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Regina Graham
3457 W. 76th Street
Chicago IL 60652



Doc#: 0511003152
Eugene "Gene" Moore Fee: \$30.50
Cook County Recorder of Deeds
Date: 04/20/2005 04:20 PM Pg: 1 of 4



Property of Cook County Clerk's Office

AFFIDAVIT
OF
HEIRSHIP

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AFFIDAVIT OF HEARSHIP

MELVYN D. HEARD (AFFIANT) being duly sworn upon oat, deposes and states:

- 1) That the Affiant resides at 819 Northland Blvd., Cinn., Ohio 45240
- 2) That the Affiant is the Son of BOBBIE J. RUTLEDGE
(relationship) (Decedent)
- 3) That the Decedent died on 01 / 26 / 02 in the County of Comanche State of OK
- 4) That the Decedent died owning an interest in the property legally described as follows:

The North 3 feet of Lot 31 and Lot 32, All in Graham Carley's Subdivision of the North 5 Acres to the West half of the West Half of the South West Quarter of the South East Quarter of Section 17, Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

Pin # 20-17-416-045-0000

Commonly known as : 6143 S. Racine

- 5) That the Decedent died leaving NO will.
- 6) That the Decedent was never married.
- 7) That the following children were born to decedent and no others:

Name

Melvyn D. Heard

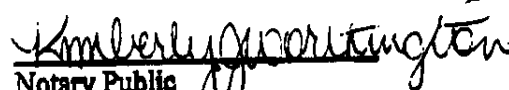
- 8) That to the best information and belief of the Affiant, no children were born to the decedent out of wedlock except: NONE
- 9) That the total value of the Estate of the Decedent including the taxable interest in the afore said property is \$87,000.
- 10) That all expenses of illness and/or funeral expenses have been paid and he knows of no unpaid bills, debts or expenses of this decedent, which could be claims against his estate.
- 11) That No Federal Estate Tax or Inheritance Tax will be due and payable because of her death.

Dated this 18 day of April, 2005.


MELVYN D. HEARD

STATE OF Ohio)
COUNTY OF Hamilton)

Subscribed and sworn to before me
this 18th day of April, 2005.


Notary Public
KIMBERLY J. WORTHINGTON
NOTARY PUBLIC, STATE OF OHIO
MY COMMISSION EXPIRES

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STATE OF OKLAHOMA CERTIFICATE OF DEATH

STATE FILE NUMBER **001930**

LOCAL FILE NUMBER **18089**

1. DECEDENTS NAME (First, Middle, Last) BOBBY Y. JEAN RUTLEDGE		2. SEX F	3a. DATE OF DEATH (Month, Day, Year) 01/26/2002	3b. TIME OF DEATH 02:45
4a. PLACE OF DEATH (Check one only) <input checked="" type="checkbox"/> HOSPITAL: Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER: Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		4b. FACILITY NAME (If not institution, give street and number) SOUTHWEST MEDICAL CENTER		
4c. CITY, TOWN, OR LOCATION OF DEATH LAWTON		4d. INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		4e. COUNTY OF DEATH COMANCHE
5. <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		6. SURVIVING SPOUSE (If wife, give maiden name) None		
7. SOCIAL SECURITY NO. 416-70-6112		8a. Age Last Birthday (Years) 50	8b. Under 1 Year Months 0 Days 0	8c. Under 1 Day Hours 0 Minutes 0
9. BIRTH DATE (Month, Day, Year) 3-5-1951		10. BIRTHPLACE (City, and State or Foreign Country) Brent, Alabama		
11a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life.) General Administration		11b. KIND OF BUSINESS/INDUSTRY Office Administration		
12a. RESIDENCE-STATE Illinois		12b. COUNTY Cook		12c. CITY, TOWN, OR LOCATION Chicago
12d. STREET AND NUMBER 6143 S. Racine		12e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		12f. ZIP CODE 60636
14. RACE - American Indian, Black, White, etc., Specify Black		15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 4		
16. FATHERS NAME (First, Middle, Last) Young Rutledge		17. MOTHERS NAME (First, Middle, Maiden Surname) Louisa Latimore Rutledge		
18a. INFORMANTS NAME (Type/Print) Melvyn Heard		18b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 819 Northland Blvd., Cinn, Ohio 45240		
18a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)		18c. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Southwest Cremation Services		
19c. DATE OF DISPOSITION 1-28-2002		19d. LOCATION - City or Town, State Lawton, Ok		20. FUNERAL HOME NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip) Lawton Ritter Gray 632 C Ave., Lawton, OK 73501
20b. FUNERAL DIRECTOR Linda Newsom		20c. SIGNATURE <i>Linda Newsom</i>		

21a. PART I. Enter the diseases, injuries, 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) 0200648	a. METASTATIC ADENOCARCINOMA OF COLON Due to (or as a consequence of):	Approximate interval between onset and death.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. _____ Due to (or as a consequence of):	
	c. _____ Due to (or as a consequence of):	
	d. _____ Due to (or as a consequence of):	

PART II. OTHER SIGNIFICANT MEDICAL CONDITIONS (not directly contributing to death.)

21b. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	21c. AUTOPSY AUTHORIZED BY:	21d. WAS BODY VIEWED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
22. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		
23a. DATE OF INJURY	23b. TIME OF INJURY	23c. INJURY AT WORK <input type="checkbox"/> Yes <input type="checkbox"/> No
23a. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (specify)		23d. DESCRIBE HOW INJURY OCCURRED
23e. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
24a. CERTIFIER <input type="checkbox"/> ATTENDING PHYSICIAN (Check only one) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <i>Notice to attending physician: Do not sign this certificate unless you are the physician who attended the deceased for a natural illness-unrelated to injury or poisoning - to which the patient has apparently succumbed, provided that death did not occur while deceased was in penal incarceration or during a therapeutic procedure in which death was not reasonably medically expected. For enumeration of deaths subject to investigation and certification by a Medical Examiner, refer to O.S. Title 63, Sec. 938, or contact Office of Chief Medical Examiner in Oklahoma City.</i>		
<input checked="" type="checkbox"/> MEDICAL EXAMINER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.		
24b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		24c. DATE SIGNED (Month, Day, Year) 01/28/2002
25. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 24) (Type/Print) JEFFERY GOFTON M.D., 901 N. STONEWALL, OKLAHOMA CITY, OK, 73117		
26. REGISTRAR'S SIGNATURE (LOCAL) <i>[Signature]</i>	27. DATE RECEIVED BY LOCAL REGISTRAR 2-1-02	28. DATE RECEIVED BY STATE REGISTRAR FEB 06 2002

April 19, 2005

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This is a true and correct copy of the official record on file in the Office of Vital Statistics, Oklahoma City, Oklahoma, certified on the date stamped.

John C. Burks

John C. Burks
State Registrar
Office of Vital Statistics
Department of Health

A00405810

It is in violation of Oklahoma Statutes, Title 63, Section 1-324.1, to "prepare or issue any certificate which purports to be an original, certified copy or copy of a certificate of birth, death or stillbirth, except as authorized in this act or rules and regulations adopted under this act."

CERTIFIED COPIES WILL BE PRODUCED ON MULTI-COLOR SECURITY PAPER.

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