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Prepared by: Attorney John McCulloh 3840 S Harlem Avenue, Suite D Lyons, IL 60534 708-849-9500

Doc# 2410607026 Fee \$176.00 ILRHSP FEE:\$18.00 RPRF FEE:\$1.00 KAREN A. YARBROUGH

COOK COUNTY CLERK'S OFFICE DATE: 4/15/2024 2:48 PM

PAGE: 1 OF 3

AFFIDAVIT OF HEIRSHIP

STATE OF ILLINOIS)	
(O _A) s:	S
COUNTY OF COOK) -	

TATE OF BEATRICE C. RANDLE, Deceased

And now on this __11th__ day of April, 1004, Krystal Patrice Yore-Evans, after being first duly Sworn under oath, testifies and deposes as follows, to vit:

- 1. My name is Krystal Patrice Yore-Evans, I am over the age of twenty-one (21) years of age and, to my understanding, am otherwise competent to give testimony.
- 2. I reside at 110419 Waterford Dr., Westchester, IL 65:54.
- 3. I am the [niece] of the Deceased, Beatrice C. Randle, and know her during her lifetime.
- 4. Beatrice C. Randle, owner of the property commonly known as 1606 Downing Avenue, Westchester, IL 60154 (see attached legal description), died on February 26, 2020 in the City of Elmhurst, County of Du Page, State of Illinois. See attached Death Certificate.
- 5. The Decedent was married 0 time(s) to
- 6. No (0) children were born to the Decedent.
- 7. No persons were adopted to the Decedent.
- _, both said parents are now deceased. 8. The parents of the Decedent were _Lillie Mae Randle and Sylvester Randle_
- 9. Pursuant to The Beatrice C. Randle Trust and related "Pour-Over" Last Will and Tostament of Beatrice C. Randle, the Decedent herein, left her entire estate, both real and personal, to Krystal Patrice Yore-Evans.
- 10. That the total value of the estate of the Decedent, including both real and personal property owned by the Decedent either individually or in joint tenancy at the time of the death of the Decedent, does not exceed to e sum of \$280000 dollars.
- 11. The foregoing is based upon my own personal knowledge and belief, is true, and if called upon as a witness, I would competently and consistently testify thereto.

FURTHER AFFIANT SAYETH NOT.

Krystal Patrice Yore-Evans Affiant

Subscribed and Sworn to before me this __11th___ day April, 2024.

Notary Public La Kassie Milay My commission expires: February 1, 2025

[Seal]

LARASSIE MCCOY Official Seal Notary Public - State of Illinois My Commission Expires Feb 1, 2025 2410607026 Page: 2 of 3

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LEGAL DESCRIPTION

PROPERTY HAVING LOT NO. 2&2 IN GEORGE NIXON AND COMPANY'S 22nd STREET ADDITION TO WESTCHESTER, BEING A SUBDIVISION IN THE WEST HALF OF THE SOUTHEAST QUARTER OF SECTION20, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, COOK COUNTY, ILLINOIS

Propositivos Cook County Clerk's Office PIN# 15-20-402-023-0000

DUPAGE COUNTY HEALTH DEPARTMENT. WHEATON, ILLINOIS **MEDICAL CERTIFICATE OF DEATH**

_					
S	TATE	FILE	NUMBER	2020 0017289	

STATE FILE NUMBER 2020	0017289	-	,	•		,), DATI	E (SSUED 3/2/202
DECEDENT'S LEGAL NAME BEATRICE CHRISTINE	RANDLE		,	- 1	SEX FEMALE	DATE OF DEATH FEBRUARY	
COUNTY OF DEATH DU PAGE		AGE AT LAST BIRTHDAY - 78 YEARS	•		EMBER 03, 194	И.Э. ^{га} .	ij y
CITY OR TOWN ELMHURST	- '-		HOSPITAL OR OTH ELMHURST N		NAME - OSPITAL-MAIN	I CAMPUS	₹1 ⁷
PLACE OF DEATH INPATIENT	1	х У	· · · · · · · · · · · · · · · · · · ·		1	1	
BIRTHPLACE MILESTON, MS	JSOCIAL SEGURIT	UNION	ED/NEVER IN CIVIL		SEICIVIL UNION PARTÀ		FORCES? NO
RESIDENCE 1606 DOWNING AVEN			· · · · · · · · · · · · · · · · · · ·	Y OR TOWN. /ESTCHESTE			INSIDE CITY LIMITS?
COOK IL	ZIP GODE - 60154	SYLVESTER RAN	_	·	LILLIE MAE I	2	IRST MARRIAGE/CIVIL UNION
INFORMANT'S NAME KRYSTAL YORE-EVAI		RELATIONSHIP NIECE			ING AVENUE, WI		
METHOD OF DISPOSITION BURIAL		E OF DISPOSITION K RIDGE CEMETER	Υ ' -	LOCATION - CIT HILLSIDE,	Y OR TOWN AND S		DISPOSITION H 07, 2020
FUNERAL HOME RUSSO'S HILLSIDE CH	IAPELS, 4500 RC	DOSEV <i>E</i> I ROAD, H	ILLSIDE, IL, 60162	2	<u> </u>		s (
FUNERAL DIRECTOR'S NAME JOSEPH A RUSSO	- 6 1	- 1 C p.		;	034014759	r .	<u>-</u>
LOCAL REGISTRAR'S NAME KAREN JAYALA		-0_)		MARCH 2,	H LOCAL REGISTR 2020 <u>,</u>	AŖ
CAUSE OF DEATH PAR IMMEDIATE CAUSE	T I. ACUTE HYPOX a.	XENOIC RESPIRATORY	r sicure	, r	4 5 - 2	NTI WFEN	,
(Final disease or condition resulting in death)	b. PNEUMONIA	. Due to	o (or sa a musequence of):	<u>.</u>	· · ·	ROXIMA AL BET AND D	
		, Due to	o (or as a consequence of).) _x	1 5	APPRINTERNO ONSET	
-	c, Š			4	,	7	
	-		(or as a consequence of):			-	
PART II. Enter other significant o	onditions contributing	g to death but not resulting i	in the underlying cause g	iven in PAR 1 1.	\mathcal{O}_{\perp}	AN AUTOPSY PER	FORMED? NO
					сом	PLETE CAUSE OF	
FEMALE PREGNANCY STATUS - NOT APPLICABLE		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	(주) 	- 4	NER OF DEATH TURAL	* 1 ₂ -
DATE OF INJURY.		TIME OF INJURY	PLACE OF INJURY		÷.(INJURY AT WORK?
LOCATION OF INJURY	1	, F		å , -	1 n *	10	Walter Commence
DESCRIBE HOW INJURY OCCUP	RRED: , ' -			- L	u	IF TRANSP JAT	TION INJURY, SPECIFY:
ATTEND THE DECEASED? YES	DATE LAST SEEN A		LEXAMINER OR ONTACTED? YES.		RONOUNCED	2 2 67	TIME OF DEATH
CERTIFIER PHYSICIAN		e e		<i>i</i> 3	ų	DATE CERTIFII FEBRUAI	ED RY 27, 2020



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.

PHYSICIAN'S LICENSE NUMBER

036135243

Karen J. Ayala Local Registrar

DR AZENINA POONJA, 155 EAST BRUSH HILL ROAD, ELMHURST, ILLINOIS, 60126

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

Not valid without the embossed seal of the DuPage County Health Department.