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Doc#: 0629745060 Fee: \$30.50
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 10/24/2006 03:39 PM Pg: 1 of 4

Estates of)
)
Richard c. Jones,)
Katie L. Jones)
)
Deceased.)

AFFIDAVIT OF HEIRSHIP

Ralph C. Jones, being first duly sworn, upon oath states as follows:

1. I am the son of Richard C. Jones and Katie L. Jones, who died respectfully on January 24, 1999, and September 1, 1996, without wills. Copies of their death certificates are attached hereto.

2. Richard C. Jones and Katie L. Jones, his wife, owned property in joint tenancy at 5517 W. Monroe Street, Chicago, Illinois. The legal description of said real estate is:

Lot 21 and the West five (5) feet of Lot 20 in McAuley and Elliott's Subdivision of Lot 129 in School Trustees' Subdivision of the North part of Section 16, Township 39 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

The Permanent Real Estate Index Number for said property is 16-16-103-018-0000 (vol. 564).

3. Richard C. Jones and Katie L. Jones were married during their lifetimes.

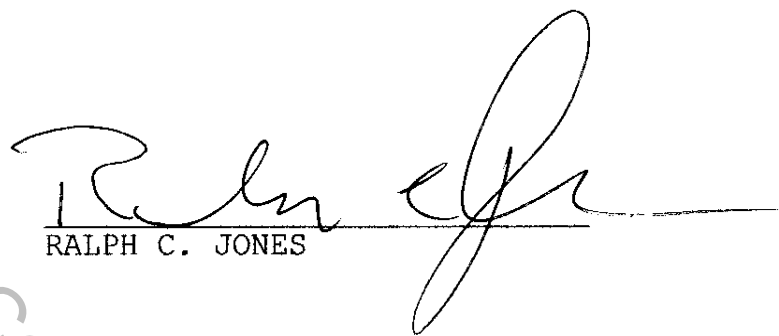
4. Richard C. Jones and Katie L. Jones had six children during their marriage, all of whom are alive: Ralph Jones, currently living in Plano, Texas; Glennis Jones-Marshall, currently living in Chicago, Illinois; Sandra Jones, currently

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in Chicago, Illinois; Eric Jones, currently living in North Las Vegas, Nevada; and Katie L. Jones, currently living in Chicago, Illinois.

5. Neither Richard C. Jones nor Katie L. Jones had any other natural or adoptive children.

Therefore, Richard C. Jones and Katie L. Jones left as their only heirs at law, their children: Ralph Jones, Glennis Jones-Marshall, Sandra Jones, Richard T. Jones, Eric Jones, and Katie L. Jones.

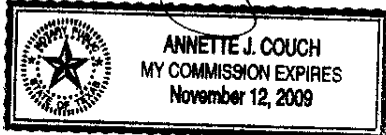

RALPH C. JONES

STATE OF TEXAS)
)SS
COUNTY OF Collin)

Subscribed and Sworn to Before Me

This 14th day of September, 2006.


NOTARY PUBLIC



STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO

JAN 27 1999

REGISTRATION DISTRICT NO. 16.10
 REGISTERED NUMBER

DECEASED-NAME: **Richard** FIRST MIDDLE LAST
 AGE-LAST BIRTHDAY (YRS) **59. 67**
 SEX **2. MALE**
 DATE OF DEATH (MONTH, DAY, YEAR) **3. JAN 24 1999**
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **CHICAGO**
 HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **LORETTA HOSPITAL**
 (IF HOSP. OR INST. INDICATE D.O.A. OR ICM, INPATIENT (SPECIFY)) **D.O.A.**

6a. CHICAGO
 BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)
 7. **CANTON, MS.**
 SOCIAL SECURITY NUMBER
 10. **428-48-6556**
 RESIDENCE (STREET AND NUMBER)
 13a. **5517 W MONROE**
 11a. **RETIRED**
 11b. **R. DONNELLY**
 11c. **CHICAGO**
 12. **12**
 13c. **YES**
 13d. **COOK**

FATHER-NAME **CHARLIE** FIRST MIDDLE LAST
 MOTHER-NAME **LOUISE** FIRST MIDDLE LAST
 14b. NO YES SPECIFY:
 15. **WINTERS**

DECEASED-NAME (TYPE OR PRINT)
GLENNIS JONES MARSHALL
 RELATIONSHIP **17b. DAUGHTER**
 MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
17c. 1425 S KOSTNER CHGO, IL. 60623

