

UNOFFICIAL COPY

0010194002

9745/0057 81 001 Page 1 of 11

2001-03-13 09:07:08

Cook County Recorder 41.50



0010194002

QUIT CLAIM DEED

~~Joint Tenancy~~ Illinois Statutory

39871  
MAIL TO: Carla Naylor

9665 S Oglesby Avenue

Chicago IL 60617

NAME & ADDRESS OF TAXPAYER:

Carla Naylor

9665 S Oglesby Avenue

Chicago IL 60617

MAIL TO NOTICE

RECORDER'S STAMP

THE GRANTOR (S) Carla Naylor, one of 5 heirs of Charleen D Woods, deceased

of the city of Chicago County of Cook State of Illinois

for and in consideration of \*\*\*\*ten \*\*\* DOLLARS

and other good and valuable considerations in hand paid.

CONVEY AND QUIT CLAIM to Carla Naylor

9665 S Oglesby Avenue, Chicago IL 60617  
Grantee's Address City State Zip

~~not in tenancy in common, but in joint tenancy~~, all interest in the following described Real Estate situated in the County of Cook, in the State of Illinois, to wit:

Lot 6 in block 1 in Merrionette Manor Second Addition being a subdivision of part of the east 1/2 of the northeast 1/4 of section 12, north of Indian Boundary Line, township 37 north, range 14, east of the third principal meridian, and a resubdivision of part of Calumet Trust's subdivision number 3, and vacated streets and alleys in fractional section 7 north of Indian Boundary line in township 37 north, range 15, east of the third principal meridian, Cook County, Illinois

NOTE: If additional space is required for legal - attach on separate 8-1/2 x 11 sheet hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois. TO HAVE AND TO HOLD said premises ~~not in tenancy in common, but in joint tenancy forever~~

Permanent Index Number(s) 26-07-112-049

Property Address: 9665 S Oglesby Avenue, Chicago IL 60617

DATED this 19th day of July 2000

Carla F. Naylor (SEAL) \_\_\_\_\_ (SEAL)

Carla Naylor

\_\_\_\_\_  
(SEAL) \_\_\_\_\_ (SEAL)

NOTE: PLEASE TYPE OR PRINT NAME BELOW ALL SIGNATURES

# UNOFFICIAL COPY

STATE OF ILLINOIS }  
County of Cook } ss

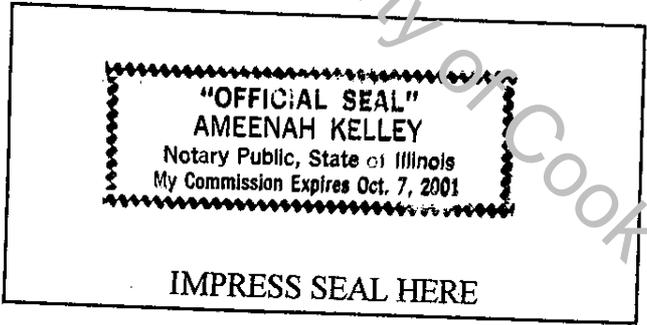
I, the undersigned, a Notary Public in and for said County, in the State aresaid, DO HEREBY CERTIFY THAT Carla Naylor

personally known to me to be the same person(s) whose name(s) is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that Carla Naylor signed, sealed and delivered the said instrument as \_\_\_\_\_ free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

Given under my hand and notarial seal, this 19 day of July, 2000

Ameenah D. Kelley  
Notary Public

0010194002  
My commission expires on October 7, 2001



### COUNTY - ILLINOIS TRANSFER STAMPS

EXEMPT UNDER PROVISIONS OF PARAGRAPH \_\_\_\_\_ SECTION 31-45, REAL ESTATE TRANSFER TAX LAW  
DATE: 2-16-01  
Esther A. Karo-Giles  
Buyer, Seller or Representative

NAME AND ADDRESS OF PREPARER:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\* This conveyance must contain the name and address of the Grantee for tax billing purposes : (Chap. 55 ILCS 5/3-5020) and name and address of the person preparing the instrument (Chap. 55 ILCS 5/3-5022).

TO \_\_\_\_\_  
FROM \_\_\_\_\_  
QUIT CLAIM DEED  
Illinois Statutory

STATEMENT BY GRANTOR AND GRANTEE  
**UNOFFICIAL COPY**

0010194002

The grantor or his agent affirms that, to the best of his knowledge, the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire real estate under the laws of the State of Illinois.

