UNOFFICIAL COPY

STATE OF ILLINOIS)
SS
COUNTY OF COOK)

Doc#: 0518018009 Eugene "Gene" Moore Fee: \$32.50 Cook County Recorder of Deeds Date: 06/29/2005 09:58 AM Pg: 1 of 5

AFFIDAVIT OF HEIRSHIP

VALDORA YOUNG JOSHUA, being first duly sworn, under oath, deposes and states as follows:

- 1. That I reside at 3118 Woodworth Place, Hazelcrest, IL 60429.
- 2. That I am the natural daughter of JAMES YOUNG, JR. and FAY YOUNG.
- 3. That my father, JAMES YOUNG, JR., and my mother, FAY YOUNG, were married to each other in Jefferson County, Arkansas on approximately October 2, 1949; that this was the only marriage for the parties; that the said parties had one (1) child born to or adopted by them, namely: VALDORA YOUNG JOSHUA. That no other children were born to JAMES YOUNG, JR. and FAY YOUNG, and no children were adopted by said parties.
- 4. That my father, JAMES YOUNG, JR., died on September 2, 1992, intestate, leaving as his only heirs at law his wife, FAY YOUNG, and his one (1) children, namely VALDORA YOUNG JOSHUA. The estate was not probated.
- 5. That I am now over age 18 and am not incompetent.
- 6. That JAMES YOUNG, JR., at the time of his death, was the owner of 4138 South Ellis Avenue, Chicago, Illinois.
- 7. That any and all debts, including public and old age assistance advancements, funeral, doctor and hospital bills have been paid in full for **JAMES YOUNG**, **JR**.

VALDORA YOUNG JOSHUA

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SS
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VALDORA YOUNG JOSHUA, being first duly sworn upon oath, deposes and states that She has read the foregoing AFFIDAVIT OF HEIRSHIP, by him subscribed and that the aforementioned is true and correct and if called upon to testify, VALDORA YOUNG JOSHUA, can do so competently as to the truth of the matters asserted herein.

VALDORA YOUNG JOSHUA

Subscribed and sworn to before me this 3 day of June . 2005.

NØTARY PUBLIC

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STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

<u>AFFIDAVIT OF HEIRSHIP</u>

FAY YOUNG, Leing first duly sworn, under oath, deposes and states as follows:

- 1. That I reside at 4138 Scuth Ellis Avenue, Chicago, IL 60653.
- 2. That I am the surviving spouse of JAMES YOUNG, JR.
- 3. That I was married to JAMES YOUNG, IR. in Jefferson County, Arkansas on approximately October 2, 1949; that this was the only marriage for the parties; that the said parties had one (1) child born to or adopted by them, namely: VALDORA YOUNG JOSHUA. That no other children were born to JAMES YOUNG, JR. and FAY YOUNG, and ro children were adopted by said parties.
- 4. That my husband, JAMES YOUNG, JR., died on September 2, 1992, intestate, leaving as his only heirs at law his wife, FAY YOUNG, and his one (1) child, namely VALDORA YOUNG JOSHUA. The estate was not probated.
- 5. That the child, VALDORA YOUNG JOSHUA, is now over age 18 and is not incompetent.
- 6. That JAMES YOUNG, JR., at the time of his death, was the owner of 4128 South Ellis Avenue, Chicago, Illinois.\
- 7. That any and all debts, including public and old age assistance advancements, funeral, occtor and hospital bills have been paid in full for **JAMES YOUNG**, **JR**.

FAY YOUNG

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STATE OF ILLINOIS)

SS

COUNTY OF COOK)

FAY YOUNG, being first duly sworn upon oath, deposes and states that She has read the foregoing AFFIDAVIT OF HEIRSHIP, by him subscribed and that the aforementioned is true and correct and if called upon to testify, FAY YOUNG, can do so competently as to the truth of the matters asserted herein.

Subscribed and swore to before me this 33 day

of _____. 2005.

NOTARY PUBLIC

OFFICIAL SEAT,
JULIE A CULLOTON
TOTARY PUBLIC STATE OF ILLINOIS
A/COMMISSION EXP. NOV. 5,2005

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STATE OF ILLINOIS

REGISTRATION DISTRICT NO.

Σ \$

REGISTERED

ors,

MEDICAL CEISTIFICATE OF DEATH

NUMBER 16/195

WAS DECEASED EVER IN U.S. APMED FORCES? (YESNO) 136. Chicago
ACK MARRICON
OF HISPANIC ORIGIN? (SPECIFY MOGRYES-FYES, SPECIFY CUBAN MEXICAL PURRICHICAN, ME.) IF HOSP, OR HIST, INDICATE DOA. EDUCATION (SPECIFYON V HIGHEST GRADE COMPLETED)

Elementary/Secondary(0.12)

