

PREPARED BY:
 Samuel A. Montiel
 LAW OFFICES OF MATTHEW C. BAYSINGER
 1900 W. 75TH ST.
 Woodridge, IL 60517

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KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 07/13/2022 01:09 PM PG: 1 OF 7

AFFIDAVIT OF DEATH AND HEIRSHIP

STATE OF ILLINOIS
 COUNTY OF COOK

§
§

DARCYEL NELSON of GLENWOOD ILLINOIS
 (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 hereinafter named as "Decedent" (deceased person) and of the estate of such Decedent.

Name of Decedent ANDREW NELSON

Date of Death August 11, 2022 What was Decedent's state of residence at the time of death? Illinois

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: DARCYEL NELSON Now Alive? Yes No ___ Unk ___

Spouse's Last known Address or State of Residence: 528 E. 191st PLACE GLENWOOD IL

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. <u>WIKAKOUM</u>	<input checked="" type="checkbox"/>			
2. <u>WIKAKOUM</u>	<input checked="" type="checkbox"/>			

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

Name of Child 1:	Appx Age or Birth Date	Alive?	Date of Death, if decd	Last Known Address or State of Residence	By which Spouse?
<u>BRIONNA JOHNSON</u>	<u>1-20-92</u>	<input checked="" type="checkbox"/>		<u>528 E. 191st PLACE GLENWOOD IL</u>	<u>DARCYEL</u>
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?
	<u>8-4-94</u>	<input checked="" type="checkbox"/>		<u>528 E. 191st PL GLENWOOD IL</u>	<u>DARCYEL</u>
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?
	<u>7-6-99</u>	<input checked="" type="checkbox"/>		<u>528 E 191st PLACE GLENWOOD IL</u>	<u>DARCYEL</u>
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?
	<u>9-19-19</u>	<input checked="" type="checkbox"/>		<u>528 E. 191st PLACE GLENWOOD IL</u>	<u>DARCYEL</u>

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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 child(ren):

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

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

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

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Exhibit "A"

Attached to and part of that certain Affidavit of Death and Heirship for
See Attached (Decedent)

ANDREW NELSON

Legal Description:

COOK COUNTY CLERK OFFICE
RECORDING DIVISION
118 N. CLARK ST. ROOM 120
CHICAGO, IL 60602-1387

COOK COUNTY CLERK OFFICE
RECORDING DIVISION
118 N. CLARK ST. ROOM 120
CHICAGO, IL 60602-1387

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LEGAL DESCRIPTION

LOT 9 IN BROOKWOOD POINT, BEING A SUBDIVISION OF PART OF THE EAST ½ OF THE NORTHEAST 1/4 OF SECTION 10, TOWNSHIP 35 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF REGISTERED IN THE OFFICE OF THE REGISTRAR OF TITLE OF COOK COUNTY, ILLINOIS ON DECEMBER 19, 1968 AS DOCUMENT NO. 2427372, IN COOK COUNTY ILLINOIS

PIN #32-10-206-009-0000

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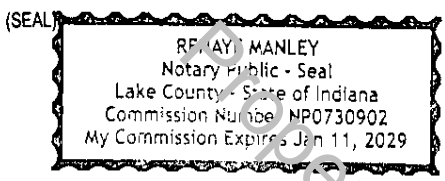
Below briefly state facts and circumstances (such as being a relative, friend, acquaintance, attorney, etc. of decedent) which will show basis and source of information hereinbefore given including how many years you've been acquainted with the decedent:

WE WERE MARRIED FOR 24 YRS.

Further affiant sayeth not.

[Signature]
Affiant

Subscribed and sworn to this 5 day of MAY, 2022

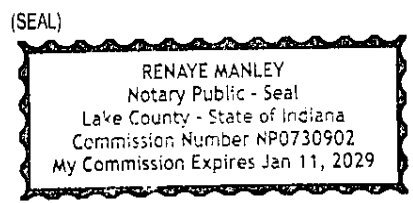


[Signature]
Notary Public
Renaye Manley
Printed Name of Notary
My Commission Expires: 1-11-2029

STATE OF INDIANA
COUNTY OF LAKE

Before me, a Notary Public, on this day personally appeared Daniel D. Nelson, 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 5 day of MAY, 2022



[Signature]
Notary Public
Renaye Manley
Printed Name of Notary
My Commission Expires: 1-11-2029

Clerk's Office

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CERTIFICATE OF DEATH RECORD

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH

STATE FILE NUMBER **2020 0075515** MEDICAL EXAMINER'S CASE NUMBER **ME2020-09740** DATE ISSUED **8/20/2020**


DECEDENT'S LEGAL NAME ANDREW NELSON		SEX MALE	DATE OF DEATH AUGUST 11, 2020	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 84 YEARS	DATE OF BIRTH FEBRUARY 03, 1936		
CITY OR TOWN HAZEL CREST		HOSPITAL OR OTHER INSTITUTION NAME ADVOCATE SOUTH SUBURBAN HOSPITAL		
PLACE OF DEATH INPATIENT				
BIRTHPLACE CLARKSDALE, MS	SOCIAL SECURITY NUMBER 348-28-1571	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME DARCYEL D ARVINGER	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 528 E 191ST PLACE	APT. NO.	CITY OR TOWN GLENWOOD	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60425	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION LEE NELSON	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MILDEEN NOLAN
INFORMANT'S NAME DARCYEL D NELSON		RELATIONSHIP WIFE	MAILING ADDRESS 528 E 191ST PLACE, GLENWOOD, IL, 60425	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION ABRAHAM LINCOLN NATIONAL CEMETERY	LOCATION: CITY OR TOWN AND STATE ELWOOD, IL	DATE OF DISPOSITION AUGUST 28, 2020	
FUNERAL HOME COLONIAL CHAPEL, 15525 S 73RD AVE, ORLAND PARK, IL, 60462				
FUNERAL DIRECTOR'S NAME MARK A BIRMINGHAM			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015632	
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH			DATE FILED WITH LOCAL REGISTRAR AUGUST 17, 2020	
CAUSE OF DEATH PART I: PNEUMONIA				
IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>		a. NOVEL CORONA (NOVEL CORONA COVID-19 VIRUS INFECTION) VIRUS INFECTION		UNKNOWN
		b. NOVEL CORONA (NOVEL CORONA COVID-19 VIRUS INFECTION) VIRUS INFECTION		UNKNOWN
		c. NOVEL CORONA (NOVEL CORONA COVID-19 VIRUS INFECTION) VIRUS INFECTION		UNKNOWN
<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 HYPERTENSION, CHRONIC OBSTRUCTIVE PULMONARY DISEASE			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?	DATE LAST SEEN ALIVE	WAS MEDICAL EXAMINER OR CORONER CONTACTED?	DATE PRONOUNCED AUGUST 11, 2020	TIME OF DEATH 04:49 PM
CERTIFIER MEDICAL EXAMINER/CORONER			DATE CERTIFIED: AUGUST 17, 2020	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PONNI ARUNKUMAR MD, 2121 W HARRISON ST, CHICAGO, IL, 60612			PHYSICIAN'S LICENSE NUMBER	

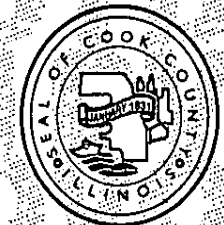
THIS WORD VOID APPEARS WHEN PHOTOCOPIED

NOT REEMBOSSED STATE AND GOVERNMENT USES ARE PROHIBITED

1474281

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
Cook County Clerk



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- 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

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