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LAW OFFICES OF

Matthew Baysinger



#2133717034*

Doc # 2133717034 Fee \$85.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 12/03/2021 11:53 AM PG: 1 OF 5

AFFIDAVIT OF DEATH AND HEIRSHIP

STATE OF ILLINOIS
COUNTY OF COOK

§
§

MICHAEL FOX of SAUK VILLAGE, IL
(Name of Person Giving Information) (City, State)

Being of lawful age, being first duly sworn according to law, on oath says:

That the information set forth herein constitutes a true, correct and complete statement of the family history of the person herein named as "Decedent" (deceased person) and of the estate of such Decedent.

Name of Decedent JULIA FOX

Date of Death 01/27/2011 What was Decedent's state of residence at the time of death? IL

Did Decedent leave a Will? Yes No Unk If yes, has the Will been probated? Yes No Unk

If not, have any other administrative proceedings been initiated on Decedent's estate? Yes No Unk

If a probate or other administrative proceeding has occurred please provide the following information:

Where (City, State)? _____

Appx when: _____ Case Number if known? _____

(Attach copy of Letters Testamentary, Will, Order Admitting Will to Probate and Final Decree as Exhibit "B")

Was the property listed on Ex "A" acquired by gift or inheritance? Yes No Unk If no, date acquired: _____

Are there any outstanding debts, liens, suits, or judgments against the Decedent's estate? Yes No Unk

If so, will the estate be sufficient in your opinion to cover such debt, lien, suit, or judgment? Yes No Unk

At the time of death was Decedent: Married Single Widowed Divorced

If married, Spouse's full name is: _____ Now Alive? Yes No Unk

Spouse's Last known Address or State of Residence: _____

Was Decedent married more than once? Yes No Unk If yes, provide the following information:

Name of Spouse	Now Living?	Divorced?	Appx Date of Death/Divorce	Last known Address or State of Residence
1.				
2.				

If Decedent had any children by any spouse, provide the following information:

Name of Child 1:		<u>MICHAEL FOX</u>		
Appx Age or Birth Date	Alive?	Date of Death, if decd	Last Known Address or State of Residence	By which Spouse?
	<input checked="" type="checkbox"/>			
Name of Child 2:				
Appx Age or Birth Date	Alive?	Date of Death, if decd	Last Known Address or State of Residence	By which Spouse?
Name of Child 3:				
Appx Age or Birth Date	Alive?	Date of Death, if decd	Last Known Address or State of Residence	By which Spouse?
Name of Child 4:				
Appx Age or Birth Date	Alive?	Date of Death, if decd	Last Known Address or State of Residence	By which Spouse?

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Name of Child 5:				
Appx Age or Birth Date	Alive?	Date of Death, if decd	Last Known Address or State of Residence	By which Spouse?
Name of Child 6:				
Appx Age or Birth Date	Alive?	Date of Death, if decd	Last Known Address or State of Residence	By which Spouse?

If a deceased child left descendants, provide the following information -- if none please so state:

Name of Deceased child 1:				
Next of Kin Name	Relationship	Last Known Address or State of Residence	Appx Age	Date of Death, if decd
	Spouse			

Name of Deceased child 2:				
Next of Kin Name	Relationship	Last Known Address or State of Residence	Appx Age	Date of Death, if decd
	Spouse			

Name of Deceased child 3:				
Next of Kin Name	Relationship	Last Known Address or State of Residence	Appx Age	Date of Death, if decd
	Spouse			

Answer the following only if Decedent left no surviving spouse, children, or descendants of deceased children:

Father's Name: _____ Alive? Yes ___ No ___ Unk ___ Date of Death: _____

Last Known Address or State of Residence _____

Mother's Name: _____ Alive? Yes ___ No ___ Unk ___ Date of Death: _____

Last Known Address or State of Residence _____

Did Decedent have brothers or sisters: Yes ___ No ___ Unk ___ if yes, provide the following information:

Name:			
Last Known Address or State of Residence	Date of Death, if decd	Brother or Sister?	

Name:			
Last Known Address or State of Residence	Date of Death, if decd	Brother or Sister?	

Name:			
Last Known Address or State of Residence	Date of Death, if decd	Brother or Sister?	

