

# UNOFFICIAL COPY



**Mail to:**

Kristopher Bell  
1253 Worthington St  
Memphis, TN 38114

Doc# 2216146005 Fee \$93.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 06/10/2022 10:14 AM PG: 1 OF 5

**Prepared by:**

Kristopher Bell  
1253 Worthington St  
Memphis, TN 38114

**Legal Description:**

LOTS 2, 3, AND 4 IN BLOCK 2 IN SUBDIVISION OF BLOCKS 13 AND 14 IN CONSTANCE SUBDIVISION OF THE EAST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 36, TOWNSHIP 38 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Real Estate Index Number (s): 20-36-328-020-0000, 20-36-328-021-0000,

20-36-328-022-0000

Address of Real Estate: 8604 S Constance Ave, Chicago, IL 60617

Property of Cook County Clerk's Office

S 7  
P 5  
S 1  
SC 7  
INT 2

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## AFFIDAVIT OF INTESTATE DISTRIBUTION

I, Ila Black, being first duly sworn and upon oath, states as follows:

1. I am the daughter of Leroy Shedd and Sara Shedd.
2. I am of legal age. I reside at 5430 St. Richard Place Omaha, Nebraska 68111.
3. Leroy Shedd and Sara Shedd were married to each other. Neither were married to anyone else.
4. I am the only child born to or adopted by either of my parents.
5. My father, Leroy Shedd, died October 31, 2016. Attached is a copy of his death certificate.
6. My mother, Sara Shedd, died June 10, 2017. Attached is a copy of her death certificate.
7. My parents lived at 8604 S. Constance, Chicago, Illinois 60617 and owned the property in tenancy by the entirety which provides for the right of survivorship. Permanent Real Estate Index Number (s): 20-36-328-020-0000, 20-36-328-021-0000, 20-36-328-022-0000
8. My mother survived my father.
9. Upon my mother's death, I became the owner of the said property by reason of my being the sole heir of my mother. My mother did not have a will. There was no probate of my mother's estate.

Affiant further sayeth not.


---

 ILA BLACK

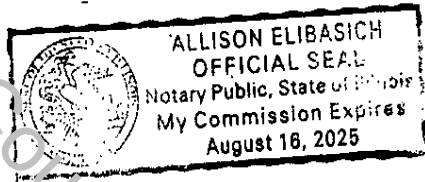
# UNOFFICIAL COPY

State of Illinois )  
                                  ) SS  
County of Cook )

The undersigned, a notary public in and for the above county and state, certifies that Ila Black, known to me to be the same person whose name is subscribed as principal to the foregoing affidavit, appeared before me in person and acknowledged signing and delivering the instrument as her free and voluntary act for the uses and purposes therein set forth.

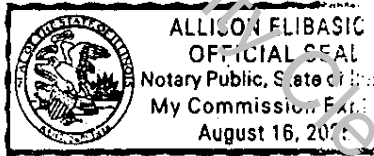
Dated: April 25, 2022

Allison Elbasich  
Notary Public



My commission expires:

