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EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 04/24/2019 11:22 AM PG: 1 OF 3

ESTATE OF)
VERONICA SMITH)
a/k/a VERONICA LUCILLE SMITH)
deceased)

AFFIDAVIT OF HEIRSHIP

RONYELLE SMITH, being first duly sworn on her oath, deposes and states as follows:

1. That she is the daughter of VERONICA SMITH a/k/a VERONICA LUCILLE SMITH, who died on March 13, 2019, intestate.
2. That VERONICA SMITH was never married. However, she had one child out of wedlock, namely:
 - A. RONYELLE SMITH, who is living and is an adult.
4. That VERONICA SMITH never had or adopted any other children.
5. That the only heir at law of VERONICA SMITH is as follows:
 1. RONYELLE SMITH, daughter

This Affidavit is made for the purpose of establishing the ownership of the real estate located at 3145 Bernice Road, Unit 4, Lansing, Illinois (See Legal description attached)

And further affiant sayeth not.

X Ronyelle Smith
RONYELLE SMITH

Subscribed and sworn to before me this 17th day
of APRIL, 2019
OFFICIAL SEAL
MARIA ELENA ORR
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 11/14/19

Maria Elena Orr
Notary Public

JA

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LEGAL DESCRIPTION

Parcel 1: Unit 3145-4 in Bernice Terraces Condominium as delineated on survey of the following described parcel of real estate: Part of the Northeast $\frac{1}{4}$ of the Southeast $\frac{1}{4}$ of Section 30, Township 36 North, Range 15, East of the Third Principal Meridian which survey is attached as Exhibit "A" to the Declaration of Condominium recorded as Document 97289877, as amended from time to time together with its undivided percentage interest in the common elements, in Cook County, Illinois. Parcel 2: Easements for ingress and egress for the benefit of Parcel 1, as set forth in Declaration and Grant of Easement recorded April 28, 1997 as Document 97289876.

Permanent Real Estate Index Number: 30-30-408-057-1040

Property Address: 3145 Bernice Road, Unit 4, Lansing, Illinois 60438

Property of Cook County Clerk's Office

INDIANA STATE DEPARTMENT OF HEALTH UNOFFICIAL COPY CERTIFICATE OF DEATH - RESUBMIT

Tracking No. 191852



Local No 901072

EDR No 00000699544

State No 014246

1. Decedent's Legal Name (First, Middle, Last) VERONICA LUCILLE SMITH				1a. Maiden Name (If female) SMITH		2. Sex FEMALE	3. Time Of Death 23:03	4. Date Of Death (Month/Day/Year) 03/13/2019		
5. Social Security Number [REDACTED]		6a. Age - Yrs 44	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 04/18/1974		8. Birthplace (City and State or Foreign Country) CHICAGO, IL	
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Emergency Department <input type="checkbox"/> Outpatient <input type="checkbox"/> Dead on Arrival				10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street and Number) COMMUNITY HOSPITAL										
12. City Or Town, State, And Zip Code MUNSTER, IN 46321						13. County Of Death LAKE		14. Marital Status At Time Of Death: <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name				15a. Last Name Before First Marriage		16. Decedent's Usual Occupation ADMINISTRATIVE ASSISTANT		17. Kind Of Business/Industry HEALTHCARE		
18. Residence - State ILLINOIS		18a. County COOK		18b. City Or Town LANSING				18d. Apt. No. 4	18e. Zip Code 60438	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number 3145 BERNICE ROAD		19. Decedent's Education ASSOCIATE DEGREE (AA, AS)		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race Black or African American				
22. Parent's Name (First, Middle, Last) RONALD SMITH			23. Parent's Name (First, Middle, Last) CAROLYN ELIZABETH SMITH			23a. Parent's Last Name Before First Marriage SMITH				
24. Informant's Name RONYELLE SMITH			24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 2924 WEST 86TH AVENUE, MERRILLVILLE, IN 46410					
25. Place Of Disposition										
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) THE LAKES CREMATORY			25c. Location - City, Town, And State LAKE VILLA, IL					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility DIVINITY FUNERAL HOME, 3831 MAIN ST, EAST CHICAGO, IN 46312						27a. Funeral Home License Number FH10700039		
27b. Signature Of Indiana Funeral Service Licensee SAMUEL SMITH JR. BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee) FD01019692				
28. Part I: Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.										
Immediate Cause (Final Disease Or Condition Resulting In Death) A. CARDIAC ARREST Due to (Or As A Consequence Of): IMMEDIATE										
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A: Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last B. ACUTE MYOCARDIAL INFARCTION Due to (Or As A Consequence Of): INTERMEDIATE										
C. [REDACTED] Due to (Or As A Consequence Of): [REDACTED]										
D. [REDACTED] Due to (Or As A Consequence Of): [REDACTED]										
Part II: Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I						29. Was An Autopsy Performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30. Were Autopsy Finding Available To Complete The Cause Of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes, <input type="checkbox"/> Probably, <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input checked="" type="checkbox"/> Unknown If Pregnant Within The Past Year		33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined						
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
38. Location Of Injury - State		38a. City Or Town		38b. Street Number		38c. Apt. No.		38d. Zip Code		
39. Describe How Injury Occurred				40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian		NOT VALID UNLESS				
41. Signature Of Person Certifying Cause Of Death: MERRILEE D. FREY, BY ELECTRONIC SIGNATURE				42. Certifier, (Check Only One) <input type="checkbox"/> Certifying Physician <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		43. Name, Address And Zip Code Of Person Certifying Cause Of Death: MERRILEE D. FREY, 2900 W. 93RD. AVE, CROWN POINT, IN 46307				
44. License Number				45. Date Certified 03/26/2019		46. Additional Funeral Service Provider: A'A RAYNER AND SONS FUNERAL HOME				
47. *Akas:				48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE		49. For Registrar Only - Date Filed (Month/Day/Year): MAR 26 2019				

THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT

APR 09 2019

LAKE COUNTY HEALTH OFFICER

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									
30. NO.		33. PENDING INVESTIGATION		49. 03/26/2019		281-Interval A:			
281-Cause A: DEFERRED PENDING FURTHER INVESTIGATION		281-Interval B:		45. 3/20/2019 12:00:00 AM		281-Interval B:			