
4. Thus, at the time of her/his death, Beatrice Brimage was survived by:

- James Brimage (her/his) husband
- Celia Brimage (her/his) daughter
- Alicia Brimage (her/his) daughter
- Marlon Brimage (her/his) SON
- Anthony Brimage (her/his) SON
- _____ her/his _____

Celia Brimage
Signature

Subscribed and Sworn to
Before me this 18 day
of Jan, 1998 2005

[Signature]
Notary Public



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MAY 26, 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

DECEDENT'S BIRTH NO		REGISTRATION DISTRICT NO		STATE OF ILLINOIS				STATE ID NUMBER	
		10:33		MEDICAL CERTIFICATE OF DEATH					
		REGISTERED NUMBER		FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH DAY YEAR)	
		768		BEATRICE D BRIMAGE		FEMALE		NOVEMBER 5, 1996	
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS A DECEASED B C D E		DECEASED NAME		AGE LAST BIRTHDAY (MM/SS)		UNDER 1 YEAR		DATE OF BIRTH (MONTH DAY YEAR)	
		COOK		5a 64		5b		5c 5d DECEMBER 9, 1932	
		CITY/TOWN/TWP OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION NAME (IF APPLICABLE) (STREET AND NUMBER)				WAS DECEASED EVER IN U.S. ARMY OR NAVAL RESERVE (SPECIFY)	
		6a EVERGREEN PARK		6b LITTLE COMPANY OF MARY				6c HOSP	
		BIRTHPLACE (CITY AND STATE OR COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPT OF Y)		NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)		WAS DECEASED EVER IN U.S. ARMY OR NAVAL RESERVE (SPECIFY)	
		7 CHICAGO		7a MARRIED		8b JAMES BRIMAGE		9 NO	
		SOCIAL SECURITY NUMBER		USUAL OCCUPATION		EDUCATION (SPECFY) (SCHOOL GRADUATE) (SCHOOL ATTENDED)		EDUCATION (SPECFY) (SCHOOL GRADUATE) (SCHOOL ATTENDED)	
		10 324-24-4051		11 Secretary		12 11		13 2	
		RESIDENCE (STREET AND NUMBER)		CITY/TOWN/TWP OR ROAD DISTRICT NO		INCL. CITY (YES/NO)		COUNTY	
		13a 9030 Aberdeen		13b CHICAGO		13c YES		13d COOK	
		STATE		ZIP CODE		RACE (SPECIFY)		OF HISPANIC ORIGIN? (YES/NO) (SPECIFY)	
		13e ILLINOIS		13f 60670		14a BLACK		14b YES SPECIFY	
1 PARENTS 1 2 3		FATHER NAME FIRST MIDDLE LAST		MOTHER NAME FIRST MIDDLE (MAIDEN) LAST					
		15 VI TO ELARDI		16 DICIE TURNER					
		INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO OR R.F.D. CITY OR TOWN, STATE, ZIP)			
		17a JAYMIE FORBER		17b DAUGHTER		17c 1351 W 97th ST Chicago, IL 60643			
		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 hypoxia. List only one cause on each line.					
		Immediate Cause (Final disease or condition resulting in death)		(a) Congestive Heart Failure					
		CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (b) STATING THE UNDERLYING CAUSE LAST		(b) Hypertension					
		(c) Diabetic Mellitus							
		PART II (Other significant or contributory conditions contributing to death but not resulting in the underlying cause given in PART I)		(d) GOOD					
4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100		DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO)		IF FEMALE, WAS THE US ARMY OR NAVAL RESERVE IN PAST THREE MONTHS?	
								18a NO	
		WAS CORNER OR NEAR CORNER NOTIFIED? (YES/NO)		HOUR OF DEATH					
		21a April 1996		21b		21c 1:40 AM			
		TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED		SIGNATURE		DATE (MONTH DAY YEAR)			
		22a Margaret K. Zisner MD		22b 11-8-96					
		NAME AND ADDRESS OF CERTIFIER		ILLINOIS LICENSE NUMBER					
		22c 5660 West 95th Oak Lawn IL 60453		22d 036068840					
		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INQUIRY WERE RECEIVED FROM THE STATE OF ILLINOIS REGARDING THIS DEATH, THE COMRADE OF THE MEDICAL EXAMINER MUST BE NOTIFIED					
		23		FUNERAL HOME		DATE (MONTH DAY YEAR)			
		24a BURR OAK		24b ALBION, ILL		24c 11-13-96			
11 DISPOSITION		FUNERAL HOME		STREET AND NUMBER (R.F.D.)		CITY OR TOWN		STATE	
		25a CALAHAN FUNERAL HOME 7030 S HALSTED STREET CHICAGO, IL 60621		25b Edward Calahan		25c 34-013004		25d NO	
		FUNERAL DIRECTOR'S SIGNATURE		STATE OF ILLINOIS LICENSE NUMBER (MONTH YEAR)					
		26a Annelle Zisner		26b		26c NOVEMBER 12, 1996			

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Case No. 204-5199

Legal Description

Lot 33 in Block 3 in Cole's Subdivision of the east ½ of the south 20 acres of the west ½ of the northeast ¼ and the west 4.21 acres of the south 20 acres of the east ½ of the northeast ¼ of Section 5, Township 37 North, Range 14, East of The Third Principal Meridian, in Cook County, Illinois.

Property Tax Number

25-05-228-013

Property Address: 9039 South Aberdeen Street
Chicago, ILLINOIS 60620

Property of Cook County Clerk's Office