08/16/2025





# INDIANA STATE DEPARTMENT OF HEALTH UNOFFICIAL COPY CERTIFICATE OF DEATH

Tracking No. **323441**

Local No 003539

EDR No 000002013700

State No 2016-051338

1. Decedent's Legal Name (First, Middle, Last) <b>LEROY SHEDD</b>				7a. Maiden Name (if female)		2. Gender <b>Male</b>	3. Time Of Death <b>07:39 AM.</b>	4. Date Of Death (Month/Day/Year) <b>10/21/2016</b>	
5. Social Security Number <b>355-24-9190</b>	6a. Age - Yrs <b>85</b>	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) <b>02/27/1931</b>		8. Birthplace (City and State or Foreign Country) <b>Chicago, Illinois</b>	
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival				10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)			
11. Facility Name (If Not Institution, Give Street and Number) <b>FRANCISCAN HEALTH (HAMMOND)</b>									
12. City Or Town, State, And Zip Code <b>Hammond, Indiana 46320</b>					13. County Of Death <b>Lake</b>		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name <b>SARA SHEDD</b>			15a. Last Name Before First Marriage <b>SHEET</b>		16. Decedent's Usual Occupation <b>CLERK</b>		17. Kind Of Business/Industry <b>APPELLATE COURT</b>		
18. Residence - State <b>IL</b>		18a. County <b>Cook</b>		18b. City Or Town <b>Chicago</b>					
18c. Street And Number <b>8604 S CONSTANCE Avenue</b>				18d. Apt. No.	18e. Zip Code <b>60617</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
19. Decedent's Education <b>High School graduate or GED completed</b>		20. Decedent Of Hispanic Origin <input type="checkbox"/> Not Spanish/Hispanic/Latino		21. Decedent's Race <b>Black or African American</b>					
22. Parent's Name (First, Middle, Last) <b>JOHN SHEDD</b>			23. Parent's Name (First, Middle, Last) <b>MYRTIS SHEDD</b>			23a. Parent's Last Name Before First Marriage <b>GARNETT</b>			
24. Informant's Name <b>SARA SHEDD</b>		24a. Relationship To Decedent <b>Wife</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>8604 S CONSTANCE Avenue, Chicago, IL, 60617</b>					
25. Place Of Disposition									
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>ABRAHAM LINCOLN NATIONAL CEMETERY</b>			25c. Location - City, Town, And State <b>Elwood, IL</b>				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>Burns-Kish Funeral Home Inc-Hammond 5840 HOHMAN AVE, Hammond, Indiana, 46321</b>					27a. Funeral Home License Number: <b>FH83002819</b>		
27b. Signature Of Indiana Funeral Service Licensee: <b>BRIAN T. BURNS</b>						27c. License Number (Of Licensee): <b>FD08601763</b>			
Cause Of Death (See Instructions And Examples)									
28. 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. Enter Only One Cause On A Line. Add Additional Lines If Necessary.								Approximate Interval: Onset To Death	
Immediate Cause (Final Disease Or Condition Resulting In Death)								YEARS	
A. <b>SEVERE PULMONARY EMPHYSEMA</b>									
Due to (Or As A Consequence Of):									
B. <b>ACUTE RESPIRATORY FAILURE</b>								5 DAYS	
Due to (Or As A Consequence Of):									
C. <b>CHRONIC RENAL INSUFFICIENCY</b>								2 WEEKS	
Due to (Or As A Consequence Of):									
D.									
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I <b>HYPERTENSION, SPINAL STENOSIS, CONGESTIVE HEART FAILURE</b>						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
						30. Were Autopsy Findings Adequate To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No			
31. Did Tobacco Use Contribute To Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined							
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.	38d. Zip Code		
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input checked="" type="checkbox"/> NOT VALID UNLESS			
41. Signature, Of Person Certifying Cause Of Death: <b>SAROJ Kumari VERMA</b>		<b>THIS IS A TRUE COPY Electronically Signed</b>				42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>SAROJ Kumari VERMA 10701 S. EWING, CHICAGO, IL 60651</b>		44. License Number <b>01039292A</b>		45. Date Certified <b>10/31/2016</b>					
46. Additional Funeral Service Provider: <b>FOR LEAK AND SONS CHICAGO SIGNATURE ONLY</b>		47. Akas:							
48. Signature of Local Health Officer: <b>CHANDANA VAVILALA</b>		<b>APR 25 2022</b>				49. For Registrar Only - Date Filed (Month/Day/Year): <b>11/02/2016</b>			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									
<b>LAKE COUNTY HEALTH OFFICER</b>									

**CERTIFICATION OF DEATH RECORD**  
UNOFFICIAL COPY

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

STATE FILE NUMBER 2017 0048022

DATE ISSUED 9/6/2018

DECEDENT'S LEGAL NAME SARA FRANCES SHEDD		SEX FEMALE	DATE OF DEATH JUNE 10, 2017	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 81 YEARS	DATE OF BIRTH SEPTEMBER 24, 1935		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME TRINITY HOSPITAL ADVOCATE		
PLACE OF DEATH INPATIENT				
BIRTHPLACE MACON GA	SOCIAL SECURITY NUMBER 341-28-3926	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 8604 S CONSTANCE AV	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60617	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION HENRY HART	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MARTHA JOHNSON
INFORMANT'S NAME ILA M BLACK		RELATIONSHIP DAUGHTER	MAILING ADDRESS 3920 N 104TH CT, OMAHA, NE 68134	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION ABRAHAM LINCOLN NATIONAL CEMETERY	LOCATION - CITY OR TOWN AND STATE ELWOOD, IL	DATE OF DISPOSITION JUNE 19, 2017	
FUNERAL HOME LEAK AND SONS, 7838 SOUTH COTTAGE GRO, E, CHICAGO, IL, 60619				
FUNERAL DIRECTOR'S NAME SPENCER LEAK SR			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031007489	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR JUNE 14, 2017	
CAUSE OF DEATH IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	PART I	ADVANCED CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH RESPIRATORY FAILURE		
	a.	FAILURE		
	b.	CONGESTIVE HEART FAILURE		
	c.	CORONARY ARTERY DISEASE		
<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? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 02:55 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED JUNE 12, 2017	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH FAIZA SIDDIQUI MD, 2320 E 93RD ST, CHICAGO, ILLINOIS, 60617			PHYSICIAN'S LICENSE NUMBER 036139705	

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

0522233



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.

David Orr  
 Cook County Clerk



THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM

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**TO TEST FOR AUTHENTICITY:** The face of this document has a green background. Verification of some of the security features can be accomplished by:

- Identifying invisible UV fibers embedded in the paper.
- Applying fresh liquid bleach to activate color stain chemical protection reaction.
- Face of document has a green border with ornate lines including reverse microtext.
- This backer copy is constructed with a microtext border. Inspection under magnifier shows "ILLINOISDEATHCERTIFICATE" in microtext.
- Document is protected with embossed Cook County seals.
- Inspect background with a magnifier to verify the encrypted NanoCopy™ algorithm in body of document.
- Photocopying this document produces the word "VOID" across the face.

U.S. Security Patents: 6,692,030, 7,196,822

[www.isp-vft.com](http://www.isp-vft.com) Ref: 112901