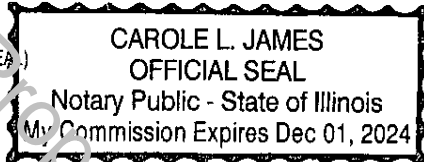
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Below briefly state facts and circumstances (such as being a relative, friend, acquaintance, attorney, etc. of decedent) which will show basis and source of information hereinbefore given including how many years you've been acquainted with the decedent:
I MICHAEL FOX THE ONLY CHILD OF JULIA FOX, IS TRYING TO OBTAIN MY MOTHERS HOME.

Further affiant sayeth not.

Michael Fox
Affiant

Subscribed and sworn to this 10TH day of NOVEMBER, 20 21.



Carole L. James
Notary Public
Carole L. James
Printed Name of Notary
My Commission Expires: 12/01/24

STATE OF Ill. §
COUNTY OF DuPage §
§

Before me, a Notary Public, on this day personally appeared Michael Fox known or proved to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purpose and consideration therein expressed.

Given under my hand and seal of office this 10TH day of NOVEMBER, 20 21.

(SEAL) Carole L. James
Notary Public
Carole L. James
Printed Name of Notary
My Commission Expires: 12/01/24

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Exhibit "A"

**Attached to and part of that certain Affidavit of Death and Heirship for
JULIA FOX (Decedent)**

Legal Description:

EXHIBIT A – LEGAL DESCRIPTION

**LOT 338 IN INDIAN HILL SUBDIVISION UNIT 2, ACCORDING TO PLAT OF SAID
SUBDIVIION RECORDED AUGUST 29, 1957 AS DOCUMENT 16999094 IN BOOK 500 OF
PLATS, PAGES 4 AND 5, IN COOK COUNTY, ILLINOIS.**

Permanent Tax Number: 32-25-312-010-0000

**Commonly known as: 22236 Cirle Avenue
Sauk Viliage, Illinois 60411**

CERTIFICATION OF DEATH RECORD
UNOFFICIAL COPY

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

STATE FILE NUMBER 2011 0009851

DATE ISSUED 11/4/2021

DECEDENT'S LEGAL NAME JULIA FOX		SEX FEMALE	DATE OF DEATH JANUARY 27, 2011	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 82 YEARS	DATE OF BIRTH FEBRUARY 08, 1928		
CITY OR TOWN SAUK VILLAGE		HOSPITAL OR OTHER INSTITUTION NAME 22236 CLYDE AVE		
PLACE OF DEATH HOME				
BIRTHPLACE TIVOLI, TX	SOCIAL SECURITY NUMBER 454-34-5136	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 22236 CLYDE AVE	APT. NO.	CITY OR TOWN SAUK VILLAGE	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60411	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION IGNACIO VALDIVIEZ	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JULIA GARCIA
INFORMANT'S NAME RUBY KINISTER		RELATIONSHIP DAUGHTER	MAILING ADDRESS 15 MEADOWLARK LANE, BEECHER, IL, 60401	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION OAKLAND MEMORY LANES	LOCATION - CITY OR TOWN AND STATE DOLTON, IL	DATE OF DISPOSITION FEBRUARY 01, 2011	
FUNERAL HOME ROBEY PARK MANOR FUNERAL HOME, 2310 CHICAGO ROAD, CHICAGO HEIGHTS, IL, 60411				
FUNERAL DIRECTOR'S NAME CHARISE L GORDON-ROBEY			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015028	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR FEBRUARY 8, 2011	
CAUSE OF DEATH PART I. RESPIRATORY FAILURE				
IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>		a.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	2 DAYS
Due to (or as a consequence of)		b. COLON CANCER WITH LUNG METASTASES		7 MONTHS
Due to (or as a consequence of)		c.		
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 APPLICABLE			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? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 05:00 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED FEBRUARY 03, 2011	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH GUSTAVO PEDRAZA, 8525 WEST 183RD STREET, TINLEY PARK, ILLINOIS, 60487			PHYSICIAN'S LICENSE NUMBER 036076201981965	

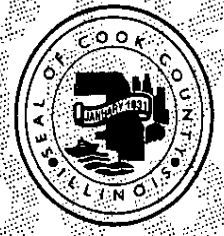
THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED 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
 Karen A. Yarbrough
 Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE