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KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 01/27/2021 10:23 AM PG: 1 OF 5

## DOCUMENT COVERSHEET

TYPE OF DOCUMENT: AFFIDAVIT OF HEIRSHIP

GRANTOR: \_\_\_\_\_

GRANTEE: \_\_\_\_\_

DATE OF DOCUMENT: \_\_\_\_\_

Prepared BY  $\frac{3}{3}$  mail to:  
Marc Augliuzza ESQ.  
1550 Spring Rd  
Ste 120  
Oak Brook IL 60523

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## AFFIDAVIT OF HEIRSHIP

STATE OF ILLINOIS )  
 ) SS.  
 COUNTY OF COOK )

I, **MAYBELLE NELSON**, being the undersigned, under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure (735 ILCS 5/1-109) certify that the statements set forth in this affidavit are true and correct, except as to matters therein stated to be on information and belief and, as to such matters, I certify, as aforesaid, that I verily believe the same to be true. Having so sworn, I affirm and state as follows:

That the relationship of the undersigned to the decedent is as follows: I am the **MOTHER** of the decedent.

That the undersigned resides at: 7321 S. Union Street, Chicago, Illinois 60621.

That the decedent's name was: **SACQUELINE NELSON**.

That the decedent died on (date of death) and was, at the time of the decedent's death, years of age: **May 9, 2020** at the age of **73**.

That a certified copy of the medical certificate of death of the decedent is attached to this affidavit.

That at the time of the decedent's death, the decedent was an owner of the premises commonly known as: 7321 S. Union Street, Chicago, Illinois 60621.

That the value of the decedent's estate at the date of the decedent's death was: **\$250,000.00**

That the decedent died as follows: **Intestate**

That the marital status at the time of the decedent's death was as follows: the decedent was married to **ALBERT TURNER** at the time of her death.

That the number of children born of each marriage and the name, age, and marital status of each child is as follows: **CHERRYCE NELSON-CANNON** and **CASSANDRA SCOTT**.

That the number of children otherwise born to the decedent and the name, age, and marital status of each child is as follows: **NONE**.

That the number of children adopted by the decedent and the name, age, and marital status of each child is as follows: **NONE**.

That no other children were born to or adopted by the decedent other than those children named in the preceding three paragraphs;

That the undersigned acknowledges that if the decedent left no children or surviving spouse, the undersigned must affirmatively state as such before listing any collateral heirs or other ancestors;

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That the undersigned is at least eighteen years of age;

Further Affiant sayeth not.

Maybelle Nelson (Signature of Affiant)

STATE OF ILLINOIS     )  
  ) SS.  
COUNTY OF COOK     )

I, the undersigned, a notary public in and for said county, in the state aforesaid, certify that **MAYBELLE NELSON**, personally known to me to be the person whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that she signed, sealed, and delivered the said instrument her free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and official seal this date: July 3, 2020.

Marc L Gugliuzza (Notary Public)

Seal:



Property of Cook County Clerk's Office

**CERTIFICATION OF DEATH RECORD**  
**UNOFFICIAL COPY**

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

STATE FILE NUMBER 2020 0045995

DATE ISSUED 5/28/2020

DECEDENT'S LEGAL NAME JACQUELINE CONCHITTIA NELSON		SEX FEMALE	DATE OF DEATH MAY 09, 2020	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 73 YEARS	DATE OF BIRTH AUGUST 03, 1946		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME UNIVERSITY OF ILLINOIS HOSPITAL		
PLACE OF DEATH EMERGENCY ROOM / OUTPATIENT				
BIRTHPLACE TERRE HAUTE, IN	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME ALBERT TURNER	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 1245 W 73RD STREET	APT. NO.	CITY OR TOWN CHICAGO		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60636	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION FELTON NELSON	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MAYBELLE MOORE
INFORMANT'S NAME CHERRYCE NELSON		RELATIONSHIP DAUGHTER	MAILING ADDRESS 8734 S TROY, EVERGREEN PARK, IL 60805	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION FOREST CREMATORY	LOCATION - CITY OR TOWN AND STATE HOMEWOOD, IL	DATE OF DISPOSITION MAY 19, 2020	
FUNERAL HOME ILLINOIS CREMATION CENTERS, 1000 ROHLWING ROAD, LOMBARD, IL 60148				
FUNERAL DIRECTOR'S NAME MARK JOHN KAZLAUSKAS			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015610	
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH			DATE FILED WITH LOCAL REGISTRAR MAY 19, 2020	
CAUSE OF DEATH PART I: NON-TRAUMATIC SUBARACHNOID HEMORRHAGE				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	Due to (or as a consequence of)	
		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 MAY 09, 2020	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 08:44 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED MAY 10, 2020	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH SOPHIA PENG, 1740 WEST TAYLOR, CHICAGO, ILLINOIS, 60612			PHYSICIAN'S LICENSE NUMBER 125074530	

1396430



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*  
Karen A. Yarbrough  
Cook County Clerk



THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM

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## LEGAL DESCRIPTION

LOT 25 IN BLOCK 3 IN B. W. WOOD'S NORMAL PARK SUBDIVISION OF THE SOUTH WEST 1/4 OF THE NORTH WEST 1/4 (EXCEPT THE RAILROAD RIGHT OF WAY) OF SECTION 2, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

Permanent Real Estate Index No. 20-28-115-006-0000

Address of Property: 7321 S UNION AVE CHICAGO 60621-2331

Property of COOK COUNTY  
RECORDER OF DEEDS  
Cook County Clerk's Office

COOK COUNTY  
RECORDER OF DEEDS

COOK COUNTY  
RECORDER OF DEEDS