

# UNOFFICIAL COPY

Doc# 2126401123 Fee: \$98.00  
Karen A. Yarbrough  
Cook County Clerk  
Date: 09/21/2021 12:30 PM Pg: 1 of 4

ESTATE OF )  
SIDNEY STROZIER ) NO:  
deceased )

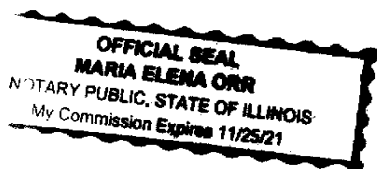
## AFFIDAVIT OF HEIRSHIP

LUCILLE WASHINGTON, being first duly sworn on her oath, deposes and states as follows:

1. That she is the sister of SIDNEY STROZIER, who died on 5/12/99, intestate.
2. That SIDNEY STROZIER was married once and only once and then to JOHN STROZIER, who predeceased her. That as a result of that marriage one child was born and none adopted, as follows:
  - a. RENEE ROBINSON, who is living and is an adult.
3. That SIDNEY STROZIER or JOHN STROZIER never had or adopted any other children.
4. That the only heir of SIDNEY STROZIER is RENEE ROBINSON.

4. That this Affidavit is made for the purpose of establishing the ownership of the real estate known as 6906 S. Woodlawn, Chicago, Illinois 60637 and RENEE ROBINSON as the owner of an undivided 1/3 interest.

And further affiant sayeth not.



X Lucille Washington  
LUCILLE WASHINGTON

Subscribed and sworn to before me this 15th day

of July, 2021

Sharon J. Orr, Notary Public

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## LEGAL DESCRIPTION

Lot 31 and the South 1/2 of Lot 30 in Brookhaven, being S. E. Gross' Subdivision of the South 23.569 acres of that part of the Southeast 1/4 of Section 2, Township 38 North, Range 14, East of the Third Principal Meridian, lying West of the Illinois Central Railroad.

Permanent Tax No.: 20-23-409-002-0000

Property Address: 6906 S. Woodlawn, Chicago, Illinois 60637

Property of Cook County Clerk's Office

Prepared by / Mail to:  
W. Lee Newell Jr  
4540 Ridge Road  
Lansing, IL 60438

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## EXHIBIT A DEATH CERTIFICATE

Property of Cook County Clerk's Office

## STATE OF FLORIDA

THIS DOCUMENT HAS A LIGHT BACKGROUND OF TRUE WATER MARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

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007787

CERTIFICATE OF DEATH  
FLORIDA

99 066199

LOCAL FILE NO.

