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KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 02/17/2023 10:52 AM PG: 1 OF 5

Property of Cook County Clerk's Office

COVER LETTER

Affidavit of Heirship

PROPERTY ADDRESS:

6539 South Saint Lawrence Avenue
Chicago, IL 60637

Prepared by and after recording return to:
235 Remington Boulevard, Suite C,
Bolingbrook, IL 60440

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STATE OF Illinois }
COUNTY OF Cook } ss.

Affidavit of Heirship

File No:

NOW COMES the affiant, Yolanda Sampson Johnson, being first duly sworn on oath and states:

- That Lucille White died at home on December 10, 2014, the age of 81 years.
- That the affiant is family friend of the decedent, and is of legal age and resides at 6539 S. St. Lawrence, and has knowledge as to the Decedent's heirship.
- That the Decedent was the owner of the property commonly known as _____ and described on the attached appendix "a"
- A. That Decedent _____ was not married. was married to Robert White and Lucille White predeceased the Decedent.
B. That the gross estate of the Decedent was less than \$ 240,000 in value.
- The following children were born to the decedent, none were adopted, and there were no other children born to or adopted by said decedent:

1. <u>Suzanne Waddell</u>	<u>daughter</u>	
(Person)	(Relationship)	(Competency)
2. <u>Diana Bibbs</u>	<u>daughter</u>	
3. _____	_____	_____
4. _____	_____	_____
- The following heirs are known to the affiant to have a possible vested interest in the subject property:

1. <u>Suzanne Waddell</u>		
(Person)	(Relationship)	(Competency)
2. <u>Diana Bibbs</u>	_____	_____
3. _____	_____	_____



[Signature]
Affiant

Subscribed and sworn to before me this 7th day of July, 2022 by means of physical presence or () online notarization.

[Signature]
Notary Public

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CERTIFICATION OF DEATH RECORD

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2014.0095417

DATE ISSUED 1/20/2023

DECEDENT'S LEGAL NAME LUCILLE MINERVA WHITE		SEX FEMALE	DATE OF DEATH DECEMBER 10, 2014	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 84 YEARS	DATE OF BIRTH OCTOBER 18, 1930		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME 6905 SOUTH BENNETT AVENUE		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE NORTH CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME ROBERT H WHITE	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 6905 SOUTH BENNETT AVENUE	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60649	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION WILLIAM H BALLARD	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION LUCILLE ESTES
INFORMANT'S NAME ROBERT H WHITE		RELATIONSHIP HUSBAND	MAILING ADDRESS 6905 SOUTH BENNETT AVENUE, CHICAGO, IL, 60649	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION THE LAKES CREMATORY	LOCATION - CITY OR TOWN AND STATE LAKE VILLA, IL	DATE OF DISPOSITION DECEMBER 15, 2014	
FUNERAL HOME UNITY FUNERAL PARLORS INC, 4114 S. MICHIGAN AVENUE, CHICAGO, IL, 60653				
FUNERAL DIRECTOR'S NAME BRENDA L THACKER			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014694	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR DECEMBER 16, 2014	
CAUSE OF DEATH PART I ACUTE MYELOGENOUS LEUKEMIA				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	UNKNOWN UNKNOWN	
		b.	Due to (or as a consequence of):	
		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 09:47 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED DECEMBER 15, 2014	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH KIMBERLY BATTLE-MILLER MD, 1340 SOUTH DAMEN AVENUE, SUITE 200, CHICAGO, ILLINOIS, 60608			PHYSICIAN'S LICENSE NUMBER 036089483	

2225472



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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM

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EXHIBIT "A" Property Description

Closing Date: July 9, 2022

Borrower(s): Suzanne Waddell

Property Address: 6539 South Saint Lawrence Avenue, Chicago, IL 60637

PROPERTY DESCRIPTION:

THE FOLLOWING DESCRIBED REAL PROPERTY, TOGETHER WITH ANY IMPROVEMENTS THEREON:

THE NORTH 18 FEET OF LOT 34 AND THE SOUTH 9 FEET OF LOT 35 IN BLOCK 5 IN OAKWOOD SUBDIVISION OF THE NORTH 1/2 OF THE SOUTH 1/2 OF THE NORTHEAST 1/4 SECTION 22 TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN: 20-22-220-012-0000

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AFFIDAVIT FOR CLERK'S LABELING OF SIGNATURES AS COPIES

REQUEST TO RECORD PHOTOCOPIED DOCUMENTS PURSUANT TO §55 ILCS 5/3-5013

I Audrey Brus, being duly sworn, state that I have access to the copies of the attached
(print name above)

document(s), for which I am listing the type(s) of document(s) below:

Affidavit of Heirship

(print document types on the above line)

which were originally executed by the following parties whose names are listed below:

Lucille White
(print name(s) of executor/grantor)

Yolanda Sampson-Johnson
(print name(s) of executor/grantee)

for which my relationship to the document(s) is/are as follows: (example - Title Company, Agent, Attorney, etc.)

Title Company
(print your relationship to the document(s) on the above line)

OATH REGARDING ORIGINAL

I state under oath that the original of this document is now LOST or NOT IN POSSESSION of the party seeking to now record the same. Furthermore, to the best of my knowledge, the original document was NOT INTENTIONALLY destroyed, or in any manner DISPOSED OF for the purpose of introducing this photo to be recorded in place of original version of this document. Finally, I, the Affiant, swear I have personal knowledge that the foregoing oath statement contained therein is both true and accurate.

Audrey Brus
Affiant's Signature Above

2-9-23
Date Affidavit Executed/Signed

THE BELOW SECTION IS TO BE COMPLETED BY THE NOTARY THIS AFFIDAVIT WAS SUBSCRIBED AND SWORN TO BEFORE

2-9-23
Date Document Subscribed & Sworn Before Me

Ashley Widick
Signature of Notary Public



ASHLEY WIDICK
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
June 17, 2025

SPECIAL NOTE: This is a courtesy form from the Cook County Clerk's Office, and while a similar affidavit is necessary for photocopied documents, you may use your own document so long as it includes substantially the same information as included in the above document. Additionally, any customer seeking to record a facsimile or other photographic or photostatic copy of a signature of parties who had executed such a document has the option to include this Affidavit in the recording, at their own expense if such expense is incurred, as an "EXHIBIT" and NOT the coverage. However, this affidavit is NOT required to be recorded, only presented to the Clerk's Office as the necessary proof required before the recorder may record such a document. Finally, the recorded document WILL be stamped/labeled as a copy by the Clerk's Office prior to its recording.