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STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

Doc#: 0707522105 Fee: \$30.00
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 03/16/2007 02:40 PM Pg: 1 of 4

Estate of)
)
WILLIE SUE DYER,)
)
Deceased.)
)

AFFIDAVIT OF HEIRSHIP

JANNIE MAE DAVIS, being first duly sworn on oath states as follows:

1. That **WILLIE SUE DYER** died intestate on **July 1, 1980**, in **Chicago, County of Cook, and State of Illinois**. **WILLIE SUE DYER** resided at **4533 W. Monroe St., Chicago, County of Cook, and State of Illinois, 60624**.
2. I am the **stepdaughter** of the decedent and I reside at **625 Simmons St., County of Fulton and State of Georgia, 30311**. My mother was **ANNIE DYER**. **ANNIE DYER** was married once and only once to **MARTIN B. DYER**. During the marriage between **ANNIE DYER** and **MARTIN B. DYER**, one child was born and no others were born to or adopted:

JANNIE MAE DAVIS – Daughter.

The marriage of **ANNIE DYER** and **MARTIN B. DYER** was terminated by divorce. **MARTIN B. DYER** was married a **second** time to **WILLIE SUE DYER**.

LASALLE TITLE
FILE # 43683F

143

3. **WILLIE SUE DYER** was married once and only once to **MARTIN B. DYER**. During the marriage no children were born to or adopted.
4. **MARTIN B. DYER** predeceased **WILLIE SUE DYER** on **September 1, 1977**, in **Chicago, County of Cook, and State of Illinois**.
5. **WILLIE SUE DYER'S** parents were **JOHN FORTSON** and **ELLA MAE DYER**.
6. **JOHN FORTSON** and **ELLA MAE DYER** were married once and only once to each other. During the marriage the following children were born and no others were born to or adopted:

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ANNIE L. DENDY – Daughter; and

WILLIE SUE DYER – Daughter.

Both JOHN FORSTON and ELLA MAE DYER predeceased the decedent.

- 7. **WILLIE SUE DYER was the fee simple owner of the property commonly known as 3026 West Lexington St., Chicago, Illinois 60612 and legally described as:**

LOT 38 IN BLOCK 1 IN FRAZER'S SUBDIVISION OF THE NORTHEAST 1/4 OF THE NORTHWEST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 13, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. PIN # 16-13-305-036-0000.

- 8. The value of the decedent's interest in the subject premises for federal estate tax purposes does not exceed Twenty (\$20,000.00) Dollars.
- 9. This affidavit was prepared for title clearance and title insurance purposes.
- 10. Based upon the foregoing the decedent left the following adult and competent heir:

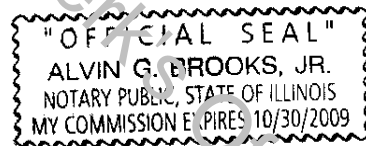
ANNIE DENDY – sister.

Jannie Mae Davis
AFFIANT

Subscribed and sworn to before

me this 8th day of January, 2007.

Alvin G. Brooks, Jr.
NOTARY PUBLIC



This instrument was prepared by the Law Office of Alvin G. Brooks, Jr., P.C.
 309 W. Washington St., Suite 500, Chicago, Illinois 60606.

