

UNOFFICIAL COPY

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92254860

STATE OF ILLINOIS)
) SS.
COUNTY OF C O O K)

HEIRSHIP AFFIDAVIT

EMMA MONROE, being duly sworn on oath, deposes and says as follows:

1) I am sixty-six years old, and live at 1634 South Christiana, Chicago, Illinois. I am the mother of the late CLEOTHA MONROE, JR., who was the owner of the property at 1634 South Christiana, Chicago, Illinois, described as:

DEPT-01 RECORDING \$25.50
14444 TRAP 7040 04/20/92 10:24:00
45323 LD *--92-234860
COOK COUNTY RECORDER

Lot 15 in the resubdivision of Block 12 in the Circuit Court Partition of the East half of the North East quarter and that part lying North of Center line of Ogden Avenue of the East half of the South East Quarter of Section 23, Township 39 North, Range 13 East of the Third Principal Meridian, in Cook county, Illinois.

PREIN 16-23-404-040

2) My son, CLEOTHA MONROE, JR., died intestate on December 12, 1986, as evidenced by a copy of his death certificate attached hereto.

3) At the time of his death, my son CLEOTHA MONROE, JR., was married to EFFIE D. MONROE, who has since remarried, and is now EFFIE D. SHARK. During his life he fathered one child, CELESTE MONROE, who survives him, and is an adult. He never adopted any children. No estate was probated for him.

FURTHER AFFIANT SAYETH NOT.

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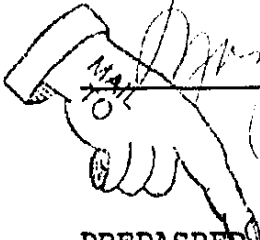
Emma Monroe
EMMA MONROE

2550

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9 2 2 5 4 8 6 0

SUBSCRIBED and SWORN to before
me this 10th day of August, 1992.



Margarita S. Flores

NOTARY PUBLIC

OFFICIAL SEAL
MARGARITA S FLORES
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXP: 7/6/94

PREPARED BY, AND PLEASE MAIL TO:

DEVEREUX BOWLY
Attorney at Law
LEGAL ASSISTANCE FOUNDATION OF CHICAGO
911 South Kedzie Avenue
Chicago, Illinois 60612
(312) 638-2343

PROPERTY of Cook County Clerk's Office

92254860

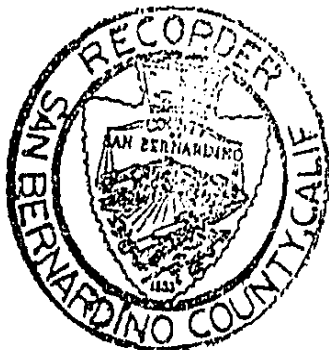
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Property of Cook County Clerk's Office

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CERTIFICATE OF DEATH 3600 6 09037

STATE FILE NUMBER		STATE OF CALIFORNIA		LOCAL REGISTRATION DISTRICT AND FEDERALLY DESIGNATED	
1A NAME OF DECEASED (Last, First, Middle)		1B SEX		24 DATE OF DEATH (Month, Day, Year)	
CLEOETHA		1 of 2 MONROE, JR.		December 12, 1986 1124	
1C SEX		1D RACE		1E DATE OF BIRTH	
Male		Black		October 22, 1946	
1F SOCIAL SECURITY NUMBER		1G HOME AND MAILING ADDRESS (Street, City, State)		1H AGE	
11		Cleotha Monroe Sr. AR		40 YEARS	
1I A COUNTRY OF BIRTH		1J MARRIAGE (Date of Birth)		1K UNDER 1 YEAR	
USA		19 67 TO 19 6 9		1L UNDER 24 HOURS	
1M PRIMARY OCCUPATION		1N NUMBER OF YEARS THIS OCCUPATION		1O EMPLOYER (If Not Employed, So State)	
Administrator		6		Self	
1P USUAL RESIDENCE (Street Address, Street and Number or Location)		1Q STATE		20 NAME AND ADDRESS OF INFORMANT (Relationship)	
5993 Klusman		CA		Effie Monroe Wife	
21A PLACE OF DEATH		21B COUNTY		5993 Klusman	
St. Bernardine's Hospital		San Bernardino		Rancho Cucamonga, CA 91701	
21C STREET ADDRESS (Street and Number or Location)		21D CITY OR TOWN			
2101 No. Waterman Avenue		San Bernardino			
22 DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B AND C)		23 OTHER SIGNIFICANT CONDITIONS—CONTRIBUTED TO DEATH BUT NOT RELATED TO CAUSE (GIVEN IN 22A)		24 WAS DEATH REPORTED TO CORONER?	
PENDING				Yes (RK) 86-12-4869	
25 WAS DEATH REPORTED TO CORONER?		26 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		27 WAS DEATH REPORTED TO CORONER?	
No		No		Yes	
28A I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE(S) STATED		28B PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		28C DATE SIGNED	
28D I HAVE HELD AN INQUEST INVESTIGATION		28E TYPE PHYSICIAN'S NAME AND ADDRESS		28F PHYSICIAN'S LICENSE NUMBER	
29 INJURY INFORMATION (Accident, Suicide, etc.)		30 PLACE OF INJURY		31 INJURY AT WORK	
32A DATE OF INJURY—MONTH, DAY, YEAR		32B HOUR		32C DATE SIGNED	
32D LOCATION (Street and Number or Location and City or Town)		32E DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH PRECEDED INJURY)		32F PHYSICIAN'S SIGNATURE	
33A I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE(S) STATED AS REQUIRED BY LAW I HAVE HELD AN INQUEST INVESTIGATION		33B CORONER—SIGNATURE AND DEGREE OR TITLE		33C DATE SIGNED	
Investigation		33D CORONER'S SIGNATURE		33E DATE SIGNED	
34 DATE—MONTH, DAY, YEAR		35 NAME AND ADDRESS OF CEMETERY OR CREMATOR		36 SIGNATURE OF CLERK	
Burial Dec. 18, 1986		Mt. View Cemetery, San Bernardino, CA		4829	
40A NAME OF FUNERAL DIRECTOR (If Acting as Such)		40B LICENSE NO.		41 LOCAL REGISTRAR—SIGNATURE	
Mark B. Shaw Company, Inc.		406		George K. Pettersen, M.D.	
42 DATE ACCEPTED BY LOCAL REGISTRAR		43 DATE OF DEATH		44 DATE OF BIRTH	
December 16, 1986					



I hereby certify that this is a true copy of the record if the seal of this office is impressed in purple ink-----

Errol J. Mackzum
ERROL J. MACKZUM
Auditor-Recorder
San Bernardino County, Calif.

JUN 0 8 1988

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