

# UNOFFICIAL COPY



\*2320822034\*

Doc# 2320822034 Fee \$77.00

RHSP FEE:\$18.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 07/27/2023 02:40 PM PG: 1 OF 3

## Affidavit of Heirship

Lawrence Faulkner (affiant) 7118 S Sacramento ave. Chicago Illinois 60629. Duly sworn and state: I am over age of eighteen , I have personal knowledge of following fact: I knew the decedent, Lashannon D. Faulkner,/ PARAGON ASSOCIATS,LLC. who died on December ,1 2022. I have known her since birth I am her father.

*Lawrence Faulkner*

DATE *7-27-2023*

State of *Illinois*

LOCATED IN *Cook* COUNTY AND LEGALLY DESCRIBED AS

*Notary Public*



Lashannon D. Faulkner/ PARAGON ASSOCIATES LLC, left the following real properties and did not leave a will and Testament:

8116 S. Fairfield Chicago Illinois 60652. (PIN; 19-36-216-033-0000; LOT FOUR ( EXCEPT THE NORTH 14.67 FEET THERE OF AND EXCEPT THE SOUTH 133 FEET THERE OF) (4) IN BLOCK TEN (10) IN HAZELWOOD AND WRIGHT'S SUBDIVISION OF THE SOUTHALF OF THE NORTHEAST QUARTER OF SECT ON 34, TOWNSHIP 36 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

10151 S. Yale Chicago Illinois 60628. (PIN: 25-09-419-015-0000; LOT 26 (EXCEPT THE SOUTH 8 FEET THERE OF)AND THE SOUTH 16 FEET OF LOT 27 IN BLOCK 19 IN JOSEPH B CHANDLER'S SUBDIVISION OF BLOCKS 5,10,,19 AND 24 IN THE EAST HALF OF BLOCKS 6, 9 AND 20 AND LOTS 2 AND 3 IN BLOCK 4,11,AND 18 LOTS 1 AND 4 IN BLOCK 23 AND LOTS 2 AND 3 IN BLOCK 25. ALL IN FERNWOOD, A RESUBDIVISION OF THE SOUTH EAST QUARTER OF THE SECTION 9 TOWNSHIP 37 NORTH RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY ILLINOIS.

6437 S. Marshfield Chicago Illinois 60636. (PIN: 20-19-215-014-0000); LOT 35ON BLOCK 32 IN DREXEL PARK, A SUBDIVISION OF THE EAST ¼ OF THE NORTH ½ OF SECTION 19, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

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339 W. 110<sup>th</sup> Place Chicago Illinois 60628. (PIN 25-16-427-004-0000; LOT 40 IN THE SUBDIVISION IN THE SCHOOL TRUSTEES SUBDIVISION OF SECTION 16, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.)

PERSONAL PROPERTY ITEMS LEFT BY THE DECEDENT: ( A CAR, ESTIMATED VALUE 30,000.). (WASHER AND DRYER \$2000.) ( REFRIGERATOR, \$1,500.).(BEDS, \$500.). ( COUCH \$300.). ESTIMATED VALUE FOR PERSONAL PROPERTIES.....

Lashannon D. Faulkner never married.

At the time of death Lashannon D. Faulkner sole surviving heir were as follows: Lawrence Faulkner Sr.( Father born 03/17/1954),

Laverne Faulkner( Mother born 03/12/1958), Lawrence L. Faulkner (Son born 09/20/2006), Lawrence Faulkner Jr (Brother born 03/13/1982) Lanita R. Faulkner,.(Sister, born 05/27/1993).