Nov 21 2006 1:38PM

HP LASERJET FAX

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NOVEMBER 14, 2006

STATE OF ILLINOIS
County of Cook

DAVID ORR, County Clerk

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

David Orr

COUNTY CLERK

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER: C 619497

1. DECEASED'S NAME FIRST: MARTIN MIDDLE: B. LAST: DYER		SEX: 2. MALE	DATE OF DEATH (MONTH, DAY, YEAR): 3. SEPT. 1, 1977
4. RACE: NEGRO	AGE - LAST BIRTHDAY (YRS.): 5a. 80	5b. UNDER 1 YEAR MOB. 5c. UNDER 1 DAY 5d. UNDER 1 HOUR 5e. UNDER 1 MIN.	DATE OF BIRTH (MONTH, DAY, YEAR): 6. DEC. 17, 1897
7a. CITY, TOWN, TWP. OR ROAD DISTRICT NO.: Chicago	7b. INSIDE CITY (YES/NO): Yes	7c. HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN OTHER, GIVE STREET AND NUMBER): D.O.A. GARFIELD PARK HOSPITAL	
8. STATE OF BIRTH: GEORGIA	9. CITIZEN OF WHAT COUNTRY: U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED	11. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): WILLIE SUE FORSTON
12. SOCIAL SECURITY NUMBER: 327-16-4334	13a. USUAL OCCUPATION: Laborer	13b. KIND OF BUSINESS OR INDUSTRY: General	13c. U.S. WAR VETERAN (YES/NO): No 13d. WAR OR DATES OF SERVICE: None
14. RESIDENCE STATE: Illinois	14b. COUNTY: Cook	14c. CITY, TOWN, TWP. OR ROAD DISTRICT NO.: Chicago	14d. INSIDE CITY (YES/NO): Yes 14e. STREET AND NUMBER: 4533 W. Monroe
15. FATHER'S NAME: BYNUM DYER		16. MOTHER'S MAIDEN NAME: NOT AVAILABLE	
17a. INFORMANT'S SIGNATURE: <i>Willie Sue Dyer</i>		17b. RELATIONSHIP: WIFE	17c. MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP): 4533 WEST MONROE CHGO., ILL.
18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE & PUT LINE FOR (a), (b), AND (c))			19. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. IMMEDIATE CAUSE (a) ARTERIOSCLEROTIC HEART DISEASE WITH HYPERTENSION (b) CONGESTIVE HEART FAILURE (c) AZOTEMIA			
PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I. (a) HYPERTROPHY OF PROSTATE BENIGN			
DATE OF OPERATION, IF ANY: (MONTH, DAY, YEAR) MAJOR FINDINGS OF OPERATION			
20a. (MONTH, DAY, YEAR) ATTENDED THE DECEASED FROM: NOV. 5, 1975	20b. (MONTH, DAY, YEAR) TO: SEPT. 1, 1977	20c. AND LAST SAW HIM HER ALIVE ON: MAY 9, 1977	20d. HOUR OF DEATH: 7:35 a. m.
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME, AND PLACE, AND FROM THE CAUSE(S) STATED			NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED.
SIGNATURE: <i>George D. Troulson M.D.</i>		DATE SIGNED: SEPT. 12, 1977	ILLINOIS LICENSE NUMBER: 36-17442
MAILING ADDRESS - CERTIFIER: 10 N. CLARK ST CHICAGO, ILL 60602			
21a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial	21b. CEMETERY OR CREMATORY - NAME: Local	21c. LOCATION: ELBERTON, GEORGIA	21d. DATE (MONTH, DAY, YEAR): SEPT. 12, 1977
22a. FUNERAL HOME: Biggs and Biggs 3245 W. Jackson Blvd. Chicago, Illinois 60624		22b. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 7990	
23a. LOCAL REGISTRAR'S SIGNATURE: <i>Harvey C. Braun</i>		23b. CHICAGO BOARD OF HEALTH: Chicago City Center, Room 105 Concourse Level, Chicago 60602	
		DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR): SEP 2 1977	

Nov 21 2006 1:38PM

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NOVEMBER 14, 2006

STATE OF ILLINOIS
County of Cook

DAVID ORR, County Clerk

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

David Orr
COUNTY CLERK

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **10-10**
REGISTERED NUMBER

STATE FILE NUMBER **614307**

1. DECEASED NAME **WILLIE SUE DYER** SEX **FEMALE** DATE OF DEATH **3 JULY 1, 1980**

2. RACE **BLACK** 3. ORIGIN OF BIRTH **AMERICA** 4. AGE - LAST BIRTHDAY (MM) **5a. 79** 5. UNDER 1 YEAR **6a.** 6. UNDER 1 DAY **6b.** 7. DATE OF BIRTH (MM) (DD) (YY) **8. JAN 17, 1903** 7c. COUNTY OF DEATH **Cook**

