

UNOFFICIAL COPY

Doc#: 2208218372 Fee: \$98.00
Karen A. Yarbrough
Cook County Clerk
Date: 03/23/2022 01:07 PM Pg: 1 of 3

AFFIDAVIT OF HEIRSHIP

MARYSE COUSINS a/k/a Mary Cousins, being first sworn upon her oath, deposes and states that if called to testify, could, based upon her own personal knowledge, competently testify as follows:

1. I reside at 17336 Antler Drive, Orland Park, Illinois.
2. My date of birth is: 1/10/55 in the ^{CITY} County of KAYES in the State of COLOMBIA OF HAITI
3. I am the widow of Earnest Cousins ("Earnest").
4. Earnest died intestate on November 16, 2021, in Will County, Illinois.
5. At the time of his death, I was lawfully married to Earnest.
6. At the time of his death, Earnest and I were the holders of a Junior Mortgage and Assignment of Leases and Rents, Security Agreement and UCC Fixture Filing (the "Mortgage") in which Pinnacle 110 Forest Edge LLC pledged to Earnest and me a mortgage lien interest in the following described real estate:

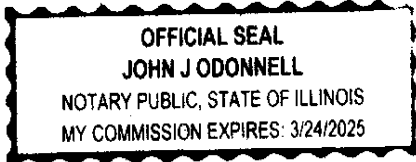
Lot 35 in Shadow Ridge Estates, being a subdivision in the East ½ of the Northeast ¼ of Section 30, Township 37 North, Range 12, East of the Third Principal Meridian, according to the plat thereof recorded February 27, 2004, as Document Number 0405839025, in Cook County, Illinois.

Permanent Index No. 23-30-204-007-0000
Common Address: 110 Forest Edge Drive, Palos Park, Illinois 60464
7. The Mortgage was recorded by the Cook County, Illinois Recorder of Deeds on December 13, 2018 as Document No. 18347034
8. The following children were born to, or adopted by, Earnest and no others:

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<u>Name</u>	<u>Address</u>
Brian Cousins	<u>17336 ANTLER DR</u> <u>ORLAND PARK IL 60467</u>
Jason Cousins	<u>SAME</u>
Kimberly Cousins a/ka Kimberly Csutak	<u>SAME</u>
Kryslle Cousins	<u>SAME</u>
Karen Cousins	<u>SAME</u>

FURTHER YOUR AFFIANT SAYETH NAUGHT.



Maryse Cousins
Maryse Cousins a/k/a Mary Cousins

SUBSCRIBED AND SWORN
to before me this 7th day of
MARCH, 2022.

John J O'Donnell
Notary Public

Property of Cook County Clerk's Office

EXHIBIT UNOFFICIAL COPY CERTIFICATION OF DEATH RECORD

WILL COUNTY LOCAL REGISTRAR
JOLIET, ILLINOIS
MEDICAL CERTIFICATE OF DEATH

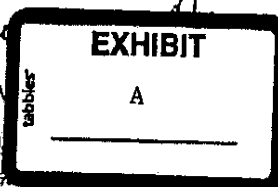
STATE FILE NUMBER 2021-0105629

DATE ISSUED 11/30/2021

DECEDENT'S LEGAL NAME EARNEST LEE COUSINS		SEX MALE	DATE OF DEATH NOVEMBER 16, 2021																										
COUNTY OF DEATH WILL	AGE AT LAST BIRTHDAY 64 YEARS	DATE OF BIRTH JUNE 29, 1957																											
CITY OR TOWN NEW LENOX		HOSPITAL OR OTHER INSTITUTION NAME SILVER CROSS HOSPITAL																											
PLACE OF DEATH INPATIENT																													
BIRTHPLACE ROME, MS	SOCIAL SECURITY NUMBER 259504688	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME MARYSE DELERME	EVER IN U.S. ARMED FORCES? NO																									
RESIDENCE 17336 ANTLER DRIVE		APT. NO.	CITY OR TOWN ORLAND PARK	INSIDE CITY LIMITS? YES																									
COUNTY COOK	STATE IL	CITY CODE 161487	FATHER'S/PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION BRADY COUSINS	MOTHER'S/PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION SAMMIE ALEXANDER																									
INFORMANT'S NAME MARYSE COUSINS		RELATIONSHIP WIFE	MAILING ADDRESS 17336 ANTLER DRIVE, ORLAND PARK, IL 60467																										
METHOD OF DISPOSITION ENTOMBMENT		PLACE OF DISPOSITION GOOD SHEPHERD CEMETERY	LOCATION - CITY OR TOWN AND STATE ORLAND PARK, IL	DATE OF DISPOSITION NOVEMBER 23, 2021																									
FUNERAL HOME R J MODEL F H/HOMER GLEN, 12641 W. 140RD ST, HOMER GLEN, IL, 60491																													
FUNERAL DIRECTOR'S NAME RICHARD JAMES MODELSKI			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011510																										
LOCAL REGISTRAR'S NAME SUSAN OLENEK			DATE FILED WITH LOCAL REGISTRAR NOVEMBER 30, 2021																										
<table border="0" style="width: 100%;"> <tr> <td style="width: 20%;">CAUSE OF DEATH</td> <td style="width: 10%;">PART I</td> <td style="width: 50%;">PNEUMONIA</td> <td rowspan="4" style="width: 10%; text-align: center; vertical-align: middle;">APPROPRIATE INTERVAL BETWEEN CONSULT AND DEATH</td> <td style="width: 5%;"></td> </tr> <tr> <td>IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small></td> <td>a.</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>b.</td> <td>SEVERE SEPSIS</td> <td></td> <td></td> </tr> <tr> <td></td> <td>c.</td> <td>HYPERKALEMIA</td> <td></td> <td></td> </tr> <tr> <td colspan="5" style="text-align: center;"><small>Due to (or as a consequence of)</small></td> </tr> </table>					CAUSE OF DEATH	PART I	PNEUMONIA	APPROPRIATE INTERVAL BETWEEN CONSULT AND DEATH		IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	a.					b.	SEVERE SEPSIS				c.	HYPERKALEMIA			<small>Due to (or as a consequence of)</small>				
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<small>Due to (or as a consequence of)</small>																													
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? YES	DATE LAST SEEN ALIVE NOVEMBER 16, 2021	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 01:34 PM																									
CERTIFIER PHYSICIAN			DATE CERTIFIED NOVEMBER 19, 2021																										
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH ABDUL SHAHBAIN, 12508 S. HARLEM AVENUE, PALOS HEIGHTS, ILLINOIS, 60463			PHYSICIAN'S LICENSE NUMBER 036085113																										

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.


 Susan Olenek
 Executive Registrar
 Will County, Illinois



ANY ALTERATION

THIS CERTIFICATE