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Doc#: 2403641073 Fee: \$107.00
Karen A. Yarbrough
Cook County Clerk
Date: 02/05/2024 10:46 AM Pg: 1 of 5

Prepared by/Return to :
James L Hardemon
Legal Remedies Chartered
8525 S Stony Island
Chicago, IL60617

AFFIDAVIT OF HEIRSHIP

I, **Ruth Ann Edwards**, being duly sworn on oath, states:

1. My post office address: **7622 S. Seeley Ave., Chicago, Illinois 60620.**
2. That the said decedent, **Mary Alice Edwards**, who resided at **6559 S. Damen Ave., Chicago, Illinois 60636** died on January 24, 2015. A copy of the Death Certificate is attached.
3. I am the daughter of the decedent.
4. The decedent died without leaving a will.
5. The decedent died owning an interest in the property, to wit:

LOT 25 IN BLOCK 40 IN SOUTH LYNNE, BEING A SUBDIVISION OF THE NORTH ONE-HALF(½) OF SECTION 19, TOWNSHIP 38 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PERMANENT INDEX NUMBER: 20-19-216-023-0000

COMMON ADDRESS: 6659 S. Damen Ave., Chicago, Illinois 60636

6. To the best of my knowledge, the decedent was married once to the following person, and to no others:

NAME
Mack H. Edwards

MARRIAGE TERMINATED BY:
Death of Mack H. Edwards

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7. That eight children were born to the union of Mary Alice Edwards and Mack H. Edwards namely:

- a. Ruth Ann Edwards(affiant)- Daughter, who is over 18 years of age, alive and mentally competent.
- b. JoAnne Holmes- Daughter, who is over 18 years of age, alive and mentally competent.
- c. Jewell Lockhart- Daughter, who is over 18 years of age, alive and mentally competent.
- d. Mack H. Edwards Jr.- Son, who is over 18 years of age, alive and mentally competent.
- e. Racheal White- Daughter, who is over 18 years of age, alive and mentally competent.
- f. Curtis Edward- Son, who is over 18 years of age, alive and mentally competent.
- g. Thywatha Ewards- Daughter, who is over 18 years of age, alive and mentally competent.
- h. Levon Edwards- Son, predeceased the Decedent. Levon was never married nor ever had any children.(A copy of the death certificate is attached hereto marked Exhibit B)

10. That no other children were born to, or adopted, by Mary Ann Edwards or Mack H. Edwards during their lifetime.

11. No letters of Office are now outstanding on the decedent's estate and no petition for letters is contemplated, or pending in Illinois, or in any other jurisdiction, to my knowledge.

12. All debts of the decedent, including all final illness have been paid in full.

13. There is no known unpaid claimant or contested claim against decedent.

14. There is no Federal Estate Tax, Inheritance (pickup tax), or State Generation-Skipping Tax, as a result of the decedent's death, or they have been paid in full and released.

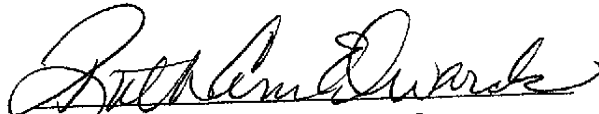
15. Therefore the decedent left as her only heirs at law:

- a. Ruth Ann Edwards(affiant)- Daughter, who is over 18 years of age, alive and mentally competent.
- b. JoAnne Homes- Daughter, who is over 18 years of age, alive and mentally competent.
- c. Jewell Lockhart- Daughter, who is over 18 years of age, alive and mentally competent.
- d. Mack H. Edwards Jr.- Son, who is over 18 years of age, alive and mentally competent.
- e. Racheal White- Daughter, who is over 18 years of age, alive and mentally competent.
- f. Curtis Edward- Son, who is over 18 years of age, alive and mentally competent.
- g. Thywatha Ewards- Daughter, who is over 18 years of age, alive and mentally competent.

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Further, Affiant sayeth not.

The foregoing statement is made under the penalties of perjury

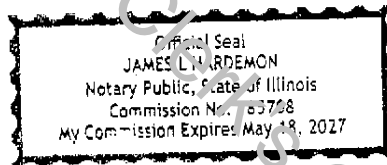

Ruth Ann Edwards

Subscribed and sworn to before me:

This 18th day of January, 2024.


