



0516702134

**AFFIDAVIT OF HEIRSHIP**

Doc#: 0516702134  
Eugene "Gene" Moore Fee: \$54.00  
Cook County Recorder of Deeds  
Date: 06/16/2005 10:21 AM Pg: 1 of 4

Othel S. Owen states under penalties of perjury:

1355389 1/4

1. That I am of legal age, residing at 7116 South Yale in Chicago, Illinois. I am the son of Shirley J. Owen.
2. Shirley J. Owen died on January 30, 2005, intestate. The death certificate of Shirley J. Owen is attached hereto and incorporated herein.
3. Shirley J. Owen was born on December 20, 1930 to Ozie T. Vincent and Hattie Mae Webster, both deceased.
4. Shirley J. Owen was married to Edward Trotter in 1952. Shirley J. Owen was divorced from Edward Trotter.
5. One child was born to Shirley J. Owen and Edward Trotter, Regina Trotter Morrison, deceased. The death certificate of Regina Trotter Morrison is attached hereto and incorporated herein.
6. Regina Trotter Morrison was married to Joseph Morrison. They had one daughter, Courtnie Seweje. Regina Morrison was divorced from Joseph Morrison prior to her death. She never remarried. Courtnie Seweje survived her grandmother, Shirley J. Owen, and is of legal age.
7. Shirley J. Owen was remarried to Othel J. Owen, Sr. on December 10, 1957. They were divorced in 1985. Shirley J. Owen never remarried.
8. Two children, Othel S. Owen, and Ozie Owen were born to Shirley Owen and Othel J. Owen, Sr. Othel S. Owen, and Ozie Owen survived Shirley Owen and are of legal age.
9. That Shirley J. Owen had no other children.

fp

Based on the foregoing, the decedent, Shirley J. Owen, left surviving as her heirs at law, Othel S. Owen, Ozie Owen, and Courtnie Seweje.

Othel S. Owen (signature)

State of Illinois, County of Cook ss.

I the undersigned, A Notary Public in the State of Illinois, certify that Othel S. Owen, JR., personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he signed, sealed and delivered the said

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instrument as his free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and official seal, this 28<sup>th</sup> day of April, 2005.

Vanessa Monroe Notary Public



*My commission expires 3/29/06*

PREPARED BY AND RETURN TO:

VANESSA MONROE  
18141 DIXIE HIGHWAY, SUITE 105  
HOMERWOOD, IL 60430

CLERK OF COOK COUNTY Clerk's Office

# UNOFFICIAL COPY

LOT 3 IN BLOCK 5 IN EGGLESTON'S SUBDIVISION OF THAT PART EAST OF THE CHICAGO, ROCK ISLAND AND PACIFIC RAILWAY OF THE NORTH 1/2 OF THE NORTH 1/2 OF THE NORTH 1/2 OF THE NORTHEAST 1/4 OF SECTION 28, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

FAC# 1355389

P.I.N. # 20-28-202-018-0000

Property of Cook County Clerk's Office

# UNOFFICIAL COPY

CITY OF CHICAGO  
DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

FEB 3 2005

I, JOHN L. WILHELM M.D., 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 ORDINANCE OF SAID LAW AND ORDINANCES.

*John L. Wilhelm, MD*  
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

REGISTRATION DISTRICT NO. 16.10  
REGISTERED NUMBER 601588

STATE FILE NUMBER 601588

STATE OF ILLINOIS

**MEDICAL CERTIFICATE OF DEATH**

DECEASED-NAME: **Shickey, Owen** LAST: **Owen** SEX: **Male** DATE OF DEATH (MONTH, DAY, YEAR): **January 30, 2005**

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: **COOK** COUNTY OF DEATH: **COOK**

AGE-LAST BIRTHDAY (YRS): **74** UNDER 1 DAY: **5d.** DATE OF BIRTH (MONTH, DAY, YEAR): **DECEMBER 20, 1930**

HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER GIVE STREET AND NUMBER): **Northwestern Memorial**

IF HOSP. OR INST. INDICATE D.O.A., OPERMTR. RM, INPATIENT(SPECIFY): **Inpatient**

6a. CHICAGO (CITY AND STATE OR FOREIGN COUNTRY) **CHICAGO, IL.** 6b. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **DIVORCED**

6c. WAS DECEASED EVER IN US ARMED FORCES? (YES/NO) **9. NO**

7. SOCIAL SECURITY NUMBER: **321-22-5544** 8a. USUAL OCCUPATION: **MACH. OPERATOR**

8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): **Memorial**

8c. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): **College (1-4 or 5+)**

9. NO

10. RESIDENCE (STREET AND NUMBER): **7110 S. YALE** 11a. CITY, TOWN, TWP, OR ROAD DISTRICT NO.: **CHICAGO**

11b. INSIDE CITY (YES/NO) **YES** 13c. COUNTY: **COOK**

13a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) **BLACK** 14a. MOTHER-NAME FIRST MIDDLE LAST: **VINCENT HATTIE**

14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) **XI NO**

15. INFORMANT'S NAME (TYPE OR PRINT) **VINCENT HATTIE** 16. RELATIONSHIP **WIFE**

17a. **Jackie Smith** 17b. ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) **251 E Hulon Chicago 60611**

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) intracerebral hemorrhage (hypertensive)**

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) **(b)**

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: **20b.** MAJOR FINDINGS OF OPERATION: **20c.** YES  NO

19a. WE'RE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) **NO** 19b. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? **NO**

20a. (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) **Jan 30, 2005** 20c. HOUR OF DEATH: **9:00A** M.

21a. **I did last attend Jan 30, 2005** 21b. WPA'S CORNER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) **YES**

21c. DATE SIGNED (MONTH, DAY, YEAR): **Jan 30, 2005**

22a. SIGNATURE: **SDM** 22b. ILLINOIS LICENSE NUMBER: **135-46710**

22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **Sonit Das MD 251 E Hulon Chicago 60611**

22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

23. BIRTH, CREMATION, REMOVAL (SPECIFY) **BURIAL** 24a. CEMETERY OR CREMATORY-NAME: **LINCOLN CEMETERY** 24b. CITY OR TOWN: **CHICAGO, ILLINOIS** 24c. STATE: **ILLINOIS** 24d. DATE (MONTH, DAY, YEAR): **2/5/2005**

25a. CHAS S. JACKSON 7350 S. COTTAGE GROVE AVE. CHICAGO, ILLINOIS 60619 FUNERAL DIRECTOR'S SIGNATURE: *Chas S. Jackson* FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **034-011492**

25b. LOCAL REGISTRAR'S SIGNATURE: *John L. Wilhelm, M.D.* 25c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **FEB 3 2005**

26a. 26b. 26c.

VR200 (Rev. 5/89) (BASED ON 1989 U.S. STANDARD CERTIFICATE)