Dated: 2-16, 20 01

Signature: Jennifer Alfaro  
Grantor or Agent

Subscribed and sworn to before me by the said 16th this day of

February, 2001  
Notary Public: Esther Alfaro-Giler



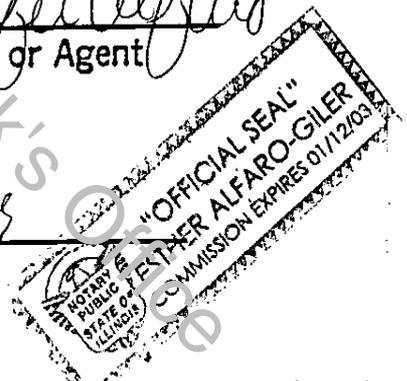
The grantee or his agent affirms and verifies that the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire real estate under the laws of the State of Illinois.

Dated: 2-16, 20 01

Signature: Jennifer Alfaro  
Grantee or Agent

Subscribed and sworn to before me by the said 16th this day of

February, 2001  
Notary Public: Esther Alfaro-Giler



**NOTE: Any person who knowingly submits a false statement concerning the identity of a grantee shall be guilty of a Class C misdemeanor for the first offense and of a Class A misdemeanor for subsequent offenses.**

(Attach to deed or ABI to be recorded in Cook County, Illinois, if exempt under the provisions of Section 4 of the Illinois Real Estate Transfer Tax Act.)

# UNOFFICIAL COPY

0010194002

## AFFIDAVIT OF HEIRSHIP

MARILYN WOODS SHEILD, LINDA CHERYL MC GUIN, CARLA NAYLOR (AFFIANTS)  
HEREBY STATE THE FOLLOWING:

1. THE AFFIANTS,

MARILYN WOODS SHIELD, RESIDES AT  
CARLA NAYLOR, RESIDES AT  
LINDA CHERYL MC GUIN, RESIDES AT

2. THAT AFFIANTS (MARILYN WOODS SHIELD, CARLA NAYLOR, LINDA CHERYL MC GUIN AND CHARLES WOODS JR) BEING THE ONLY HEIRS OF CHARLENE D WOODS (DECEASED), WHO DIED ON JULY 28, 1992.

3. AT THE TIME OF DEATH (CHARLENE D WOODS) DECEDENT, DIED OWNING AN INTEREST IN THE PROPERTY LEGALLY DESCRIBED AS FOLLOWS:

LOT 6 IN BLOCK 1 IN MERRIONETTE MANOR SECOND ADDITION BEING A SUBDIVISION OF PART OF THE EAST 1/2 OF THE NORTHEAST 1/4 OF SECTION 12, NORTH OF INDIAN BOUNDARY LINE, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, AND A RESUBDIVISION OF PART OF CALUMET TRUST'S SUBDIVISION NUMBER 3, AND VACATED STREETS AND ALLEYS IN FRACTIONAL SECTION 7 NORTH OF INDIAN BOUNDARY LINE IN TOWNSHIP 37 NORTH, RANGE 15, EAST OF THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

4. THE DECEDENT WAS MARRIED TO THE FOLLOWING AND NO OTHERS:

CHARLES D WOODS ( DIED JANUARY 12, 1987 )

5. THAT THE FOLLOWING CHILDREN WERE BORN TO, OR ADOPTED BY CHARLENE D WOODS (DECEDENTS) AND NO OTHER:

NAME	ALIVE/DEAD	PARENTS
MARILYN WOODS SHIELD	ALIVE	CHARLES D WOODS
CARLA NAYLOR	ALIVE	CHARLES D WOODS
LINDA CHERYL MC GUIN	ALIVE	CHARLES D WOODS
CHARLES WOODS JR	<del>ALIVE</del> Deceased	CHARLES D WOODS

6. THAT THE TOTAL VALUE OF THE ESTATE OF THE DECEDENT, INCLUDING THE TAXABLE INTEREST IN THE AFORESAID PROPERTY AND ALL JOINT TENANCY INTEREST IS  
\$ \_\_\_\_\_.

UNOFFICIAL COPY

10/10/2010

Property of Cook County Clerk's Office

# UNOFFICIAL COPY

0010194002

7. THAT THERE IS NO FEDERAL TAX OR ILLINOIS INHERITANCE TAX OR ILLINOIS PICKUP TAX DUE.

8. THAT THE AFFIANTS MAKE THIS AFFIDAVIT TO INDUCE HERITAGE TITLE COMPANY TO ISSUE POLICY NUMBER H39871 AND AFFIANTS ACKNOWLEDGE THAT HERITAGE TITLE COMPANY WILL RELY UPON THE REPRESENTATIONS MADE AND CONTAINED HEREIN IN ISSUING SAID POLICY(IES). FURTHER AFFIANT(S) AGREE TO INCUR ANY AND ALL COSTS ASSOCIATED WITH ANY CLAIMANTS AGAINST THE ESTATE AND HOLD HERITAGE TITLE COMPANY HARMLESS FOR SAME.

FURTHER AFFIANTS SAYETH NOT.

