### **UNOFFICIAL COPY**

#### AFFIDAVIT OF HEIRSHIP

The undersigned hereby certifies as follows as of this 2 day of Februs, 2022.

- 1. The undersigned is the cousin of Theresa N. Weathersby and Lloyd V. Weathersby.
- 2. Theresa N. Weathersby died on March 7, 2016.
- 3. At the time of her death, Theresa N. Weathersby owned, in fee simple, 1234 South 11<sup>th</sup> Avenue, Maywood, Illinois, whose property tax identification number is 15-15-215-014-0000.
- 4. The value of Theresa Weathersby's estate for Federal Estate Tax purposes was less than \$200,000
- 5. Theresa N. Wathersby died intestate.
- 6. Theresa N. Weathersby was married 1 time to Lloyd V. Weathersby, which ended by Theresa N. Weathersby's death. Theresa N. Weathersby's spouse, Lloyd V. Weathersby, was I ving at the time of Theresa N. Weathersby's death.
- 7. Theresa N. Weathersby had one child, Lloyd V. Weathersby, Junior, who was living at the time of Theresa N. Weathersby's death.
- 8. Lloyd V. Weathersby, Junior was the only child born of Theresa N. Weathersby.
- 9. Theresa N. Weathersby did not adopt any children during her lifetime.

[remainder of this page intentionally left blank]

\*2\*27922865\*

Doc# 2303922005 Fee \$81.00

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

KAREM A. YARBROUGH COOK COUNTY CLERK

DATE: 02/08/2023 09:32 AM PG: 1 OF 4

2303922005 Page: 2 of 4

**Affiant: Royce McElroy** 

# **UNOFFICIAL COPY**

$\wedge$	
STATE OF Alleris )	
COUNTY OF CONF )	
I, the undersigned, a Notary Public, in and f HEREBY CERTIFY THAT Roy a McElroy, perso whose names is subscribed to the foregoing instrun- and acknowledged that she, signed and delivered that act, for the uses and purposes therein set forth.	onally known to me to be the same person nent, appeared before me this day in person
Given under my hand and Notary Seal in s	35t day of August
2020.	Gran G
	Notary Public
My Commission Expires:	LOP BARNES Official Seal Notary Public - State of Itilingis My Commission Expires Jun 27, 2023

2303922005 Page: 3 of 4

## **UNOFFICIAL COPY**

#### **EXHIBIT A**

#### **LEGAL DESCRIPTION OF THE PROPERTY**

The South 43 feet of the North 86 feet of Lot 60 in Seminary Addition to Maywood, being a subdivision of part of the north east quarter of Section 15, Township 39 North, Range 12 East of the third principal meridian, in Cook County, Illinois

Property Address: 1234 S. 11th Avenue, Maywood, IL 60153

Permanent Index Number: 15-15-215-014-0000

#### CERTIFICATION OF DEATH RECORD

COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS

#### MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2016 002	20212	MEDICAL C	ERNFICATE	DE DEATE	1	DATE	SSUED 9	1/28/2017
DECEDENT'S LEGAL NAME THERESA N WEATHERS	ву				SEX:	MARCH 07, 2	016	
COUNTY OF DEATH		AGE AT LAST BIRTHDAY 76 YEARS		DATE OF BI	RTH RY 15, 1940			
CITY OR TOWN MAYWOOD			HOSPITAL OR OTHER 1234 S 11TH AV	一特 古一 一 " 好"。	NAME			
PLACE OF DEATH DECEDENT'S HOME								
BIRTHPLACE LOUIN, MS	SOCIAL SECURITY	YNUMBER STATUS AT TIME MARRIED	III \$860   克斯 · Select		E/CIVIL UNION PARTNER ATHERSBY		EVER IN U.S. AR FORCES? NO	
RESIDENCE 1234 S 11TH AVENUL		APT NO	と 特施 Jahal Latertee	OR TOWN YWOOD	製製製		SIDE CITY LIMITS	
COOK STATE	ZIP CODE 30153	FATHER/CO PARENTS NAME PRI MERIDA B BARLOW			MOTHER/CO PARENTS VINNIE M PRU		T MARRIAGE/CIVIL	UNION
INFORMANTS NAME LLOYD WEATHERSBY		RELATIONSHIP HUSBAND	e di di Salaman I Para	AILING ADDRES 1234 S 11TI	SS FAVENUE, MA	rwood, iL 60	153	
METHOD OF DISPOSITION BURIAL		OF DISPOSITION	0.000	CATION - CITY	OR TOWN AND STA	6.00	ISPOSITION 19, 2016	
FUNERAL HOME WALLACE BROADVIEW F	-UNERAL HOM	IE: 2020 (OOSEVELT)	ROAD BROADVI	EW, IL, 601	55			
FUNERAL DIRECTOR'S NAME. RORY JAMES MOMON					FUNERAL DIRECTO 034016169	R'S ILLINOIS LICE	VSE NÚMBER	
LOCAL REGISTRAR'S NAME DAVID ORR					MARCH 11, 2			Park a Park a Park a Park a Park a
CAUSE OF DEATH PART I	LUNG CANCER					AMEEN AMEEN ATTI-		
(Final disease or condition resulting in death)		Due to (or a	as a cu _ qu • of)			OXIIMA AND DE		
		Due to (or	as a consequence of):			APPR INTERVA ONSET		
c								
PART If Enter other significant cond	ditions contributing	and the stage of t	as a consequence of)	o o PART I	Jaras al	NAUTOPSY PERFO		
					WERE	AUTOPSY FINDING	S USED TO	
FEMALE PREGNANCY STATUS NOT APPLICABLE					, NA NNE	R OF DEATH		
DATE OF INJURY		TIME OF INJURY	PLACE OF INJURY				INJURY AT WO	RK?
LOCATION OF INJURY								
DESCRIBE HOW INJURY OCCURRE	iD					IF TRANSPORTA	TION INJURY SP	ECIFY
ATTEND THE DECEASED? D	ATE LAST SEEN AL	LIVE WAS MEDICAL E		DATE PF	RONOUNCED		TIME OF DEATH	
NO CERTIFIED	UNKNOWN	CORONER CONT				DATE CERTIFIE	08:05 AM	



PHYSICIAN

NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH

MARK SPEYER, 2160 S 1ST AVE, MAYWOOD, ILLINOIS, 60153

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.





MARCH 11, 2016

PHYSICIAN'S LICENSE NUMBER 036119500