125econdary 6c. Inpatient 3.September 2, 1992 DATE OF DEATH (MONTH, DAY, YE'R) September 9, 1929 COUNTY Young Jr. 2 Male 3 September UNDER 1 MAN | 2 Male 3 September | WNDER 1 MAN | DATE OF BRITH (MONTH, DAY 1994) Sa. 62 | Sb. | Sc. | Sd. OULUMINE HOSPITAL OR OTHER I VETITUTION NAME (IF NOT IN EITHER, GIVE STREET AND MANABER) INSIDE CITY (YES/NO) SD Humana Hospital-Michael Reese CITY, TOWIN, TWP, OR ROAD DISTRICT NO. 8b. Fay Neely KINDOF BUSINESSOR INDUSTRY <u>-</u> AGE-LAST BIRTHDAY (7RS, 788, 62 MARRIED, NEVER MARRIED. WIDOWED, DIVORCED (SPECIFY) MIDDLE Ba. Married 11a.Janitor 4. COOK CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 13a. 4138 S. Ellis Ave. James RESIDENCE (STREET AND NUMBER) BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) SOCIAL SECURITY NUMBER 10. 429-50-4460 Arkansas 6a Chicago 1. COUNTY OF DEATH DECEASED-NAME

PEGISTRAR OF VITAL STATISTICS OF THE FOR THE CITY OF CHICAGO BY VIRTUE OF I, VIRGINIA L. PARKER, M.B.A. LOCAL THAT I AM THE KEEPER OF THE RECORDS CERTIFICATE ON THIS SHEET IS A THUR CLIY OF CHICAGO, DO HEREBY CERTIFY OF BIRTHS, STILLBIRTHS AND DEATHS THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF PURSUANCE OF SAID LAWS AND ORDI-CHICAGO; THAT THE ACCOMPANYING COPY OF A RECORD KEPT BY ME IN "ANCES.

(MAIDEN) LAST

SPECIFY

□ YES

14b. F. NO MOTHER-NAME

14b.

RACE (WHITE BLACK, MAERICAN INDIAN, etc.) (SPECIFY)

14aBlack

13/60653

13e. Illinois First

FIRST

Secelia

9

Young

INFORMANT'S NAME (TYPE OR PRINT)

17a. Fay

James

RELATIONSHIP

Freeman

MAILING ADDRESS (STREET AND NO ORINED . TYORT JAMESTATE, ZIP)

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL APPIXED.

BATT FLORO 989 BESTANDERS TERRIPHAN

int of Public Health. Division of Vital Remide

VR200 (feet 5.89)

26a. 🕨

25b. ► LOCAL REGIST

DATE FLED BY LOCAL REGISTRA PUT LOAY, YEAR)
26h

25c 34- 11162

22b.September 3, 1992 24d. Sept. 9,1992 WERE AUTOPSY FINONGS AVALABLE PRIOR I COMPLETION OF CAUSE OF DEATH? (14 S NO) APPROXIMATE INTERVAL BE TWEEN OMSET AND DEATH MOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CONOMER OR MEDICAL EXAMMER MUST BE NOTHED. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? (MONTH, DAY, YEAR) (MONTH, DAY, YEAR) 60653 1:35 22d. 36-67899 FUNERAL DIRECTOR'S ALIMOIS LICENSE NUMBER 20c. YES [] NO [] 60617 HOUR OF DEATH DATE 17c.4138 So. Ellis Chicago. DATESIGNED 1<u>9</u>b Enter the deseases, or complications that caused the douth. Do not enter the mode of dying, such as cardiac or resp. n. ... arrest, shock, or heart failure. List only one cause on each the. Illinois AUTOPSY (YES:NO) 15a No WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YESNO) 24c. Homewood, Illinois 22c. Bernadette Mayer, M.D. 2929 S.Ellis Ave Chicago, Illinois NAMEOFATTENDING PHYSICIANIFOTHER THANCERTIFIER OF COMENTY OF THE STATEMENT OF T 21a. I Did / September 2, 1992 21b. No TO THE BEST OF MY KNOWLEGGE, DEATH OCQURREDAT THE TIME, DATE AND PLUCE AND DUE TO THE CAUSE (S) STATED. 60616 CITY OR TOWN Chicago, CITY OF TOWN 8354 So. Marquette Ave. LOCATION らてダーをいうること STREET AND NUMBER OR R.F.D. 17b. Wife PARTII. Oner significant conditions curitioung to dealt but not resulting in the underlying cause gwenn, PARTI son doller mars Prostate Cancer MAJOR FINDINGS OF OPERATION (b) DUE TO, OR AS A CONSEQUENCE OF (a) Prostate Canco CEMETERY OR CREMATORY-N.W. (MONTH, DAY, YEAR) (TYPE OR PRINT) 24b. Homewood Seals Funeral Home ģ I(DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 22a. SIGNATURE > XCA-FUNERAL DIRECTOR'S SIGNATURE CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (3) STATING THE UNITERLYING CAUSE LAST. Young DATE OF OPERATION, IF ANY Immediate Cause (Final disease or condition resulting in death) BURIAL, CREMATION REMOVAL (SPECIFY) FUNERAL HOME 24a.Buria]

STATE OF ILLINOIS

COUNTY OF COOK

SEP 0 81980

CITY OF CHICAGO