1. DECEDENT'S NAME FIRST: <b>Sidney</b> MIDDLE: <b>Mae</b> LAST: <b>Strozier</b>		2. SEX <b>Female</b>	
3. DATE OF DEATH (Month, Day, Year) <b>May 18, 1999</b>		4. SOCIAL SECURITY NUMBER <b>76</b>	
5a. AGE (Last Birthday) <b>76</b>		5b. UNDER 1 YEAR Months: <b>76</b> Days: <b>0</b>	
6. DATE OF BIRTH (Month, Day, Year) <b>December 26, 1922</b>		7. BIRTH PLACE (City and State or Foreign Country) <b>Memphis, Tennessee</b>	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) <b>No</b>		9a. PLACE OF DEATH (Check only one: see instructions on other side) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify): <b>Yes</b>	
9b. INSIDE CITY LIMITS? (Yes or No) <b>Yes</b>		9c. COUNTY OF DEATH <b>Dade</b>	
9d. FACILITY NAME (If not institution, give street and number) <b>1440 Northwest 32nd Street</b>		9e. CITY, TOWN, OR LOCATION OF DEATH <b>Miami</b>	
10a. DECEDENT'S USUAL OCCUPATION <b>Housekeeper</b>		10b. KIND OF BUSINESS/INDUSTRY <b>Private Homes</b>	
11. MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE (If wife, give maiden name) <b>None</b>	
13a. RESIDENCE — STATE <b>Florida</b>		13b. COUNTY <b>Miami Dade</b>	
13c. CITY, TOWN, OR LOCATION <b>Miami</b>		13d. STREET AND NUMBER <b>1440 Northwest 32nd Street.</b>	
13e. INSIDE CITY LIMITS? (Yes or No) <b>Yes</b>		13f. ZIP CODE <b>33142</b>	
14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes — If yes, specify: Haitian, Cuban, Mexican, Puerto Rican, etc.) <b>No</b>		15. RACE — American Indian, Black, White, etc. <b>Black</b>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12): <b>8th</b> College (13-16): <b>8th</b>		17. FATHER'S NAME (First, Middle, Last) <b>Roosevelt Shelton</b>	
18. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Arrie Mabone</b>		19a. INFORMANT'S NAME (Type/Print) <b>Lucille Washington</b>	
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>6906 S. Woodlawn Avenue—Chicago, Illinois 60637</b>		20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify): <b>Trade Memorial Park</b>	
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Trade Memorial Park</b>		20c. LOCATION — City or Town, State <b>Miami, Florida</b>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b. LICENSE NUMBER <b>311</b>	
21c. NAME AND ADDRESS OF FACILITY <b>Poitier Funeral Home Inc. 2300 Northwest 62nd Street Miami, Florida 33147</b>		22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title) <i>[Signature]</i>	
22b. DATE SIGNED (Mo., Day, Yr.) <b>5-19-99</b>		22c. HOUR OF DEATH <b>10:00 a.m.</b>	
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>William Witt, M.D. 7900 Northwest 27th Avenue, Miami Florida, 33147 Suite 298</b>		23a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated. (Signature and Title) <i>[Signature]</i>	
23b. DATE SIGNED (Mo., Day, Yr.) <b>5-19-99</b>		23c. HOUR OF DEATH <b>10:00 a.m.</b>	
23d. MEDICAL EXAMINER'S CASE # <b>06</b>		24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) <b>William Witt, M.D. 7900 Northwest 27th Avenue, Miami Florida, 33147 Suite 298</b>	
25a. SUBREGISTRAR — SIGNATURE AND DATE <i>[Signature]</i> <b>5-19-99</b>		25b. LOCAL REGISTRAR — SIGNATURE AND DATE <i>[Signature]</i> <b>5-19-99</b>	
25c. DATE REGISTERED <b>MAY 21 1999</b>		26. PART I. Enter the disease, injuries, 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. <b>ACUTE MYOCARDIAL INFARCTION</b> <b>CORONARY ARTERY DISEASE</b> <b>NON INSULIN DEPENDENT DIABETES</b>	
IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>ACUTE MYOCARDIAL INFARCTION</b>		Approximate Interval Between Onset and Death <b>06</b>	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST. <b>CORONARY ARTERY DISEASE</b> <b>NON INSULIN DEPENDENT DIABETES</b>			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I		27a. WAS AN AUTOPSY PERFORMED? (Yes or No) <b>No</b>	
27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No) <b>No</b>		28. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No) <b>No</b>	
29. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? YES NO		30a. IF SURGERY IS MENTIONED IN PART I, ENTER CONDITION FOR WHICH IT WAS PERFORMED	
30b. DATE OF SURGERY (Mo., Day, Year)		31. PROBABLE MANNER OF DEATH (Specify): Natural, accident, suicide, homicide, or undetermined.	
32a. DATE OF INJURY (Month, Day, Year)		32b. TIME OF INJURY <b>M</b>	
32c. INJURY AT WORK? (Yes or No)		32d. DESCRIBE HOW INJURY OCCURRED	
32e. PLACE OF INJURY — At home, farm, street, factory, etc. (Specify)		32f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

*[Signature]*, STATE REGISTRAR

DATE ISSUED: July 16, 2021  
REQ: 2022926125

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

## WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL THE BACK CONTAINS SPECIAL LINES WITH TEXT. THIS DOCUMENT WILL NOT PRODUCE A COLOR COPY.



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DH FORM 1947 (03-13)

CERTIFICATION OF VITAL RECORD



VOID IF ALTERED OR ERASED