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Doc#: 2130906213 Fee: \$98.00
Karen A. Yarbrough
Cook County Clerk
Date: 11/05/2021 10:15 AM Pg: 1 of 5

EXHIBITS:

DEATH CERTIFICATE AND
AFFIDAVIT OF HEIRSHIP

FOR

LOT 11 IN BLOCK REAL ESTATES IMPROVEMENT COMPANY A SUBDIVISION OF LOTS 204 TO 212 BOTH INCLUSIVE, LOTS 263 AND 276, LOTS 267 TO 276 BOTH INCLUSIVE AND LOTS 306 TO 312 BOTH INCLUSIVE IN CUMMING AND FOREMAN'S A REAL ESTATES CORPORATION HARRISON STREET AND 9TH AVENUE SUBDIVISION IN THE SOUTHEAST 1/4 OF SECTION 15, TOWNSHIP 39 NORTH RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN AND OF LOTS 29 TO 36 BOTH INCLUSIVE IN HENRY O. FOREMAN'S HARRISON STREET SUBDIVISION OF LOTS 3, 4, 5, 6 IN OWNER'S PARTITION OF NORTH 41 ACRES OF THE EAST 1/2 OF THE SOUTHEAST 1/4 OF SECTION 15, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

PERMANENT INDEX NUMBER:
ADDRESS OF REAL ESTATE:

15-15-404-011-0000
1825 South 13th Avenue, Maywood, Illinois 60153

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GEORGIA DEATH CERTIFICATE

State File Number **2020GA000071033**

1. DECEDENT'S LEGAL FULL NAME (First, Middle, Last) MAE FRANCIS HOUSTON		1a. IF FEMALE, ENTER LAST NAME AT BIRTH BUCHANAN		2. SEX FEMALE	2a. DATE OF DEATH (Mo., Day, Year) ACTUAL DATE OF DEATH 09/21/2020
3. SOCIAL SECURITY NUMBER 409-60-4625	4a. AGE (Years) 81	4b. UNDER 1 YEAR Mos. Days Hours Mins.	4c. UNDER 1 DAY Mos. Days Hours Mins.	5. DATE OF BIRTH (Mo., Day, Year) 06/15/1939	
6. BIRTHPLACE MISSISSIPPI	7a. RESIDENCE - STATE GEORGIA	7b. COUNTY HENRY		7c. CITY, TOWN STOCKBRIDGE	
7d. STREET AND NUMBER 164 EAGLE WAY	7e. ZIP CODE 30281	7f. INSIDE CITY LIMITS? YES	8. ARMED FORCES? NO		
8a. USUAL OCCUPATION O.R. TECH		8b. KIND OF INDUSTRY OR BUSINESS MEDICAL			
9. MARITAL STATUS WIDOWED	10. SPOUSE NAME WILLIE HOUSTON			11. FATHER'S FULL NAME (First, Middle, Last) CAPP BUCHANAN	
12. MOTHER'S MAIDEN NAME (First, Middle, Last) ROSE FISHER	13a. INFORMANT'S NAME (First, Middle, Last) FAYE BROWN			13b. RELATIONSHIP TO DECEDENT DAUGHTER	
13c. MAILING ADDRESS 164 EAGLE WAY STOCKBRIDGE GEORGIA 30281			14. DECEDENT'S EDUCATION ASSOCIATE DEGREE		
15. ORIGIN OF DECEDENT (Italian, Mex., French, English, etc.) NO, NOT SPANISH/HISPANIC/LATINO		16. DECEDENT'S RACE (White, Black, American Indian, etc.) (Specify) BLACK OR AFRICAN-AMERICAN			
17a. IF DEATH OCCURRED IN HOSPITAL		17b. IF DEATH OCCURRED OTHER THAN HOSPITAL (Specify) NURSING HOME-LONG TERM CARE FACILITY			
18. HOSPITAL OR OTHER INSTITUTION NAME (If not in either give street and no.) LAUREL PARK NURSING AT HENRY MEDICAL CENTER		19. CITY, TOWN or LOCATION OF DEATH STOCKBRIDGE		20. COUNTY OF DEATH HENRY	
21. METHOD OF DISPOSITION (specify) BURIAL	22. PLACE OF DISPOSITION GLEN O'KS CEMETERY 4301 ROOSEVELT ROAD HILLSIDE ILLINOIS 60162		23. DISPOSITION DATE (Mo., Day, Year) 09/28/2020		
24a. EMBALMER'S NAME EDWIN DEWAN SHELTON	24b. EMBALMER LICENSE NO. 3520	25. FUNERAL HOME NAME SPEER-SHELTON FUNERAL DIRECTORS LLC			
25a. FUNERAL HOME ADDRESS 97 OLD GRIFFIN ROAD MCDONOUGH GEORGIA 30253					
26a. SIGNATURE OF FUNERAL DIRECTOR EDWIN DEWAN SHELTON		26b. FUN. DIR LICENSE NO. 2849	AMENDMENTS		
27. DATE PRONOUNCED DEAD (Mo., Day, Year) 09/21/2020		28. HOUR PRONOUNCED DEAD 08:08 AM		29c. DATE SIGNED 09/21/2020	
29a. PRONOUNCER'S NAME MILES ANTHONY MEDINA		29b. LICENSE NUMBER 85502		29c. DATE SIGNED 09/21/2020	
30. TIME OF DEATH 08:08 AM		31. WAS CASE REFERRED TO MEDICAL EXAMINER NO			
32. 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.					Approximate interval between onset and death
IMMEDIATE CAUSE (Final disease or condition resulting in death)					UNKNOWN
A. ACUTE CORONARY SYNDROME					
Due to, or as a consequence of					
B.					
Due to, or as a consequence of					
C.					
Due to, or as a consequence of					
D.					
Part II. Enter significant conditions contributing to death but not related to cause given in Part I. A. If female, indicate if pregnant or birth occurred within 90 days of death.					
35. TOBACCO USE CONTRIBUTED TO DEATH UNKNOWN		36. IF FEMALE (range 10-64) PREGNANT NOT PREGNANT WITHIN THE PAST YEAR		37. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify) NATURAL	
38. DATE OF INJURY (Mo., Day, Year)	39. TIME OF INJURY	40. PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc.) (Specify)		41. INJURY AT WORK? (Yes or No)	
42. LOCATION OF INJURY (Street, Apartment Number, City or Town, State, Zip, County)					
43. DESCRIBE HOW INJURY OCCURRED				44. IF TRANSPORTATION INJURY	
45. To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated. Medical Certifier (Name, Title, License No.) ALPESH PATEL, MD, 067948			46. 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) stated. Medical Examiner/Coroner (Name, Title, License No.)		
45a. DATE SIGNED (Mo., Day, Year) 10/01/2020	45b. HOUR OF DEATH 08:08 AM	46a. DATE SIGNED (Mo., Day, Year)	46b. HOUR OF DEATH		
47. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH ALPESH PATEL 1133 EAGLE'S LANDING PARKWAY PARKWAY STOCKBRIDGE GEORGIA 30281					
48. REGISTRAR (Signature) /S/ CHRISTOPHER JP HARRISON				49. DATE FILED - REGISTRAR (Mo., Day, Year) 10/02/2020	

