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Doc# 2020347074 Fee \$93.00

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

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 07/21/2020 12:22 PM PG: 1 OF 3

ESTATE OF)
WANDA M. JONES)
deceased)

AFFIDAVIT OF HEIRSHIP

HERBERT J. HAMMOND, JR., being first duly sworn on his oath, deposes and states as follows:

That WANDA M. JONES died March 4, 2020, intestate.

That WANDA M. JONES was married once and only once and then to HERBERT J. HAMMOND, JR., who is living and is an adult.

As a result of her marriage to HERBERT J. HAMMOND, JR., no children were born and none adopted.

That WANDA M. JONES never had or adopted any children.

That the only heir of WANDA M. JONES is HERBERT J. HAMMOND, JR., her surviving spouse.

That this affidavit is made to establish the ownership of the real estate located at 5233 Mint Julip Drive, Alsip, Illinois, which is legally described on Exhibit A.

And further affiant sayeth not.

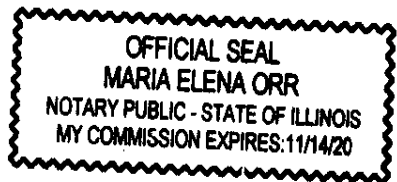
x Herbert J. Hammond Jr.
HERBERT J. HAMMOND, JR.

Subscribed and sworn to before me this 13th day

of March, 2020

Maria Elena Orr
Notary Public

Prepared By: W. LEE NEWELL, JR
2540 Ridge Road
Lansing, Illinois 60438



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EXHIBIT A

LEGAL DESCRIPTION

Unit 5233 in Chapel Hill Condominium as delineated on the survey of the following described real estate: Certain lots in Chapel Hill, a Planned Unit Development, being a Subdivision of part of the Northwest $\frac{1}{4}$ of Section 21, Township 37 North, Range 13 East of the Third Principal Meridian, in Cook County, Illinois, which survey is attached as Exhibit "A" to the Declaration of Condominium recorded in the Office of the Cook County Recorder as Document 98085725, as amended from time to time, together with its undivided percentage interest in the common elements.

Permanent Index Number: 24-21-103-034-1010

Address of Property: 5233 Mint Julip Drive, Alsip, Illinois

Property of Cook County Clerk's Office

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COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2020 0019478

DATE ISSUED 3/10/2020

DECEDENT'S LEGAL NAME WANDA MARIE JONES-HAMMOND				SEX FEMALE	DATE OF DEATH MARCH 04, 2020										
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 63 YEARS		DATE OF BIRTH SEPTEMBER 21, 1956											
CITY OR TOWN ALSIP			HOSPITAL OR OTHER INSTITUTION NAME 5233 MINT JULIP DR												
PLACE OF DEATH DECEDENT'S HOME															
BIRTHPLACE OAKLAND CA		SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME HERBERT HAMMOND	EVER IN U.S. ARMED FORCES? NO										
RESIDENCE 5233 MINT JULIP DR		APT. NO.	CITY OR TOWN ALSIP		INSIDE CITY LIMITS? YES										
COUNTY COOK	STATE IL	ZIP CODE 60803	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION NATHANIEL JONES		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JEAN DIXON										
INFORMANT'S NAME HERBERT HAMMOND		RELATIONSHIP HUSBAND		MAILING ADDRESS 5233 MINT JULIP DR, ALSIP, IL, 60803											
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION MOUNTAIN VIEW CEMETERY		LOCATION - CITY OR TOWN AND STATE OAKLAND, CA	DATE OF DISPOSITION MARCH 16, 2020										
FUNERAL HOME EMANUEL'S CHAPEL FUNERAL HOME, 5112 SOUTH WESTERN AVENUE, CHICAGO, IL, 60609															
FUNERAL DIRECTOR'S NAME EMANUEL JONES				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014456											
LOCAL REGISTRAR'S NAME KAREN A. YARBROUGH				DATE FILED WITH LOCAL REGISTRAR MARCH 9, 2020											
CAUSE OF DEATH PART I. MALIGNANT NEOPLASM OF BREAST <table border="1"> <tr> <td rowspan="4">IMMEDIATE CAUSE (Final disease or condition resulting in death)</td> <td>a.</td> <td></td> <td rowspan="4">APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH</td> </tr> <tr> <td>b.</td> <td>Due to (or as a consequence of)</td> </tr> <tr> <td>c.</td> <td>Due to (or as a consequence of)</td> </tr> <tr> <td></td> <td>Due to (or as a consequence of)</td> </tr> </table>						IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	b.	Due to (or as a consequence of)	c.	Due to (or as a consequence of)		Due to (or as a consequence of)
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH												
	b.	Due to (or as a consequence of)													
	c.	Due to (or as a consequence of)													
		Due to (or as a consequence of)													
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				WAS AN AUTOPSY PERFORMED? NO											
				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A											
FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR				MANNER OF DEATH NATURAL											
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? YES	DATE LAST SEEN ALIVE FEBRUARY 21, 2020	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO		DATE PRONOUNCED	TIME OF DEATH 09:10 AM										
CERTIFIER PHYSICIAN				DATE CERTIFIED MARCH 07, 2020											
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH OJIAKO IFENLOTA, 1441 BRANDING AVENUE, DOWNERS GROVE, ILLINOIS, 60515				PHYSICIAN'S LICENSE NUMBER 036103003											

1286364



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

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM