

UNOFFICIAL COPY

AFFIDAVIT OF HEIRSHIP

Under penalties of perjury, we the undersigned do hereby state and affirm that we are the children of ESTER LOUIS REESE and FREDDIE E. REESE. That during their lifetime, ESTER LOUIS REESE and FREDDIE E. REESE had three children all of whom are listed below. There are no other known individuals to be the children of either ESTER LOUIS REESE and FREDDIE E. REESE either jointly or separately from the other, and during our lifetime, neither FREDDIE E. REESE nor ESTER LOUIS REESE ever mentioned any other child.



Doc#: 0834603109 Fee: \$66.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 12/11/2008 03:51 PM Pg: 1 of 4

1. EULA REESE, who lives in Chicago, Illinois;
2. FREDDIE SANDERS, who lives in Chicago, Illinois;
3. ROBERT REESE, who lives in Chicago, Illinois.
4. CAROLYN A. REESE, who lives in Chicago, Illinois.
5. LOUIS REESE, who lives in Chicago, Illinois

EULA REESE

FREDDIE SANDERS

ROBERT REESE

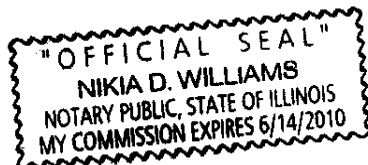
CAROLYN A. REESE

LOUIS REESE

STATE OF ILLINOIS)
)
COUNTY OF COOK)

I, THE UNDERSIGNED, A Notary Public in and for said County in the State aforesaid, do hereby certify that EULA REESE, FREDDIE SANDERS, CAROLYN A. REESE, LOUIS REESE and ROBERT REESE personally known to me to be the same persons whose names are subscribed to the foregoing instrument, the declarants, appeared before me this day in person, and acknowledged that they signed the said instrument as their free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and official seal the 27 day of AUGUST, 2008



Notary Public

Dec 09 08 06:44 AM CHICAGO POSTAL CURRENCY 173 261 1907

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REGISTRATION DISTRICT NO. 18.10 REGISTERED NUMBER

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS STATE FILE NUMBER 609075

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO MAY 06 1999

DECEASED-NAME: Ester Louis REESE SEX: Male DATE OF BIRTH: May 4, 1920

COUNTY OF DEATH: Cook CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: Chicago

AGE AT LAST BIRTHDAY: 78 UNDECEASED YEAR: 1999 UNDER 1 DAY: 2 HOURS: 0 MIN: 0

HOSPITAL OR OTHER INSTITUTION: Belhally Health Care DATE OF DEATH: May 27, 1920

BIRTHPLACE: Chicago, IL MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED: Married

BIRTH DATE: 25-16-0558 SOCIAL SECURITY NUMBER: 4443 W. Wilcox

RESIDENCE: 4443 W. Wilcox CITY, TOWN, TWP, OR ROAD DISTRICT NO.: Chicago

FATHER-NAME: Paul REESE MOTHER-NAME: Emma LUKE

RELIGION: Roman Catholic MAILING ADDRESS: 5343 W. Adams Chicago, IL 60644

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST: Spontaneous Ventricular Fibrillation

DATE OF OPERATION, IF ANY: 4-28-99 MAJOR FINDINGS OF OPERATION: Atherosclerotic Vascular Disease

NAME AND ADDRESS OF CERTIFIER: Robert A. Alter MD 7515 S. Kenick North Riverside

BURIAL CREATION: Oak Ridge Cemetery 245 Oak Ridge Cemetery Ashland Illinois

FUNERAL DIRECTOR'S SIGNATURE: Smith & Thomas 5708 W. Madison Chicago

LOCAL REGISTRY SIGNATURE: [Signature] DATE: MAY 06 1999

REGISTRY NUMBER: 34-011652

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I, SHEILA LYNE, RSM, 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 OBDIANCE OF SAID LAWS AND ORDINANCES.



CITY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

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LOT 18 IN BLOCK 5 IN D.S. PLACE'S ADDITION TO CHICAGO, BEING A SUBDIVISION OF THE EAST ¼ OF THE NORTH EAST ¼ OF THE NORTH WEST ¼ OF SECTION 15, TOWNSHIP 39 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Tax Identification Number: 16-15-111-007-0000

Commonly Known as: 4443 WEST WILCOX STREET, Chicago, Illinois 60624