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STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

Doc#: 0613612072 Fee: \$28.50
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 05/16/2006 03:34 PM Pg: 1 of 3

HEIRSHIP AFFIDAVIT

FREDDI MAE WOODS, being duly sworn on oath deposes and says as follows:

- 1) I am 51 years old and live at 9632 South Bishop Street, Chicago, Illinois, 60643.
- 2) I am one of the children of the late Tommie Lee Woods, who was the sole owner of the residential property located at 8111 South Woodlawn, Chicago, Illinois, 60619, and described as:

LOT 4 IN BLOCK 4 IN E.B. SHOGREN AND COMPANY'S AVALON PARK SUBDIVISION, BEING A SUBDIVISION OF LOTS 1 TO 25 AND 27 TO 46, ALL INCLUSIVE IN BLOCK 3, LOT 1 TO 19, 21 TO 31, 33 TO 38 AND 42 TO 46, ALL INCLUSIVE IN BLOCK "R", LOT 1 TO 46 IN BLOCK 5 AND LOTS 1 TO 46, ALL INCLUSIVE IN BLOCK 6 IN PIERCE'S PARK, A SUBDIVISION OF THE SOUTHWEST 1/4 OF SECTION 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN 20-35-216-004-0000

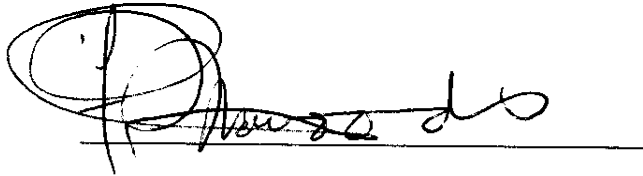
- 3) My mother, Tommie Lee Woods, died intestate on November 18, 2005, as per the official death certificate of which a copy is attached hereto.
- 4) At the time of her death my mother was a widow. Her husband, Fred Woods, died in January of 2002. My mother had been separated from Fred Woods for about 43 years, and he was never on title to the above property.
- 5) At the time of her death, my mother was survived by five of her six children: myself, Fred Woods, Jr., Lamar Woods, Jerome Woods, and Tony Woods. One of her six children, James

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Robinson, predeceased her, but, to my knowledge, he did not marry and he did not have any children.

6) I have been advised that under Illinois law the property is now owned in five parts, one part by myself and one part each by each of my five surviving siblings.

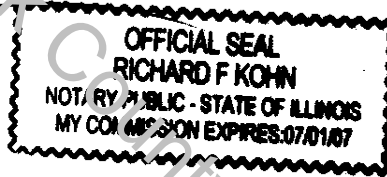
FURTHER AFFIANT SAYETH NOT.



Subscribed and Sworn to before me

this 24th day of April, 2006

Richard F. Kohn
NOTARY PUBLIC



PREPARED BY AND PLEASE MAIL TO:

Daniel P. Lindsey
Legal Assistance Foundation of Metropolitan Chicago
111 W. Jackson Blvd., 3rd Floor
Chicago, Illinois 60604
(773) 347-8365

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CITY OF CHICAGO

DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.10

STATE OF ILLINOIS

STATE FILE NUMBER

616159

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

NOV 17 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.



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

1. DECEASED-NAME: **Tommie Woods** LAST: **Woods** SEX: **Female** DATE OF DEATH: **November 11, 2005**

2. COUNTY OF DEATH: **Chicago** DATE OF BIRTH: **February 18, 1930**

3. REGISTERED NUMBER: **COOK** HOSPITAL OR OTHER INSTITUTION-NAME: **South Shore Hospital**

4. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: **Chicago** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **WIDOWED**

5. AGE-LAST BIRTHDAY (YRS): **75** UNDER 1 DAY: **0** UNDER 1 HOUR: **0** UNDER 1 MIN: **0**

6. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **CLARKSDALE, MS** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): **NONE**

7. SOCIAL SECURITY NUMBER: **338-30-8583** KIND OF BUSINESS OR INDUSTRY: **HOUSEWIFE**

8. RESIDENCE (STREET AND NUMBER): **8111 SOUTH WOODLAWN AVENUE** CITY, TOWN, TWP, OR ROAD DISTRICT NO.: **CHICAGO**

9. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY): **BLACK** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): **2 YEARS**

10. FATHER-NAME: **TOMMIE** MIDDLE: **ROBINSON** RELATIONSHIP: **DAUGHTER**

11. MOTHER-NAME: **CLARA** MIDDLE: **BEULAH**

12. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): **17c. 9632 SOUTH BISHOP AVE CHICAGO, IL 60643**

13. IMMEDIATE CAUSE (Final disease or condition resulting in death): **(a) Hypertensive Arteriosclerotic Heart Disease**

14. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a): **(b) Diabetes Mellitus Moderate, severe**

15. STATING THE UNDERLYING CAUSE LAST: **(c) Intestinal Obstruction**

16. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. **Lumbar Disc Pathology, Peripheral Vascular Disease**

17. DATE OF OPERATION, IF ANY: **NO** MAJOR FINDINGS OF OPERATION: **NO**

18. TIME OF DEATH: **4:03 a.m.** HOUR OF DEATH: **4:03**

19. SIGNATURE: **Michael Krut'eff** NAME AND ADDRESS OF CERTIFIER: **Michael Krut'eff M.D. 7909 S. GRAND AVE CHICAGO, IL**

20. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: **Michael Krut'eff**

21. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **CHICAGO, ILLINOIS**

22. SOCIAL SECURITY NUMBER: **036032135**

23. ILLINOIS LICENSE NUMBER: **034-015658**

24. BIRTH DATE: **NOV 18, 2005**

25. FUNERAL HOME: **JONES FUNERAL HOME, LLC 3240 WEST 79th STREET, CHICAGO, ILLINOIS 60652-1948**

26. LOCAL REGISTRAR'S SIGNATURE: **John L. Wilhelm M.D.**

27. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **NOV 17 2005**

(BASED ON 1989 U.S. STANDARD CERTIFICATE)