18. PART I. IMMEDIATE CAUSE (Final release or condition resulting in death)
CARDIO PULMONARY ARREST
 CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) **HYPERTENSION**
 CAUSE LAST. (c)

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
ACCIDENTAL FALL

DATE OF OPERATION, IF ANY
 MAJOR FINDINGS OF OPERATION
 19a. **NO**
 19b. **NO**
 19c. **NO**
 19d. **NO**

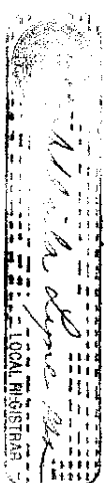
20. **NO**
 21. **NO**
 22. **NO**
 23. **NO**

24. **NO**
 25. **NO**
 26. **NO**

27. **NO**
 28. **NO**
 29. **NO**
 30. **NO**

31. **NO**
 32. **NO**
 33. **NO**
 34. **NO**

35. **NO**
 36. **NO**
 37. **NO**
 38. **NO**



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

I, **SPECIAL AGENT IN CHARGE**, 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 LAWS AND ORDINANCES.

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The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH in Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health or the local registrar of the county shall be prima facie evidence in all courts and places of the facts there stated.

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record in my office in accordance with the provisions of the Illinois statutes and filed for the registration of births, stillbirths and deaths.

LOCAL REGISTRAR
[Signature]

DATE SIGNED, Oak Park, IL.

DEC 10 1996

MEDICAL CERTIFICATE OF DEATH

REGISTERED NUMBER 548

DECEASED NAME KATIE

FIRST MIDDLE LAST JONES

SEX 2 FEMALE

DATE OF DEATH 3 SEPTEMBER 1, 1996

(MONTH DAY YEAR)

COUNTY OF DEATH COOK

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER OAK PARK

AGE - LAST BIRTHDAY (YRS) 5a 60

UNDER 1 YEAR UNDER 1 DAY

DATE OF BIRTH (MONTH, DAY, YEAR) 5c MAY 28, 1936

HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) WEST SUBURBAN HOSPITAL MEDICAL CENTER

IF HOSP. OR INST. INDICATED, A OR EMER. RM. INPATIENT (SPECIFY) 6c INPATIENT

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Canton, Miss.

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a MARRIED

NAME OF SURVIVING SPOUSE (IF WIFE) RICHARD JONES

EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 9. NO

RESIDENCE (STREET AND NUMBER) 10 353-30-1546

USUAL OCCUPATION 11a Homemaker

STATE ILLINOIS

RACE (WHITE, BLACK, AMERICAN INDIAN, etc. (SPECIFY)) 14a BLACK

OFF HISPANIC ORIGIN? (SPECIFY NO OR YES) 13c YES

INSIDE CITY (YES/NO) 12 11th

CITY, TOWN, OR ROAD DISTRICT NO. 11b At Home

COUNTY COOK

FATHER - NAME FIRST MIDDLE LAST Rigsby Williams Jr.

MOTHER - NAME FIRST MIDDLE LAST M. Luckett

INFORMANT - NAME (TYPE OR PRINT) CANDACE ASTA

RELATIONSHIP 17 RECORDS

MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 16 BERTIE AT JUSTIN, OAK PARK, ILLINOIS 60302

Immediate Cause (Final disease or condition resulting in death) (a) Death following sepsis

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) (b) (c) Metastatic Organ failure Chronic renal failure

PART II. Other significant conditions contributing to death (resulting in the underlying cause) PART II. Gangrene of foot Diabetic Nephros Hypertension

DATE OF OPERATION IF ANY 20a 9/26/96

MAJOR FINDINGS OF OPERATION 20b Sclerotic heart foot

TO THE BEST OF YOUR KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 21a 31 1996

22a. SIGNATURE *[Signature]*

22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) Laurie M. Corbin SM, M.D.

22c. ILLINOIS LICENSE NUMBER 22c 036061750

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

24a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Canton, Miss.

24b. OAK RIDGE

24c. Hillside Illinois

24d. 29-7-96

25a. A.A. Rayner & Sons 5911 W. Madison Street Chicago, Illinois 60644

25b. *[Signature]*

25c. 03100939

25d. SEP 03 1996

26a. *[Signature]*

26b. M.P.H.

26c. SEP 03 1996

26d. M.P.H.