6. CITY, TOWN, VLG OR ROAD DISTRICT **Chicago** 7d. HOSPITAL OR OTHER INSTITUTION **CARLETON HOSPITAL** 7e. NAME OF HBT (SPOUSE, SISTER, BROTHER, AND NUMBER)

8. STATE OF BIRTH (IF NOT IN U.S.A.) **GEORGIA** 9. CITIZENSHIP OF WHAT COUNTRY **U.S.A.** 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPELLIFY) **WIDOWED** 11. NAME OF SURVIVING SPOUSE (HUSBAND)

12. SOCIAL SECURITY NUMBER **345-05-2903A** 13. OCCUPATION **LABORER** 13b. KIND OF BUSINESS OR INDUSTRY **GENERAL** 13c. U.S. WAR VETERAN (YES/NO) **NO** 13d. WAR OR DATES OF SERVICE **NONE**

14a. RESIDENCE STREET AND NUMBER **4533 W. MONROE** 14b. CITY, TOWN, VLG OR ROAD DISTRICT NO. **CHICAGO** 14c. INSIDE CITY (YES/NO) **YES** 14d. COUNTY **COOK** 14e. STATE **ILLINOIS**

15. FATHER NAME **JOHN FORTSON** 16. MOTHER MAIDEN NAME **ELLA MAE DYER**

17a. INFORMANT'S SIGNATURE *Janice D. Cherry* 17b. RELATIONSHIP **SISTER** 17c. MAILING ADDRESS **3026 W. LEXINGTON - CHGO. ILL.**

18. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

PART I. IMMEDIATE CAUSE

(a) **Sudden Death**
DUE TO, OR AS A CONSEQUENCE OF

(b) **atherosclerotic Heart Disease**
DUE TO, OR AS A CONSEQUENCE OF

(c)

PART II. OTHER SIGNIFICANT CONDITIONS (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I)

19a. AUTOPSY (YES/NO) **NO** 19b. YES HAVE SIGNIFICANT VALUE IN DETERMINING CAUSE OF DEATH

20a. DATE OF OPERATION, IF ANY **NONE** 20b. NATURE / DETAILS OF OPERATION

21a. I ATTENDED THE DECEASED FROM **7-1-80** TO **7-1-80** 21b. AND LAST EXAMINER HAD ADVICE ON **7-1-80** 21c. MONTH, DAY, YEAR **7-1-80** 21d. HOUR OF DEATH **10:50 P.M.**

22a. SIGNATURE *Gerald M. McCormick* 22b. NAME AND ADDRESS OF CERTIFIER **GERALD M. MCCORMICK** 22c. DATE SIGNED **7-2-80**

22c. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) **Cook County Hospital, Chicago, Illinois** 22d. ILLINOIS LICENSE NUMBER **T10908**

23. FINAL CREMATION REMOVAL METHOD **BURIAL** 23a. CEMETERY OR CREMATORIUM **RESTVALE** 23b. LOCATION **NORTH, ILLINOIS** 23c. DATE **JULY 6, 1980**

23d. FUNERAL HOME **BIGGS & BIGGS 3246 W. JACKSON BOVD. CHICAGO, ILLINOIS 60624**

24a. LOCAL REGISTRAR'S SIGNATURE *Samuel J. Lewis* 24b. CHICAGO DEPT. OF HEALTH **7990**

24c. RICHARD J. DALY CENTER ROOM 111 24d. DATE RECEIVED **JUL 3 1980**

24e. LONG BEACH BRANCH ROOM 111 24f. ILLINOIS DEPARTMENT OF PUBLIC HEALTH