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STATE OF ILLINOIS)

) SS.

COUNTY OF C O O K)

89601254

IN RE: Estate of

EDWARD L. SMITH,

Deceased.

DEPT-01 RECORDING \$14.00
T#2222 TRAN 9169 12/18/89 11:49:00
#5245 # 81 * - 89 - 601254
COOK COUNTY RECORDER

AFFIDAVIT OF HEIRSHIP

The undersigned, LOUISE C. SMITH, being first duly sworn on oath states:

1) I am 53 years old and live at 1845 South Spaulding, 2nd floor, Chicago, Illinois.

2) I am the surviving spouse of Edward L. Smith who died on March 26, 1985, a resident of Chicago, Illinois at the age of 61.

3. Edward Smith, decedent, was the owner of the property at 1845 South Spaulding, Chicago, Illinois, described as:

Lot 3 in John A. Sickford's resubdivision of lots eighteen, nineteen, twenty and twenty-one in block nine in Douglas Park Addition to Chicago in Section 23 and 24, Township North, Range 13, East of the Third Principal Meridian.

PREIN 16-23-413-023-0000

4. The decedent was married previously to Eurnice Smith who lives at 1824 South St. Louis, Chicago, Illinois.

5. There were two children from the first marriage, each survived decedent, is competent and is of legal age.

6. To the best of my knowledge, the deceased never had a paternity action brought against him and he never signed a paternity acknowledgment in regard to any other children.

a. Edward Smith Jr., son now living in Seattle, Washington, and unmarried.

b. Brenda Heffener who is living in Chicago at 1824 South St. Louis, and unmarried.

These two children were all of the children born to Edward L. Smith and his first wife, Eurnice Smith.

7. The decedent was secondly married to the undersigned, who lived with him as his lawful wife until he died.

Handwritten signature

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8. There were no children born to the marriage of Edward Smith and his second wife and no children were adopted by them.

9. The decedent never had nor adopted any other children.

10. Based on the foregoing, it is my belief that Edward Smith left surviving as his only heirs at the law the following:

- a. Louise Smith, his wife;
- b. Edward Smith, his son;
- c. Brenda Heffener, his daughter.

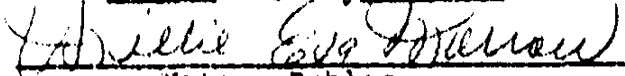
11. My husband, Edward Smith, had no will at the time of his death and no estate was probated for him.

FURTHER AFFIANT SAYETH NOT.



Louise Smith

Subscribed and sworn to before me
this 16th day of November, 1989.



Notary Public

Prepared by and please mail to:
Devereux Bowly
Legal Assistance Foundation of Chicago
911 South Kedzie Avenue
Chicago, Illinois 60612
(312) 638-2343

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Mar. 28, 1985

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

I, **ROBERT C. EDWARDS**, M.D., M.P.A.,
LOCAL REGISTRAR OF VITAL STATISTICS
OF THE CITY OF CHICAGO, DO HEREBY
CERTIFY THAT I AM THE KEEPER OF
THE RECORDS OF BIRTHS, STRIBRIFMS
AND DEATHS OF THE CITY OF CHICAGO
BY VIRTUE OF THE LAWS OF THE
STATE OF ILLINOIS AND THE
ORDINANCES OF THE CITY OF CHICAGO,
THAT THE ACCOMPANYING CERTIFICATE
ON THIS SHEET IS A TRUE COPY AS A
RECORD KEPT BY ME IN PURSUANCE OF
SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID
WHEN MULTICOLOR SEAL AND
BLUE SIGNATURE ARE AFFIXED

89601254

REGISTRATION DISTRICT NO. 16.10		STATE OF ILLINOIS	
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH 606424	
DECEASED - NAME		LAST	
EDWARD		SMITH	
1. RACE		2. SEX	
BLACK		MALE	
3. DATE OF BIRTH		4. DATE OF DEATH	
JUNE 29, 1923		MARCH 26, 1985	
5. PLACE OF BIRTH		6. COUNTY OF DEATH	
CHICAGO		COOK	
7. NAME OF HOSPITAL OR OTHER INSTITUTION		8. NAME OF SURVIVING SPOUSE	
UNIVERSITY OF ILLINOIS HOSPITAL		LOUISE CAMEGA	
9. U.S.A.		10. NAME OF OTHER ORIGIN	
U.S.A.		NONE	
11. SOCIAL SECURITY NUMBER		12. STATE	
433 28 3319		ILLINOIS	
13. HOME STREET AND NUMBER		14. COMMUNITY	
1845 S. SPAULDING CHICAGO		COOK	
15. FATHER - NAME		16. MOTHER - MARRIED NAME	
LEE SMITH		ARRIE BANKS	
17. PRESENT HOME ADDRESS		18. MARITAL STATUS	
1740 W. TAYLOR, CHGO, IL 60612		MARRIED	
19. DEATH WAS CAUSED BY		20. ILLNESS OR INJURY	
ACUTE MYOCARDIAL INFARCTION		NONE	
21. CAUSE OF DEATH		22. ILLNESS OR INJURY	
CARDIORESPIRATORY ARREST		NONE	
23. DATE OF OPERATION, IF ANY		24. MAJOR FINDINGS OF OPERATION	
MARCH 26, 1985		NONE	
25. SIGNATURE OF CERTIFIER		26. HOUR OF DEATH	
Thomas J. Gilbert		9:35 P. M.	
27. NAME AND ADDRESS OF CERTIFIER		28. DATE SIGNED	
THOMAS G. COLINET M.D. 1740 W TAYLOR CHICAGO IL 60612		03/27/85	
29. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER		30. ILLINOIS LICENSE NUMBER	
RAYMOND PIETRAS M.D. (DEPT. OF MEDICINE)		036-067345	
31. REMOVAL LOCATION		32. DATE	
CREATION		MARCH 28 1985	
33. LOCAL PHONE		34. SIGNATURE OF REGISTRAR	
House of Carmel 225 W. Roosevelt Rd		Robert C. Edwards	
35. LOCAL REGISTRAR'S SIGNATURE		36. DATE REC'D BY LOCAL REGISTRAR	
Robert C. Edwards		MAY 28 1985	
37. LOCAL REGISTRAR'S SIGNATURE		38. DATE	
Robert C. Edwards		MAY 28 1985	