

PREPARED BY: Samuel A. Martiel
 Law Offices of Matthew C. Baysinger
 1900 W. 75th St.
 Woodridge, IL 60517

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Doc# 2301922047 Fee \$85.00

KHSP FEE: \$9.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 01/19/2023 12:05 PM PG: 1 OF 5

AFFIDAVIT OF DEATH AND HEIRSHIP

STATE OF Illinois
 COUNTY OF COOK
Beverly Ann Cameron of Chicago, 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 Mrs. Effie Mary Cameron (Mother)

Date of Death March 22, 2018 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)? Chicago, Illinois

Appx when: February 22 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: David Cameron Now Alive? Yes ___ No Unk ___

Spouse's Last known Address or State of Residence: 1300 South California, 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.				
2.				

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>Gwendolyn M. Cameron</u>	<u>74</u>	<u>YES</u>		<u>1500 W. Van Buren, Chgo, IL</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>Brenda E. Murphy</u>	<u>10/1/50</u>	<u>NO</u>	<u>6/2013</u>	<u>3021 West Arthington St. Chgo, IL</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?
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: David Cameron Alive? Yes No Unk Date of Death: 5/1981
 Last Known Address or State of Residence: 3000 West Polk St., Chgo, IL
 Mother's Name: Effie Cameron Alive? Yes No Unk Date of Death:
 Last Known Address or State of Residence: 3027 West Arthington St. Chgo, IL
 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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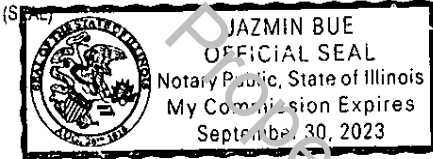
Below briefly state facts and circumstances (such as being a relative, friend, acquaintance, attorney, etc. of decedent) which will show basis and source of information hereinbefore given including how many years you've been acquainted with the decedent.

Mrs. Effie M. Cameron the decedent was my mother. I was associate with her 65 years of my life.

Further affiant sayeth not.

Beverly Ann Cameron
Affiant

Subscribed and sworn to this 7th day of December, 2022



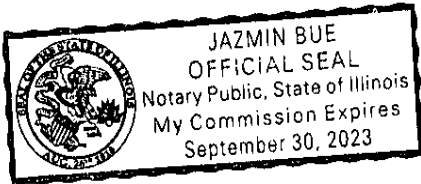
Jazmin Bue
Notary Public
Jazmin Bue
Printed Name of Notary
My Commission Expires: 9/30/2023

STATE OF IL
COUNTY OF DuPage

Before me, a Notary Public, on this day personally appeared Beverly Ann Cameron, 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 7th day of December, 2022

(SEAL)



Jazmin Bue
Notary Public
Jazmin Bue
Printed Name of Notary
My Commission Expires: 9/30/2023

Clerk's Office

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Exhibit "A"
Attached to and part of that certain Affidavit of Death and Heirship for
EFFIE MARY CAMERON (Decedent)

LEGAL DESCRIPTION

LOT 11 IN SUBDIVISION OF BLOCK 4 IN PIPER'S SUBDIVISION
OF THE SOUTH 45 ACRES OF THE WEST HALF OF THE
SOUTHWEST QUARTER OF SECTION 13, TOWNSHIP 39 NORTH,
RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK
COUNTY, ILLINOIS

PIN #16-13-317-013-0000

PROPERTY/COMMON ADDRESS:

3027 W. ARTHINGTON STREET

CHICAGO IL 60612

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COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 0037318

DATE ISSUED 5/13/2019

DECEDENT'S LEGAL NAME EFFIE MARY CAMERON		SEX FEMALE	DATE OF DEATH MAY 02, 2019	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 92 YEARS	DATE OF BIRTH SEPTEMBER 14, 1926		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME HORIZON HOSPICE AND PALLIATIVE CARE		
PLACE OF DEATH HOSPICE FACILITY				
BIRTHPLACE SHERRILL, AR	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 3027 W ARTHINGTON ST	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60612	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION NOT AVAILABLE NORWOOD	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION FANNIE SYLVESTER UNDERWOOD
INFORMANT'S NAME GWEN CAMERON-MAY		RELATIONSHIP DAUGHTER	MAILING ADDRESS 3027 W ARTHINGTON ST CHICAGO IL, 60612	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION FOREST CREMATORY	LOCATION - CITY OR TOWN AND STATE HOMEWOOD, IL	DATE OF DISPOSITION MAY 09, 2019	
FUNERAL HOME TULIP CREMATION, 332 S MICHIGAN AVE UNIT CHICAGO, IL, 60604				
FUNERAL DIRECTOR'S NAME MARK JOHN KAZLAUSKAS			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015610	
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH			DATE FILED WITH LOCAL REGISTRAR MAY 9, 2019	
CAUSE OF DEATH PART I: CEREBROVASCULAR ACCIDENT				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	Due to (or as a consequence of)	
		b.	ESSENTIAL HYPERTENSION	
		c.	Due to (or as a consequence of)	
			Due to (or as a consequence of)	
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 11:02 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED MAY 03, 2019	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH OLAYNIKA AKINDU, 1710 S PAULINA, CHICAGO, ILLINOIS, 60611			PHYSICIAN'S LICENSE NUMBER 036131341	

0996275



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

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE EMBOSSED STATE AND COUNTY SEALS AT BOTTOM