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AFFIDAVIT OF HEIRSHIP-SURVIVING SPOUSE OR DESCENDANT REGISTRAR'S FINDINGS

Estate of:

) 71 74

91344737

Deceased)

TERRENCE TURNER on oath says:

- (1) The decedent, MILLICENT TURNER, died at Chicago, Illinois, on August 5, 1990 at the age of 42 years.
- (2) I am of legal age. I reside at 313 East 165th St., Harvey, Illinois. I am a brother of the decedent.
- (3) The decedent was never married.
- (4) No child was born or adopted by the decedent.
- (5) That the parents of the decedent, CHARLES WILLIAM TURNER AND MARGARET IRENE TURNER, predeceased the decedent, CHARLES WILLIAM TURNER having died on March 11, 1990 and MARGARET IRENE TURNER having died on February 9, 1988.
- (6) That the deceased parents of the decedent, CHARLES WILLIAM TURNER AND MARGARET IRENE TURNER, had three children in their life time, and their names are as follows:

MILLICENT TURNER (died August 5, 1990)
 TERRENCE TURNER
 NATHANIEL TURNER

(7) Based on the foregoing, decedent left surviving as her only heirs, TERRENCE TURNER AND NATHANIEL TURNER, all of whom survived the decedent, are of legal age, and are mentally competent.

(8) Affiant further states that he makes this affidavit in support of this application for a Registrar's Finding of Title to induce the Registrar of Titles, Cook County, Illinois, to issue his Certificate of Title free and clear of all objections arising from the death of the decedent named herein and find title in her heirs or devisees.

Terrence Turner

Subscribed and sworn to before me
 this 25th day of *July*, 1991.

Joseph Wrobel
 Notary Public

"OFFICIAL SEAL"
 JOSEPH WROBEL
 Notary Public, State of Illinois
 My Commission Expires 8-28-94

"OFFICIAL SEAL"
 JOSEPH WROBEL
 Notary Public, State of Illinois
 My Commission Expires 8-28-94

RETURN TO: Box 116

498347.1081

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Property of Cook County Clerk's Office

DEPT-01 RECORDINGS
11/11/91 10:21:00
#3318 #A *91-344737
COOK COUNTY RECORDER

91344737

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REGISTRATION DISTRICT NO. **16.10**
 REGISTERED NUMBER
 STATE OF ILLINOIS
 STATE FILE NUMBER
614734

MEDICAL CERTIFICATE OF DEATH

APR 30 1991

DECEASED: NAME **Millcent** FIRST MIDDLE LAST **Turner** SEX **Female** DATE OF DEATH (MONTH, DAY, YEAR) **August 5, 1990**

COUNTRY OF DEATH **Cook** CITY, TOWN, TWP, CENSOAD DISTRICT NUMBER **Chicago** AGE-LAST BIRTHDAY (MRS) **42** UNDER 1 YEAR **5d** 1 YEAR **5d** DATE OF BIRTH (MONTH, DAY, YEAR) **JUNE 9 1948**

HOSPITAL OR OTHER INSTITUTION: NAME (IF NOT ENTERED STREET AND NUMBER) **Michael Reese Hospital** 6c. **Inpatient**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **Chicago, Illinois** MARRIED (NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY USUAL OCCUPATION) **Never married**

SOCIAL SECURITY NUMBER **10387-42-9142** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) **NONE** 9. **NO**

RESIDENCE (SHEET AND NUMBER) **7356 South Blackstone** CITY, TOWN, TWP, OR ROAD DISTRICT NO. **Chicago** KIND OF BUSINESS OR INDUSTRY **None** 10. **NO**

11a. **Teacher** 11b. **Bo of Ed** 12. **INSIDE CITY (YES/NO)** **Yes** 13c. **Yes** 13d. **Cook**

FATHER: **Charles William Turner** 14b. **MNO** DYES SPECIFY: **MOTHER: NAME FIRST MIDDLE LAST (MAIDEN) LAST** **Margaret Irene Jones**

15. **Terrence Turner** 16. **Brother** 17c. **313 E. 165th St. Harvey, IL**

18. **Illinois** 13a. **60619** 14a. **Black** 14b. **Black** 14c. **Black**

19. **Illinois** 13b. **60619** 14a. **Black** 14b. **Black** 14c. **Black**

20. **Hepatic Failure** 21. **Liver Metastases** 22. **Breast Carcinoma**

23. **August 4, 1990**

24. **31st Street Chicago Illinois 60618**

25. **August 6, 1990**

26. **36-45169**

23. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **Rosalind Catchatourian**
 TYPE OR PRINT NAME **Rosalind Catchatourian**
 TYPE OR PRINT ADDRESS **Chicago Shore Drive at 31st Street Chicago Illinois 60618**

24. NAME AND ADDRESS OF FUNERAL HOME (TYPE OR PRINT) **24b. Oakland**
 TYPE OR PRINT NAME **24c. Dolton, Illinois**
 TYPE OR PRINT ADDRESS **24d. 8/8/90**

25a. **24b. Potv Nash Funeral Home, Ltd 8620 S. Stony Island Chicago, Illinois 60617**

25b. **25c. 6092**

26. **26b. AUG 7 1990**

I, VIRGINIA L. PARKER, M.B.A. LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR 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 OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

28255816

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.