

UNOFFICIAL COPY 99402741

1350/0007 80 002 Page 1 of 3
1999-04-28 09:58:35
Cook County Recorder 25.50

ESTATE OF:

FANNIE TRUITE,
Deceased.

COOK COUNTY
RECORDER
EUGENE "GENE" MOORE
BRIDGEVIEW OFFICE



AFFIDAVIT OF HEIRSHIP

The undersigned, RENEE JACKSON, being first duly sworn on oath states:

1. FANNIE TRUITE died on February 22, 1995, a resident of Ford Heights, Illinois at the age of 69.

2. I am the daughter of the decedent and I am of legal age. My address is 1513 Ambassador, Ford Heights, Illinois 60411.

3. The decedent was married once and only once. The marriage was to JIMMIE TRUITE, who predeceased the decedent on March 1, 1989. Two children were born during this marriage, namely, RENEE JACKSON and MARILYN JACKSON. No other children were born or adopted during the course of the marriage.

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

5. The decedent was not married at the time of her death.

6. All of the decedent's funeral expenses have been paid, there is no known unpaid claimant or contested claim against the decedent, and there are no public or old age assistance advancements that are unpaid and or claimed.

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7. Affiant is unaware of any dispute or potential conflict as to the heirship of the decedent.

8. Based upon the foregoing, it is my belief that FANNIE TRUITE left her surviving as her only heirs at law and the portion of the estate to which each heir is entitled the following:

- a) RENEE JACKSON *daughter*, AN ADULT 50%
- b) MARILYN JACKSON *daughter*, AN ADULT 50%

9. FANNIE TRUITE was one of the owners of the property located at 1513 Ambassador, Ford Heights, Illinois, with a legal description as follows:

32-23-250-018-0000

LOT 18, BLOCK 4, IN GOLDEN MEADOWS UNIT 1, BEING A RESUBDIVISION OF PART OF THE WEST HALF OF THE NORTHEAST QUARTER OF SECTION 23, TOWNSHIP 35 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Renee Jackson

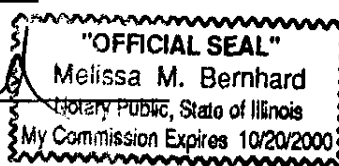
RENEE JACKSON

SUBSCRIBED and SWORN to before me this

13th day of April, 1999.

Melissa M. Bernhard

NOTARY PUBLIC



Frank J. Ryan
RYAN & BIJAK
4849 West 167th Street
Oak Forest, IL 60452
(708) 633-9600



REGISTRATION DISTRICT NO. 16.32
REGISTERED NUMBER 180

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Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. **FANNIE TRUITE** 2. **FEMALE** 3. **FEBRUARY 22, 1995**

COUNTY OF DEATH AGE-LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)

4. **COOK** 5a. **69** 5b. **0** 5c. **0** 5d. **FEBRUARY 22, 1926**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)

6a. **CHICAGO HEIGHTS** 6b. **ST JAMES HOSPITAL AND HEALTH CENTERS** 6c. **D.A.A.**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)

7. **GREENVILLE, MS** 8a. **WIDOWED** 8b. **NONE** 9. **NO**

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)

10. **587-52-0552** 11a. **HOMEMAKER** 11b. **AT HOME** 12. **12**

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY

13a. **1513 AMBASSADOR** 13b. **FORD HEIGHTS** 13c. **Yes** 13d. **COOK**

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)

13e. **ILLINOIS** 13f. **60411** 14a. **BLACK** 14b. NO YES SPECIFY:

A
B
C
D
E

PARENTS

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST

15. ~~RENEE MCGLOTHLIN~~ **THE ARMSTRONG** 16. ~~ADDRES~~ **JULIA WILLIAMS**

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)

17a. **RENEE JACKSON** 17b. **DAUGHTER** 17c. **1513 AMBASSADOR, FORD HEIGHTS, IL 60411**

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CAUSE

18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

Immediate Cause (Final disease or condition resulting in death) (a) **Cardiac Arrest**

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) **From ESRD CHF heart**

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

19a. **NO** 19b. **NO**

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?

20a. 20b. 20c. **YES** **NO**

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CERTIFIER

I (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON

21a. **JANUARY 31, 1995** 21b. **YES** 21c. **05:47 A. M.**

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

22a. SIGNATURE **Dalyn M** 22b. **FEB. 27, 1995**

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER

22c. **2605 WEST LINCOLN HIGHWAY, SUITE 130, CHICAGO HEIGHTS, IL** 22d. **036-086093**

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

23.

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DISPOSITION

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)

24a. **BURIAL** 24b. **MT. GLENWOOD** 24c. **GLENWOOD, ILLINOIS** 24d. **FEBRUARY 27, 1999**

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE

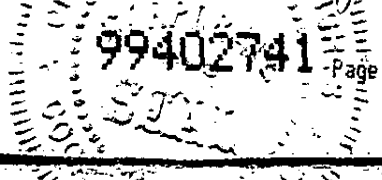
25a. **Robert MCGLOTHLIN FUNERAL HOMES, 1621 E. LINCOLN HWY, FORD HEIGHTS, ILLINOIS** 25b. **Robert MCGLOTHLIN**

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

25c. **34-11366**

LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26a. **John M. Costabile** 26b. **February 28, 1995**



I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD FOR THE ABOVE NAMED IN ITEM NO. 1 AND THAT THIS RECORD WAS ESTABLISHED AND FILED IN MY OFFICE IN ACCORDANCE WITH THE PROVISIONS OF THE ILLINOIS STATUTES RELATING TO THE REGISTRATION OF BIRTHS, STILLBIRTHS, AND DEATHS.

DATE: **MAR 05 1999**

SIGNED: **Rachel M. Vega**

AT: **CHICAGO HEIGHTS, IL 60411**

TITLE: **LOCAL REGISTRAR**