



\*1925547005\*

STATE OF ILLINOIS )  
 ) SS.  
COUNTY OF COOK )

Doc# 1925547005 Fee \$88.00

RHSP FEE:\$9.00 RPRF FEE: \$1.00

EDWARD M. MOGDY

COOK COUNTY RECORDER OF DEEDS

DATE: 09/12/2019 12:13 PM PG: 1 OF 4

**AFFIDAVIT OF HEIRSHIP**

Now Comes, **LANONDA BIBBS**, Affiant herein and being duly sworn upon oath deposes and states as follows:

1. That Helen Bibbs, was born to Herschel Simmons and Sarah Lucas, on February 17, 1934 in Chicago, Illinois;
2. That Helen Bibbs died intestate on February 24, 2019 in Glenwood, Illinois;
3. The parents of said Helen Bibbs preceded her in death;
4. That Helen Bibbs, was married to Raynold Bibbs, who preceded her in death on March 9, 1966;
5. There were three children born to the parties, namely: Renee Lynette Bibbs-Merrick; Lynn Cheryl Bibbs-Brooks; and Lanonda Bibbs; and there were no child adopted by the parties;
6. That at the time of her death, said Helen Bibbs owned real property legal described as:

**Unit No. 114 in Glenwood Manor Unit II Condominium as delineated and set forth Plat of Survey and Declaration of Condominium recorded as Document 21478326 Together with an undivided 1.0502% interest in the common elements, all in Cook County, Illinois**

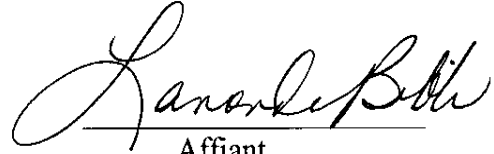
**P.I.N.#: 29-33-301-033-1014 Address: 700 Bruce, Unit 114, Glenwood, IL 60425**

7. The Affiant states that the following are the heirs and legatees of Helen Bibbs:

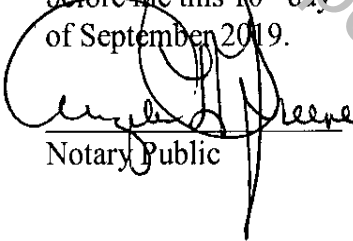
Renee Lynette Bibbs-Merrick -	Daughter	17721 Larkspur Lane Homewood, Illinois 60430
Lynn Cheryl Bibbs-Brooks -	"	936 East 47 <sup>th</sup> Street – Apt. 207 Chicago, Illinois 60615
Lanonda Bibbs -	"	700 Bruce Lane – Unit # 114 Glenwood, Illinois 60425

# UNOFFICIAL COPY

8. The total value of the estate of Helen Bibbs is less than \$100,000.00 inclusive of real and personal property;
9. Affiant makes this affidavit to show proof of heirship;
10. Further, Affiant sayeth naught.

  
\_\_\_\_\_  
Affiant

Signed & Sworn to  
before me this 10<sup>th</sup> day  
of September 2019.

  
\_\_\_\_\_  
Notary Public



*This instrument was prepared by: Michael W. Stutley, The Stutley Group, LLC, 900 Ridge Road, Homewood, Illinois 60430*

PROPERTY OF COOK COUNTY CLERK'S OFFICE

UNOFFICIAL COPY

**CERTIFICATE OF DEATH RECORD**

**COOK COUNTY CLERK VITAL RECORDS  
CHICAGO, ILLINOIS  
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER **2019 0017049** DATE ISSUED **3/1/2019**

DECEDENT'S LEGAL NAME <b>HELEN BIBBS</b>		SEX <b>FEMALE</b>	DATE OF DEATH <b>FEBRUARY 24, 2019</b>	
COUNTY OF DEATH <b>COOK</b>	AGE AT LAST BIRTHDAY <b>85 YEARS</b>	DATE OF BIRTH <b>FEBRUARY 17, 1934</b>		
CITY OR TOWN <b>GLENWOOD</b>		HOSPITAL OR OTHER INSTITUTION NAME <b>700 BRUCE LANE #114</b>		
PLACE OF DEATH <b>DECEDENT'S HOME</b>				
BIRTHPLACE <b>CHICAGO, IL</b>	SOCIAL SECURITY NUMBER <b>343-26-1979</b>	STATUS AT TIME OF DEATH <b>WIDOWED</b>	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? <b>NO</b>
RESIDENCE <b>700 BRUCE LANE</b>		APT. NO. <b>114</b>	CITY OR TOWN <b>GLENWOOD</b>	INSIDE CITY LIMITS? <b>YES</b>
COUNTY <b>COOK</b>	STATE <b>IL</b>	ZIP CODE <b>60425</b>	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION <b>HERSCHEL SIMMONS</b>	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION <b>SARAH LUCUS</b>
INFORMANT'S NAME <b>LANONDA BIBBS</b>		RELATIONSHIP <b>DAUGHTER</b>	MAILING ADDRESS <b>700 BRUCE LANE, GLENWOOD, IL 60425</b>	
METHOD OF DISPOSITION <b>BURIAL</b>		PLACE OF DISPOSITION <b>MOUNT HOPE CEMETERY</b>	LOCATION - CITY OR TOWN AND STATE <b>CHICAGO, IL</b>	DATE OF DISPOSITION <b>MARCH 02, 2019</b>
FUNERAL HOME <b>WOODS FUNERAL HOME LTD, 1003 SOUTH HALSTED STREET, CHICAGO HEIGHTS, IL, 60411</b>				
FUNERAL DIRECTOR'S NAME <b>MELVIN TYRONE WOODS</b>			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034015057</b>	
LOCAL REGISTRAR'S NAME <b>KAREN A YARBROUGH</b>			DATE FILED WITH LOCAL REGISTRAR <b>MARCH 1, 2019</b>	
<b>CAUSE OF DEATH</b> PART I: <b>HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE</b>				
IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>		a	UNKNOWN UNKNOWN	
		b		
		c		
		<small>Due to (or as a consequence of)</small>		
		<small>Due to (or as a consequence of)</small>		
PART II: Enter other <b>significant conditions contributing to death</b> but not resulting in the underlying cause given in PART I			WAS AN AUTOPSY PERFORMED? <b>NO</b>	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <b>N/A</b>	
FEMALE PREGNANCY STATUS <b>NOT APPLICABLE</b>			MANNER OF DEATH <b>NATURAL</b>	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?	
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED			IF TRANSPORTATION INJURY, SPECIFY	
ATTEND THE DECEASED? <b>NO</b>	DATE LAST SEEN ALIVE <b>UNKNOWN</b>	WAS MEDICAL EXAMINER OR CORONER CONTACTED? <b>NO</b>	DATE PRONOUNCED	TIME OF DEATH <b>10:00 AM</b>
CERTIFIER <b>PHYSICIAN</b>			DATE CERTIFIED <b>FEBRUARY 26, 2019</b>	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH <b>IFENLOTA OJIAKO, 2000 SPRINGER DRIVE, LOMBARD, IL, 60148</b>			PHYSICIAN'S LICENSE NUMBER <b>03610000855950</b>	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOT REBOSSED STATE AND COUNTY SEALS AT BOTTOM



