



STATE OF ILLINOIS)
)
COUNTY OF COOK)

AFFIDAVIT OF HEIRSHIP

I, the affiant, on oath state:

1. My name is Gladys M. Finley and I reside at 1135 Bellwood Avenue, Unit 6, Bellwood, Illinois 60101.
2. The decedent's name is Mack Aroy Abron.
3. The decedent died on August 30, 2000, and I have attached a copy of the death certificate hereto.
4. The decedent's place of residence immediately before his death was 1114 S. First Avenue, Maywood, Illinois.
5. No letters of office are now outstanding on the decedent's estate and no petition for letters is contemplated or pending in Illinois or in any other jurisdiction, to my knowledge.
6. The gross value of the decedent's entire personal estate, including the value of all property passing to any party either intestacy or under a will, does not exceed \$55,000.00
There are no federal or state inheritance taxes owed.
7. All of the decedent's funeral expenses have been paid.
8. There is no known unpaid claimant or contested claim against the decedent, except as stated in paragraph 7.

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9. (a) The name and places of residence of any surviving spouse, minor children and adult dependent children* of the decedent are as follows: N/A
- (b) The award allowable to the surviving spouse of a decedent who was an Illinois resident is \$ none (\$10,000. plus \$5,000 multiplied by the number of minor children and adult dependent children who resided with the surviving spouse at the time of the decedent's death. If any such child did not reside with the surviving spouse at the time of the decedent's death, so indicate.)
N/A
- (c) If there is no surviving spouse, the award allowable to minor children and adult dependent children of a decedent who was an Illinois resident is \$ none (\$10,000 plus \$5,000 multiplied by the number of minor children and adult dependent children), to be divided among them in equal shares.
10. (a) *The decedent left no will. The names, places of residence and relationship of the decedent's heirs, and the portion of the estate to which each heir is entitled under the law where decedent died intestate are as follows:

NAME, RELATION, AND PLACE OF RESIDENCE	AGE	PORTION OF ESTATE
Gloria Johnson (daughter) 3207 Monroe Street Bellwood, IL 60104	55 yrs	25%

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Davena G. Rouse 1114 S. 1 st Avenue Maywood, Illinois 60153	43 yrs 25%
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Ralph B. Abron 5418 N. Lieb Avenue Chicago, IL 60630	48 yrs 25%
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Vernette Abron 1114 S. 1 st Avenue Maywood, IL 60153	46 yrs 25%
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(b) Affiant is unaware of any dispute or potential conflict as to the heirship or will of the decedent.

THE FORGOING STATEMENT IS MADE UNDER THE PENALTIES OF PERJURY.*

Gladys M. Finley

 Gladys M. Finley

State of Illinois, County of Cook, ss. I, the undersigned, a Notary Public in and for said County, in the State aforesaid, HEREBY CERTIFY that Gladys M. Finley 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,

Subscribed and sworn to before me
 This 2nd day of July, 2005

Shirley Ann Savannan

 Notary Public



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ATTACHMENT A

Legal Description

Property at: 1114 S. First Avenue Maywood, Illinois 60153

P.I.N. 15-14-115-014-0000 (Volume number 164)

THE NORTH ½ OF LOT 12 AND ALL OF LOT 13 IN BLOCK 135 IN MAYWOOD, A SUBDIVISION IN THE NORTHWEST ¼ OF SECTION 14, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office

FROM :

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Certified Copy of a Death Record

Jul 04 2005 11:20PM P3

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <u>16.92</u>		STATE OF ILLINOIS				STATE FILE NUMBER	
		REGISTERED NUMBER <u>1172</u>		MEDICAL CERTIFICATE OF DEATH					
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS		DECEASED—NAME FIRST MIDDLE LAST MACKAROV ABRON		SEX 2 MALE		DATE OF DEATH (MONTH, DAY, YEAR) 3 AUGUST 30, 2000			
1. COUNTY OF DEATH COOK		AGE—LAST BIRTHDAY (YRS) 5a. 73		UNDER 1 YEAR UNDER 1 DAY 5b. 5c.		DATE OF BIRTH (MONTH, DAY, YEAR) 5d. SEPTEMBER 28 1926			
4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER PROVISO TOWNSHIP		6b. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) FOSTER G. MCGAW HOSPITAL		8c. INDICATION		IF HOSP. OR INST. INDICATE O.O.A. OPER. EM. INPATIENT (SPECIFY)			
6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) PINE BLUFF, AR		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) WIDOWED		8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) NONE		9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) YES			
7. SOCIAL SECURITY NUMBER 431-30-3441		11a. USUAL OCCUPATION LABORER		11b. KIND OF BUSINESS OR INDUSTRY GENERAL		12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 10			
10. RESIDENCE (STREET AND NUMBER) 1114 S 1ST AVE		CITY, TOWN, TWP. OR ROAD DISTRICT NO. MAYWOOD		INSIDE CITY (YES/NO) 13c. YES		COUNTY 13d. COOK			
13a. STATE ILLINOIS		ZIP CODE 60153		RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) 14a. BLACK		OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) 14b. X NO			
PARENTS		FATHER—NAME FIRST MIDDLE LAST DEANIS ABRON		MOTHER—NAME FIRST MIDDLE LAST FANNIE McEWEN					
17a. INFORMANT'S NAME (TYPE OR PRINT) ABRAHAM ZACHARIAN		RELATIONSHIP HOSPITAL RECORDS		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 2160 SOUTH FIRST AVENUE, MAYWOOD ILLINOIS 60153					
CAUSE		18. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure, but only one cause on each line. (a) Pseudomonas Sepsis (b) Respiratory Distress		APPROXIMATE INTERVAL BETWEEN DEATH AND DEATH					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause shown in PART I.		AUTOPSY (YES/NO) 19a. NO		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 19b. YES NO					
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION							
21a. (GOLD) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 8/30/2000		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) YES		HOUR OF DEATH 10:40		DATE SIGNED (MONTH, DAY, YEAR) 9/1/2000			
CERTIFIER		22a. SIGNATURE Brandon Lu		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 2160 SOUTH FIRST AVENUE, MAYWOOD ILLINOIS 60153		ILLINOIS LICENSE NUMBER 125-039160			
23. BURIAL OR CREMATION, REMOVAL (SPECIFY) BURIAL		CEMETERY OR CREMATORY—NAME OAKRIDGE		LOCATION CITY OR TOWN STATE HILLSIDE, IL.		DATE (MONTH, DAY, YEAR) 9-6-2000			
DISPOSITION		24a. FUNERAL HOME NAME WALLACE FUNERAL HOME		STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 2020 W. ROOSEVELT ROAD BROADVIEW, IL. 60153		25b. FUNERAL DIRECTOR'S SIGNATURE Vernon Wallace			
		25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 54-9351		26a. LOCAL REGISTRAR'S SIGNATURE Richard J. Billib		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) September 5, 2000			

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE SEP 5 2000 SIGNED Richard J. Billib
AT Broadview, Illinois 60155 Illinois OFFICIAL TITLE Local Registrar of Vital Statistics

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at 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, local registrar or county clerk shall be prima facie evidence of the fact therein stated.