

# UNOFFICIAL COPY

## AFFIDAVIT OF HEIRSHIP

**George Strickland**, being first duly sworn under oath deposes and says as follows:

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1. That he is the stepson of **Eddie White** who died on November 11, 2004.

2. That decedent was married twice as follows:

A. **Theresa White** who survive him. That born to them were two children as follows:

- i. **Salina White**
- ii. **Eddie White, Jr.**

That adopted by them was one child- **Lisa White**. No other children were adopted or born to them. *the void of Eddie White and Theresa White either before or during the marriage. He*

B. **Garnetta White** which's marriage ended in divorce.

That born to them were two children as follows:

- i. **Edrene White**
- ii. **Lynette White**

No children were adopted by them.

3. That no other children were born to or adopted by **Eddie White**.

4. That by virtue of the foregoing the heirs of **Eddie White** are as follows:

- A. **Theresa White**- spouse
- B. **Eddie White, Jr.**- son
- C. **Salina White**- daughter
- D. **Edrine White**- daughter
- E. **Lisa White**- daughter
- F. **Lynette White**- daughter



Doc#: 0603740067 Fee: \$54.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 02/08/2006 10:31 AM Pg: 1 of 4

5. That the decedent's estate was about \$40,000.00 and all funeral and medical bills are paid in full.

*George Strickland*  
George Strickland

198002

461 448

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CITY OF CHICAGO  
DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

NOV 18 2004

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 OBTAINANCE OF SAID LAW AND ORDINANCES.

John L. Wilhelm, MD  
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

STATE OF ILLINOIS  
DISTRICT NO. 16.1U  
REGISTERED NUMBER 616023  
MEDICAL CERTIFICATE OF DEATH

DECEASED-NAME FIRST MIDDLE LAST  
EDDIE WHITE

AGE-LAST BIRTHDAY (M/D/Y)  
58 88

DATE OF DEATH MONTH, DAY, YEAR  
3 NOVEMBER 11, 2004

SEX  
2 MALE

CITY, TOWN, VILLAGE OR ROAD DISTRICT NUMBER  
CHICAGO

HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN HOME STREET AND NUMBER)  
7351 S. PAULINA STREET

RESIDENCE (STREET AND NUMBER)  
7351 S. PAULINA STREET CHICAGO

BIRTHPLACE, CITY AND STATE OR COUNTY  
DUNKINS, MS

NAME OF SURVIVING SPOUSE (MARRIAGE NUMBER)  
THERESA STRICKLAND

EDUCATION (SCHOOL, YEAR, GRADE, IN COLLEGE)  
9 YEARS

INDUSTRY OR BUSINESS OR OCCUPATION  
MACHINELIST

CITY, TOWN, VILLAGE OR ROAD DISTRICT NO.  
CHICAGO

RACE (NAME, BLACK, AMERICAN INDIAN, CAUCASIAN)  
BLACK

ETHNICITY  
WHITE

RELATIONSHIP  
WIFE

IMMEDIATE CAUSE (FATAL) OR UNDERLYING CAUSE (IF STATED)  
CONGESTIVE HEART FAILURE  
DUE TO OR AS A CONSEQUENCE OF

CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

MAJOR FINDINGS OF OPERATION  
11-10-04

DATE OF OPERATION, IF ANY  
20

REASON FOR OPERATION  
20

EXAMINER (MORTUARY) NAME AND LAST NAME, FIRST, MIDDLE, INITIALS, AND LAST NAME, FIRST, MIDDLE, INITIALS  
11-10-04

DATE AND PLACE OF BIRTH (MONTH, DAY, YEAR)  
11-15-47

EXAMINER (MORTUARY) NAME AND LAST NAME, FIRST, MIDDLE, INITIALS, AND LAST NAME, FIRST, MIDDLE, INITIALS  
11-15-04

NAME AND ADDRESS OF CERTIFIER  
DR. S. MIKKILINEN M.D. 900 S. DAMEN CHGO, IL. 60680

DATE AND ADDRESS OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER)  
11-15-04

ILLINOIS LICENSE NUMBER  
036-098960

NOTICE: AN INQUIRY WAS MADE IN THE DEATH TO THE CREDITS OF MEDICAL EDUCATION AND THE MORTUARY.

DATE (MONTH, DAY, YEAR)  
24 NOV. 20, 2004

CITY OR TOWN  
CHICAGO

STATE  
ILLINOIS

STREET AND NUMBER OF FUNERAL HOME  
JONES FUNERAL HOME 3240 W. 79TH ST. CHICAGO, IL. 60652-1948

FUNERAL HOME'S LICENSE NUMBER  
34-9911

DATE (MONTH, DAY, YEAR)  
NOV 18 2004


LOCAL REGISTRAR'S SIGNATURE  
John L. Wilhelm, M.D.

LOCAL REGISTRAR'S NAME AND LAST NAME, FIRST, MIDDLE, INITIALS, AND LAST NAME, FIRST, MIDDLE, INITIALS  
NOV 18 2004

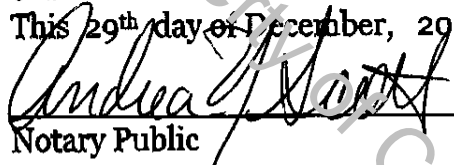
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COMMUNICATION RESULT REPORT ( NOV. 30. 2005 4:35PM ) \* \* \*  
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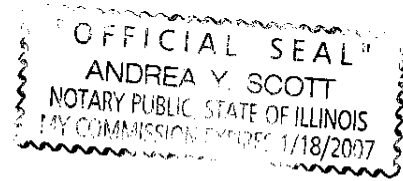
# UNOFFICIAL COPY

**George Strickland**, being first duly sworn upon oath deposes and says that he is the Petitioner in the above and foregoing Affidavit of Heirship, by his hand subscribed and that the same is true both in substance and in fact.

  
George Strickland

Subscribed and sworn to before me  
This 29<sup>th</sup> day of December, 2005

  
Notary Public



Proprietary  
Cook County Clerk's Office

File Number: TM198002

# UNOFFICIAL COPY

## LEGAL DESCRIPTION

Lot 208 in Dewey and Cunningham's Subdivision, being a subdivision of part of the North 3/4 of the East 1/2 of the Northeast 1/4 of Section 30, Township 38 North, Range 14, East of the Third Principal Meridian, according to the plat thereof recorded as document 01283538, in Cook County, Illinois.

**Commonly known as:** 7351 South Paulina Street

Chicago IL 60638

**PIN/Tax Code:** 20-30-222-020

Property of Cook County Clerk's Office