

# UNOFFICIAL COPY

## AFFIDAVIT OF HEIRSHIP



Doc#: 0721957103 Fee: \$28.50  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 08/07/2007 04:09 PM Pg: 1 of 3

(Above Space for Recorder's Use Only)

IVORY L. BAILEY, formerly known as IVORY FOSTER, under the penalties of perjury states:

1. The Decedent, GENEVA BROWN, died with a last known address of 7933 S. Champlain Ave., Chicago, Illinois 60619 on October 14, 2005, at the age of 84 years old.
2. I am of legal age. I reside at 10328 S. Union Ave., Chicago, Illinois 60628. I am the daughter of the Decedent.
3. Decedent was married twice but had 1 child out of wedlock. She divorced her first husband. No children were born to this union. Her second husband was Alfonso Winfield, whom she divorced. No children were born to this union
4. The child is Ivory Louise Bailey.
5. The child is alive, competent, and of legal age.
6. Except as otherwise herein specifically mentioned and set forth, there were no adoptions and 1 child born out of wedlock known to Affiant.
7. Decedent left a will. See attached.
8. The legal description of the real estate that the decedent owned is attached hereto as exhibit "A".
7. Based on the foregoing, Decedent left surviving, as Decedent's only Heirs, the following, all of whom survived Decedent, and, in the absence of an indication to the contrary, are of legal age and mentally competent:

NEVA MARIE FOSTER is living, of legal age, and competent.

ROBERT FOSTER is living, of legal age, and competent..

IVORY L. BAILEY is living, of legal age, and competent.

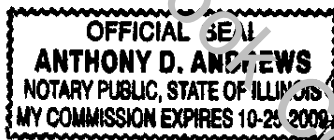
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Further Affiant sayeth not.

Ivory L. Bailey  
IVORY L. BAILEY

State of Illinois, County of COOK ss, I, the undersigned, a Notary Public  
In and for said County, in the State aforesaid, DO HEREBY CERTIFY that  
IVORY L. BAILEY, personally known to me to be the same person \_\_\_ whose  
name is \_\_\_\_\_ subscribed to the foregoing instrument, appeared before  
me this day in person, and acknowledged that \_\_\_\_\_ she \_\_\_\_\_ signed, sealed  
and delivered the said instrument as her free and voluntary act, for  
the uses and purposes therein set forth, including the release and waiver of the  
right of homestead.

Given under my hand and official seal, this 14th day of July, 2007



Commission expires \_\_\_\_\_  
Anthony D. Andrews  
NOTARY PUBLIC

This instrument was prepared by Anthony D. Andrews, 930 W 175<sup>th</sup> Street, Suite 2NE, Homewood, Illinois 60430

20-34-205-010

**MAIL TO:**  
Anthony D. Andrews  
930 W. 175<sup>th</sup> Street, Suite 2NE  
Homewood, IL 60430

**OR**  
Recorder's Office Box No. \_\_\_\_\_

LOT SEVENTEEN (17), IN BLOCK THREE (3) IN CHATHAM FIELDS, A SUBDIVISION OF THE  
NORTH EAST QUARTER (1/4), OF SECTION 34, TOWNSHIP 38 NORTH, RANGE 14, EAST OF  
THE 3<sup>RD</sup> PRINCIPAL MERIDIAN.

REGISTRATION DISTRICT NO. **16.10**

STATE OF ILLINOIS  
**MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER  
**614873**

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

**OCT 2 1 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 FOR THE CITY OF CHICAGO 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.

DECEASED NAME

**GENEVA BEOWN**

SEX **FEMALE**

DATE OF DEATH (MONTH, DAY, YEAR)  
**DECEMBER 14, 2005**

COUNTY OF DEATH

**COOK**

AGE - LAST BIRTHDAY (YRS)

**84**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER

**CHICAGO**

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

**7933 S. CHAMPLAIN**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)

**VICKSBURG MS**

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)

**DIVORCED**

SOCIAL SECURITY NUMBER

**10 436 33 0781**

NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)

**9. No**

RESIDENCE (STREET AND NUMBER)

**7933 S. CHAMPLAIN**

KIND OF BUSINESS OR INDUSTRY

**LABORER**

STATE

**ILLINOIS**

OF HISPANIC ORIGIN? (SPECIFY YES OR NO)

**NO**

FATHER - NAME

**JAMES BAILEY**

MOTHER - NAME

**LOTTE BASS**

INFORMANT'S NAME (TYPE OR PRINT)

**VERY L. BAILEY**

RELATIONSHIP

**DAUGHTER**

DATE OF OPERATION, IF ANY

**NO**

MAJOR FINDINGS OF OPERATION

**NO**

DATE OF OPERATION, IF ANY

**NO**

IMMEDIATE CAUSE (Final disease or condition resulting in death)

**Cor. Heart failure**

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a)

**DUETO OR AS A CONSEQUENCE OF**

CAUSE LAST

**DUETO OR AS A CONSEQUENCE OF**

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

DATE OF OPERATION, IF ANY

**NO**

MAJOR FINDINGS OF OPERATION

**NO**

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

NAME AND ADDRESS OF CERTIFIER

**PHIL KOVANI**

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER

**6216 S. ARLEND**

BURIAL, CREMATION, REMOVAL (SPECIFY)

**BURIAL**

FUNERAL HOME

**Taylor Funeral Home**

FUNERAL DIRECTOR'S SIGNATURE

**John A. Williams, M.D.**

LOCAL REGISTRAR'S SIGNATURE

**John A. Williams, M.D.**

DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

**OCT 2 1 2005**

DATE OF DEATH (MONTH, DAY, YEAR)

**DECEMBER 14, 2005**

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

CITY OF CHICAGO  
DEPARTMENT OF PUBLIC HEALTH

UNOFFICIAL COPY