*Janette Faulkner*  
*9-27-2023*

*Prepared by Lawrence Faulkner SR.*  
*Mail To 7118 S. Sacramento ave,*  
*Chicago Illinois 60629*

**CERTIFICATE OF DEATH RECORD**  
UNOFFICIAL COPY

**COOK COUNTY CLERK VITAL RECORDS**

**CHICAGO, ILLINOIS**

**MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH**

STATE FILE NUMBER **2022 0111059**      MEDICAL EXAMINER'S CASE NUMBER **ME2022-9717**      DATE ISSUED **4/28/2023**

DECEDENT'S LEGAL NAME <b>LASHANNON DENISE FAULKNER</b>			SEX <b>FEMALE</b>	DATE OF DEATH <b>DECEMBER 01, 2022</b>	
COUNTY OF DEATH <b>COOK</b>	AGE AT LAST BIRTHDAY <b>39 YEARS</b>	DATE OF BIRTH <b>JULY 13, 1983</b>			
CITY OR TOWN <b>CHICAGO</b>		HOSPITAL OR OTHER INSTITUTION NAME <b>HOLY CROSS HOSPITAL</b>			
PLACE OF DEATH <b>EMERGENCY ROOM / OUTPATIENT</b>					
BIRTHPLACE <b>PORTSMOUTH, VA</b>	SOCIAL SECURITY NUMBER <b>327-78-2052</b>	STATUS AT TIME OF DEATH <b>NEVER MARRIED/NEVER IN CIVIL UNION</b>		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? <b>NO</b>
RESIDENCE <b>7118 S SACRAMENTO AVE</b>		APT. NO.	CITY OR TOWN <b>CHICAGO</b>		INSIDE CITY LIMITS? <b>YES</b>
COUNTY <b>COOK</b>	STATE <b>IL</b>	ZIP CODE <b>60629</b>	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION <b>LAWRENCE FAULKNER</b>	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION <b>LAVERNE MILLER</b>	
INFORMANT'S NAME <b>LAWRENCE FAULKNER</b>		RELATIONSHIP <b>FATHER</b>	MAILING ADDRESS <b>7118 S SACRAMENTO AVE, CHICAGO, IL 60629</b>		
METHOD OF DISPOSITION <b>CREMATION</b>		PLACE OF DISPOSITION <b>HEIGHTS CREMATORY</b>	LOCATION - CITY OR TOWN AND STATE <b>CHICAGO HEIGHTS, IL</b>	DATE OF DISPOSITION <b>DECEMBER 14, 2022</b>	
FUNERAL HOME <b>WW JACKSON, 2701 W 63RD STREET, CHICAGO, IL 60629</b>					
FUNERAL DIRECTOR'S NAME <b>WILLIAM W. JACKSON</b>			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034012072</b>		
LOCAL REGISTRAR'S NAME <b>KAREN A. YARBROUGH</b>			DATE FILED WITH LOCAL REGISTRAR <b>DECEMBER 14, 2022</b>		
<b>CAUSE OF DEATH</b> PART I: <b>PULMONARY THROMBOEMBOLISM</b>					
IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>		a.	Due to (or as a consequence of)		
		b.	<b>DEEP VEIN THROMBOSIS OF THE LEFT LEG</b>		
		c.	Due to (or as a consequence of)		
			Due to (or as a consequence of)		
PART II: Enter other <b>significant conditions contributing to death</b> but not resulting in the underlying cause given in PART I <b>OBESITY</b>				WAS AN AUTOPSY PERFORMED? <b>YES</b>	
				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <b>YES</b>	
FEMALE PREGNANCY STATUS <b>UNKNOWN</b>			MANNER OF DEATH <b>NATURAL</b>		
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 <b>DECEMBER 01, 2022</b>	TIME OF DEATH <b>04 06 PM</b>	
CERTIFIER <b>MEDICAL EXAMINER/CORONER</b>				DATE CERTIFIED <b>DECEMBER 14, 2022</b>	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH <b>PONNI ARUNKUMAR MD, 2121 W HARRISON ST, CHICAGO, IL, 60612</b>				PHYSICIAN'S LICENSE NUMBER <b>2561497</b>	

Record Amended on: **4/13/2023**



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**

THIS WORD VOID APPEARS WHEN PHOTOCOPIED

NOT BE REPRODUCED IN ANY MANNER WITHOUT THE WRITTEN PERMISSION OF THE CLERK OF COOK COUNTY