This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

Karen A. Yarbrough  
 Cook County Clerk



**ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE**



CERTIFICATE OF DEATH RECORD  
**UNOFFICIAL COPY**

ORIGINAL

STATE OF ILLINOIS

FILE NUMBER

16913

199

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO 1610

REGISTERED NUMBER

1. PLACE OF DEATH  
a. STATE ILLINOIS b. COUNTY COOK  
2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission)  
a. STATE ILLINOIS b. COUNTY COOK

3.  INSIDE corporate limits and in City, Village, or Incorporated Town CHICAGO  
c.  INSIDE corporate limits and in City, Village, or Incorporated Town CHICAGO

d.  OUTSIDE corporate limits and in Township name Road District No. 6 URS  
d.  OUTSIDE corporate limits and in Township name Road District No. 6 URS  
e. LENGTH OF RESIDENCE At 1c or 2c 6 URS

f. NAME OF HOSPITAL OR INSTITUTION COOK COUNTY HOSPITAL g. LENGTH OF STAY IN 4 DAYS  
f. RESIDENCE ADDRESS (Street & No. or R.F.D. and Post Office) 6236 S. MORGAN

h. If not in hospital or institution, give Street & No. or R.F.D. and Post Office.  
i. Did decedent reside ON A FARM? YES  NO

3. NAME OF DECEASED a. (FIRST) Raymond D. b. (MIDDLE) Lorenza c. (LAST) BIBBS  
4. DATE OF DEATH MONTH 3 DAY 9 YEAR 66

5. SEX MALE 6. RACE NEGRO 7. MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify) MARRIED 8. DATE OF BIRTH ESTIMATED 34  
9. AGE (in years) (month) (day) if under 1 year months days if under 24 hrs. hours min

10a. USUAL OCCUPATION TAXI DRIVER 10b. KIND OF BUSINESS OR INDUSTRY Yellow CAB 11. BIRTHPLACE (City and state or foreign country) Mendenhall, Miss U.S.A.  
12. Citizen of what U.S.A.

13. FATHER'S FULL NAME Willie Anderson Bibbs 14. MOTHER'S FULL MAIDEN NAME Lucy Alberta Hayes

15. Was deceased ever in U. S. Armed Forces? (If so, give war or dates of service) NO 16. SOCIAL SECURITY NUMBER UNKNOWN  
17. INFORMANT a. SIGNATURE Viola Davis b. ADDRESS COOK COUNTY HOSPITAL RECORDS

18. MEDICAL CAUSE OF DEATH PART I: DEATH WAS CAUSED BY: (Enter only one cause per line for (A), (B) and (C).)  
IMMEDIATE CAUSE (A) PULMONARY EMPHYSEMA  
CONDITIONS, if any, which gave rise to the above IMMEDIATE CAUSE (A), starting the UNDERLYING cause last. [ due to (B) BRONCHIAL [ due to (C) ASTHMA

PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL CONDITION  
20. AUTOPSY? YES  NO

19a. DATE OF OPERATION, IF ANY, 19b. NATURE OF OPERATION  
NOTE: If an injury was involved in this death, the Coroner must be notified.

21. I hereby certify that I attended the deceased from 3 6 1966 to 2 9 1966, that I last saw the deceased alive on 3 9 1966 and death occurred at 1:30 P.M. from the causes and on the date stated above.  
Signature: Gertrude Novak M.D. Date: 3-10-66 Illinois License No. 36-32817  
Address: 1835 W. HARRISON Phone: 738-2500

22. DISPOSITION: BURIAL REINTERMENT Date 3/12/66  
CEMETERY: Lincoln  
LOCATION: Worth Ill  
23. FUNERAL DIRECTOR: A.R. Deak  
SIGNATURE: A.R. Deak  
ADDRESS: 7838 S. Cottage Grove Chicago 19, Ill. No. 4390

24. Received for filing on MAR 11 1966 (Signed) Samuel A. Andelman, M.D. LOCAL REGISTRAR

1089588

September 9, 2019

This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.



Karen A. Yarbrough  
Cook County Clerk