Notary Public

My commission expires 5/18/2027



CERTIFICATION OF DEATH RECORD

UNOFFICIAL COPY

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

EXHIBIT

DATE ISSUED 2/5/2015

STATE FILE NUMBER 2015 0009934

DECEDENT'S LEGAL NAME MARY ALICE EDWARDS		SEX FEMALE	DATE OF DEATH JANUARY 24, 2015	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 89 YEARS	DATE OF BIRTH OCTOBER 27, 1925		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME 6559 S DAMEN		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE RULEVILLE, MS	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 6659 S DAMEN AVE		APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60636	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION GORDON HENRY	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION RUTH JONES
MOTHER'S NAME RUTH ANN EDWARDS		RELATIONSHIP DAUGHTER	MAILING ADDRESS 7622 S SEELEY AVE, CHICAGO, IL 60620	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION CHICAGO BURR OAK CEMETERY		LOCATION - CITY OR TOWN AND STATE ALSIP, IL	DATE OF DISPOSITION JANUARY 31, 2015
FUNERAL HOME LEAK AND SONS, 7838 SOUTH COTTAGE GROVE, CHICAGO, IL, 60619				
FUNERAL DIRECTOR'S NAME SPENCER LEAK SR			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031007489	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR FEBRUARY 5, 2015	
CAUSE OF DEATH	PART I	ALZHEIMERS		
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	Due to (or as a consequence of)		
	b.	Due to (or as a consequence of)		
	c.	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			IF TRANSPORTATION INJURY, SPECIFY	
DESCRIBE HOW INJURY OCCURRED:				
ATTEND THE DECEASED? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINEE FOR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 07:31 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED JANUARY 26, 2015	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PAOLA SMITH, 1441 BRANDING LN, DOWNERS GROVE, IL, 60515			PHYSICIAN'S LICENSE NUMBER 036076179	



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

David Orr
David Orr
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXA

UNOFFICIAL COPY

COOK COUNTY CLERK'S OFFICE
CHICAGO, ILLINOIS

EXHIBIT

MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH

MEDICAL EXAMINER'S CASE NUMBER ME2015-05259

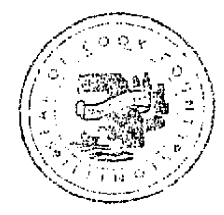
DATE ISSUED 12/14/2015

STATE FILE NUMBER 2015 0096916

DECEDENT'S LEGAL NAME LEVON EDWARDS		SEX MALE	DATE OF DEATH DECEMBER 04, 2015	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 55 YEARS	DATE OF BIRTH OCTOBER 15, 1960		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME 7947 S MERRILL		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH NEVER MARRIED/NEVER IN CIVIL UNION	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 7947 S MERRILL	APT NO 1	CITY OR TOWN CHICAGO		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60617	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MACK EDWARDS	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MARY HENRY
INFORMANT'S NAME JOANN HOLMES		RELATIONSHIP SISTER	MAILING ADDRESS 1401 E 55TH ST APT 8, CHICAGO, IL, 60615	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION CHICAGO BURR OAK CEMETERY	LOCATION - CITY OR TOWN AND STATE ALSIP, IL	DATE OF DISPOSITION DECEMBER 12, 2015	
FUNERAL HOME LEAK AND SONS, 7838 SOUTH COTTAGE GROVE, CHICAGO, IL, 60619				
FUNERAL DIRECTOR'S NAME SPENCER LEAK SR			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031007489	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR DECEMBER 11, 2015	
CAUSE OF DEATH PART I	PULMONARY EMBOLISM			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	Due to (or as a consequence of):		
	b.	DEEP VEIN THROMBOSIS		
	c.	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? YES.	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? YES	
FEMALE PREGNANCY STATUS NOT APPLICABLE			MANNER OF DEATH NATURAL	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?
LOCATION OF INJURY				IF TRANSPORTATION INJURY, SPECIFY
DESCRIBE HOW INJURY OCCURRED				
ATTEND THE DECEASED?	DATE LAST SEEN ALIVE	WAS MEDICAL EXAMINER OR CORONER CONTACTED?	DATE PRONOUNCED DECEMBER 04, 2015	TIME OF DEATH 04:42 PM
CERTIFIER MEDICAL EXAMINER/CORONER			DATE CERTIFIED DECEMBER 11, 2015	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH STEPHEN J CINA MD, 2121 W HARRISON ST, CHICAGO, IL, 60612				PHYSICIAN'S LICENSE NUMBER

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.

David Orr
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXB