

UNOFFICIAL COPY

Prepared By and Mail To:

Lorie K. Westerfield
410 S. Michigan, Suite 525
Chicago, IL 60605



Doc#: 1233429058 Fee: \$42.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 11/29/2012 11:48 AM Pg: 1 of 3

State of Illinois)
) ss.
County of Cook)

AFFIDAVIT OF HEIRSHIP

11689
192
I, Carol Lynn Aldridge Willis (HEIR), being duly sworn on oath, depose and say as follows:

- 1) I am 37 years old and live at 200 Warrensburg Drive Bellkulla, IL 62223
- 2) I am a surviving daughter of the owner of the property at 12247 S Wallace Chicago Illinois 60628 and further described as:

SEE ATTACHED LEGAL : Lots 28 and 29 in Block 41 in West Pullman, a Subdivision in the Northwest 1/4 and the West 1/2 of the Northwest 1/4 of Section 28, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois. C/K/A: 12247 S. Wallace

P.I.N. 25-28-128-018
P.I.N. 25-28-128-019

- 3) My late mother, Ouida L. Aldridge, died INTESTATE on April 9, 1991 as evidenced by a copy of his death certificate attached hereto.
- 4) That the decedent was never married.

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- 5) That there were two children born of Ouida Aldridge, namely,
 Claudie L. Aldridge
 Carol Lynn Aldridge Willis
 all of legal age and under no disability.
- 6) That decedent did not adopt children,
- 7) That there were no other children born or adopted by the decedent.
- 8) That the heirs of Ouida L. Aldridge are:
 Claudie L. Aldridge, daughter
 Carol Lynn Aldridge Willis, daughter

I make this affidavit for the purpose of inducing _____ to
 waive all matters from its commitment number _____ relating to the
 interest of Ouida Aldridge.

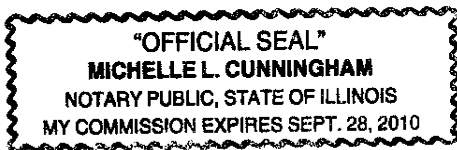
FURTHER, AFFIANT SAYETH NOT.

Carol Lynn Aldridge Willis
 Carol Lynn Aldridge Willis

On this 12th day of January, 2007
Carol Lynn Aldridge Willis appeared before me and upon oath stated
 that she has read the Affidavit of Heirship, and that the statements contained
 therein are true and correct.

M. Cunningham
 Notary Public

Seal



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STATE OF ILLINOIS } ss. **DAVID D. ORR.** County Clerk OCT 28 1999
 County of Cook }
 I, **DAVID D. 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 WHEREOF, 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 D. Orr
County Clerk

REGISTRATION DISTRICT NO.		STATE OF ILLINOIS			STATE FILE NUMBER 607060	
REGISTERED NUMBER 16.10		MEDICAL CERTIFICATE OF DEATH				
DECEASED—NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH DAY YEAR)		
1 Quida L. Aldridge		2 Female		3 April 9, 1991		
COUNTY OF DEATH		AGE—LAST BIRTHDAY (YRS)		UNDER 1 YEAR		DATE OF BIRTH (MONTH DAY YEAR)
4 Cook		5a 40		5b		5d JUNE 29, 1950
CITY, TOWN, TWP. OR ROAD OR TRACT NUMBER		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			IF HOSP. OR INST. INDICATE D.O.A. OR PATIENT (SPECIFY)	
6a Chicago		6b Cook County Hospital			6c Inpatient	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
7 YAZOO CTY, MS.		8a NEVER-MARRIED		8b NONE		8 NO
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
10		11a POSTAL CLERK		11b U.S. POST OFF		12 4
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO		INSIDE CITY (YES/NO)		COUNTY
13a 1247 S. Wallace		13b Chicago		13c Yes		13d Cook
STATE	ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, OR OTHER)		OF HISPANIC ORIGIN? (SPECIFY) (YES/NO) IF YES, SPECIFY CUBAN, AMERICAN PUERTO RICAN, ETC.		
13e Illinois	13f 60628	14a BLACK		14b <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY		
FATHER—NAME FIRST MIDDLE LAST		MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST				
15 WILLIAM D. ALDRIDGE		16 EUGENE B. ALDRIDGE EVRY				
INFORMANT'S NAME (TYPE OR PRINT)		SIGNATURE OF Informant		MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP)		
17a Adele Cabrera		17b		17c 1835 W. Harrison St., Chicago, IL 60612		
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. List only one cause on each line.				APPROXIMATE INTERVAL BETWEEN DEATH AND DEATH
Immediate Cause (Final disease or condition resulting in death)		18a Cancer Breast				
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) DUE TO, OR AS A CONSEQUENCE OF				
		(c) DUE TO, OR AS A CONSEQUENCE OF				
PART II		Other significant conditions contributing to death but not resulting in the underlying cause given in PART I				WAS AUTOPSY PERFORMED? (YES/NO)
20a		20b				19b
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? (YES/NO) (YES/NO)		
20a		20b		20c NO		
1 (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER/LIVE ON		MONTH, DAY, YEAR		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH
21a		21b 4-9-91		21c YES		21d 3:18 P.M.
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED		SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR)		
22a		22b		22c		
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		CITY, TOWN, STATE, ZIP		ILLINOIS LICENSE NUMBER		
22a Cook County Hospital		22b Chicago, Illinois 60612		22c 036057872		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)				NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		
23						
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE		DATE (MONTH, DAY, YEAR)
24a BURIAL		24b FOREST LAWN		24c SAGINAW, MICHIGAN		24d APRIL 15, 1991
FUNERAL HOME		NAME		STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP		
25a GATLING'S CHAPEL INC.		25b		25c		
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		
25a		25b		25c APR 11 1991		
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)				
26a		26b				