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2331157025

Doc# 2331157025 Fee \$88.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 11/07/2023 02:57 PM PG: 1 OF 4

The Above Area Is Reserved for the Recorder's Stamp

DISCLAIMER OF INTEREST IN PROPERTY PURSUANT TO § 755 ILCS 5/2-7

I, Hazel Harris the statutory heir of Lavon Mae Stamps, who died intestate (without a will)

on 02/04/2022 and was the owner in fee simple of the property/ies located at:

1 5610 S. Lowe Ave. 2 _____ 3 _____

Chicago, IL 60621 _____

in COOK COUNTY

in COOK COUNTY

in COOK COUNTY

with the Property Identification Number(s) of:

1 - - - -

2 - - - -

3 - - - -

and Legal Description(s) of:

1 See attached 2 _____ 3 _____

do hereby invoke my right to disclaim interest in property, pursuant to §755 ILCS 5/2-7, and am now disclaiming any property interest (in its entirety) to the above referenced property/ties. Furthermore,

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CONTINUED FROM FIRST PAGE

I seek to disclaim any interest which would have passed to any of my heirs by virtue of my interest.

This disclaimer is done so irrevocably and without further qualification of the disclaimed right to any and all of the aforementioned and referenced property/ies (with respective PIN's & Legal Descriptions), and no interest whatsoever in the property/ies listed above is sought concerning any portion of the intestate succession according to Illinois law.

This "Disclaimer of Interest" was completed by Hazel Harris under sound mind and with the full understanding that it eliminates any and all interest in the property/ies listed above which belonged to the now deceased, Lavon Mae Stamps.

signed & sworn to by,

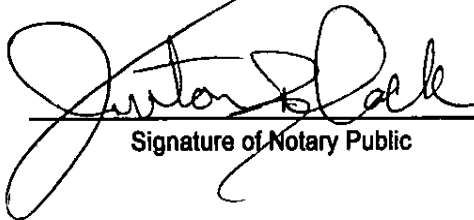
Hazel Harris 
Signature of the Heir Seeking to Disclaim an Interest in Property

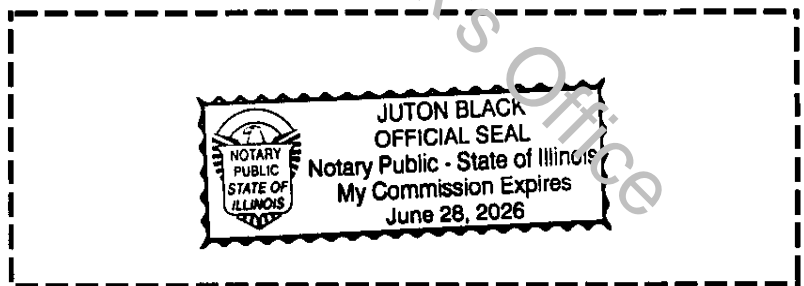
NOTARY PUBLIC SECTION

This Disclaimer of Interest in Property was completed and presented to me by: Hazel Harris
Print Name of Presenter Above

on this: 16 day of: Oct in the year of: 2023

Juton Black
Print Name of Notary Public


Signature of Notary Public



Place Notary Public Stamp Information Above

PREPARER'S INFORMATION

MAIL TO:
Prepared By: Matthew R. Wildermuth \ Law Offices of M. Baysinger
1900 75th St., Woodridge, IL 60517 Phone: 630 324 9928
mrw@baysingerlawoffices.com

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Exhibit *A*

PIN #20-16-102-068-0000

Legal Description:

Lot 43 in J.W. Farlin's Subdivision of part of Lot 40 in School Trustees' Subdivision of Section 16, Township 38 North, Range 14 East of the Third Principal Meridian, in Cook County, Illinois.

Commonly known as: 5610 S Lowe Ave. Chicago, IL 60621

Property of Cook County Clerk's Office

CERTIFICATION OF DEATH RECORD

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COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2022 0021412

DATE ISSUED 3/9/2022

DECEDENT'S LEGAL NAME LAVON MAE STAMPS		SEX FEMALE	DATE OF DEATH FEBRUARY 04, 2022	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 89 YEARS	DATE OF BIRTH JANUARY 25, 1933		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME 5610 SOUTH LOWE		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE STRAWBERRY POINT, MS	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 5610 SOUTH LOWE	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60621	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION CARL MARTIN FULTS	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION HAZEL LENA KIDNER
INFORMANT'S NAME LADISA STAMPS		RELATIONSHIP DAUGHTER	MAILING ADDRESS 5541 SOUTH PAULINA, CHICAGO, IL, 60636	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION HEIGHTS CREMATORY	LOCATION - CITY OR TOWN AND STATE CHICAGO HEIGHTS, IL	DATE OF DISPOSITION FEBRUARY 25, 2022	
FUNERAL HOME CALAHAN FUNERAL HOME INC, 7030 SOUTH HALSTED STREET, CHICAGO, IL, 60621				
FUNERAL DIRECTOR'S NAME EDWARD CALAHAN		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012004		
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH		DATE FILED WITH LOCAL REGISTRAR FEBRUARY 25, 2022		
CAUSE OF DEATH PART I: ALZHEIMERS DEMENTIA IMMEDIATE CAUSE (Final disease or condition resulting in death) a. _____ Due to (or as a consequence of) b. VASCULAR DEMENTIA 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 TRANSFERRATION INJURY, SPECIFY:	
ATTEND THE DECEASED? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 10:34 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED FEBRUARY 24, 2022	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR MOHAMMED KHAN, 2701 WEST 68TH STREET, CHICAGO, ILLINOIS, 60629			PHYSICIAN'S LICENSE NUMBER 036153872	

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

THE WORD VOID APPEARS WHEN PHOTOCOPIED

2131447



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