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Property of Cook County Clerk's Office

THIS IS TO CERTIFY THAT THIS IS A TRUE REPRODUCTION OF THE ORIGINAL RECORD ON FILE WITH THE STATE OFFICE OF VITAL RECORDS, GEORGIA DEPARTMENT OF PUBLIC HEALTH. THIS CERTIFIED COPY IS ISSUED UNDER THE AUTHORITY OF CHAPTER 31-10, CODE OF GEORGIA AND 511-1-3 DPH RULES AND REGULATIONS.

Chariselle J. Harrison

STATE REGISTRAR AND CUSTODIAN
GEORGIA STATE OFFICE OF VITAL RECORDS

COUNTY CUSTODIAN: *Keele L. Powell*

ISSUED BY: *[Signature]*

DATE ISSUED: **OCT 02 2020**

UNOFFICIAL COPY *Exhibit*

AFFIDAVIT OF HEIRSHIP

Now comes Maria Keller, being first duly sworn, and states under oath as follows:

1. I am the surviving child of Mae Frances Houston, the Decedent, who died on September 21, 2020, while a resident of Henry County, Georgia.
2. That the Decedent died owning the property legally described as 1825 South 13th Avenue, Maywood, Illinois 60153.
3. The Decedent was married once to Willie Houston, who preceded her in death.
4. The Decedent had four children. Those children are Murl Tyler Jr., who was born to the Decedent and Willie Houston, and is an adult under no disability, who did not survive the Decedent; Caroline Booze, who was born to the Decedent and Willie Houston, and is an adult under no disability, who survives the Decedent; Diane Tyler, who was born to the Decedent and Willie Houston, and is an adult under no disability, who survives the Decedent; and Rose Maria Keller, who was born to the Decedent and Willie Houston, and is an adult under no disability, who survives the Decedent.
5. No other children were born to or adopted by the Decedent.
6. The Decedent has eight grandchildren. Those grandchildren are Nakesa Winston, who was born to Diane Tyler, who is an adult under no disability, who survives the Decedent; Willie Tyler, who was born to Diane Tyler, who is an adult under [no disability who survives the Decedent; Sabrina Johnson, who was born to Caroline Booze, who is an adult under no disability, who survives the Decedent; William Tyler, who was born to Murl Tyler, who is an adult under no disability who survives the Decedent; Javis Tyler, who was born to Murl Tyler, who is an adult under no disability who survives the Decedent; Heavenly Tyler, who was born to Murl Tyler, who is an adult under no disability who survives the Decedent; Dillen Keller, who was born to Rose Maria Keller, who is an adult under no disability who survives the Decedent; and Morgan Keller, who was born to Rose Maria Keller, who is an adult under no disability who survives the Decedent.
7. That the Decedent died leaving no will.
8. That the total value of the estate of the Decedent including the taxable interest in the aforesaid property is \$175,000.
9. That no claims have been filed against Decedent and that all expenses of illness and or funeral expenses have been paid in full.
10. That no Federal Estate Tax or Illinois Estate Tax is due.

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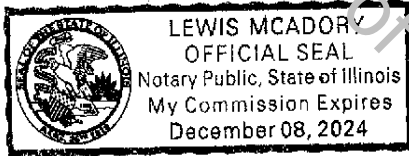
11. Based on the foregoing, the Decedent left as her only surviving heirs the following:

- A. Children: Murl Tyler Jr., Caroline Booze, Diane Brown, and Maria Keller.
- B. Grandchildren: Nakesa Winston, Willie Tyler, Sabrina Johnson, William Tyler, Javis Tyler, Heavenly Tyler, Dillen Keller, and Morgan Keller.

Maria Keller
 Maria Keller, Affiant

Subscribed and sworn to before me this 21st day of SEPTEMBER 2021.

Lewis McAdory STATE: ILLINOIS
Lewis McAdory COUNTY OF COOK
 Notary Public



Cook County Clerk's Office