IN WITNESS WHEREOF, THE AFFIANTS HAVE AFFIXED (HIS/HER/THEIR) SIGNATURES HERETO THIS 24 DAY OF July, 2000.

\_\_\_\_\_  
|||

MARILYN WOODS SHIELD

Carla F. Naylor  
CARLA NAYLOR

\_\_\_\_\_  
|||

LINDA CHERYL MC GUIN

SUBSCRIBED AND SWORN TO BEFORE  
ME THIS 24 DAY OF July, 2000.

Ameenah S. Kelley  
NOTARY PUBLIC





**UNOFFICIAL COPY**

I, DAVID ORR, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

*David Orr*  
COUNTY CLERK

0010194002

JAN 28 1987

STATE OF ILLINOIS

STATE FILE NUMBER

PERMANENT  
CERTIFICATE  
TEMPORARY  
CERTIFICATE

Print in  
Permanent Ink  
& Manual for  
Deceased  
Parents  
Cause  
Disposition

DECEASED

5103

571

PARENTS

4292

CAUSE

53

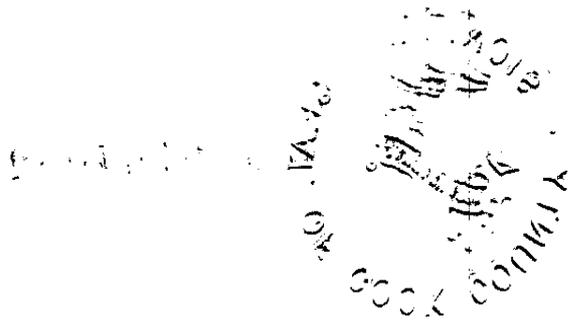
CERTIFIER

SA

DISPOSITION

REGISTRATION DISTRICT NO. <b>16.10</b>		REGISTERED NUMBER		MEDICAL EXAMINER'S CERTIFICATE OF DEATH				STATE FILE NUMBER <b>600850</b>	
DECEASED - NAME		SEX		DATE OF DEATH		COUNTY OF DEATH			
1. <b>Charles Daniel Woods</b>		2. <b>MALE</b>		3. <b>1-12-87</b>		7a. <b>Cook</b>			
4a. <b>BLACK</b>		5a. <b>63</b>		6. <b>May 22, 1923</b>		7b. <b>DOA</b>			
7b. <b>Chicago</b>		7c. <b>SOUTH CHGO. COMM.</b>		8. <b>Tenn.</b>		9. <b>USA</b>		10. <b>Married</b>	
12. <b>408-44-3596</b>		13a. <b>Claims Examiner</b>		13b. <b>US Govt.</b>		13c. <b>Yes</b>		13d. <b>WWII</b>	
14a. <b>9665 S. Oglesby</b>		14b. <b>Chicago</b>		14c. <b>Yes</b>		14d. <b>Cook</b>		14e. <b>Illinois</b>	
15. <b>John Claude Woods</b>		16. <b>Fannie Bell Jones</b>		17a. <b>Charlene D. Woods</b>		17b. <b>Wife</b>		17c. <b>9665 S. Oglesby Chicago, IL 60617</b>	
18. <b>DEATH WAS CAUSED BY:</b>		PART I. IMMEDIATE CAUSE						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		(a) <b>ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE</b>							
		(b) <b>ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE</b>							
		(c) <b>ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE</b>							
19. <b>CARCINOMA OF LIVER &amp; COLON</b>		19a. <b>NO</b>		19b. <b>NO</b>		19c. <b>NO</b>		19d. <b>NO</b>	
20a. <b>NATURAL</b>		20b. <b></b>		20c. <b>M</b>		20d. <b></b>		20e. <b></b>	
21a. <b>I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INDICATION, THE DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT</b>		21b. <b>1-12-87</b>		21c. <b>6:10p</b>		21d. <b>1-13-87</b>		21e. <b></b>	
22. <b>Yusef Kordji M.D.</b>		22. <b>Robert J. King, M.D.</b>		23. <b>7840</b>		23. <b>7840</b>		23. <b>7840</b>	
24a. <b>Burial</b>		24b. <b>Oakland Memory</b>		24c. <b>Dolton Illinois</b>		24d. <b>Jan. 17, 1987</b>		24e. <b>7840</b>	
25a. <b>CAGE MEMORIAL CHAPEL</b>		25b. <b>7651 S. JEFFERY BLYD, CHICAGO</b>		25c. <b>ILLINOIS</b>		25d. <b>60649</b>		25e. <b>7840</b>	
26a. <b>James C. Edwards M.D. MPA.</b>		26b. <b>JAN 14 1987</b>		26c. <b>7840</b>		26d. <b>7840</b>		26e. <b>7840</b>	

UNOFFICIAL COPY



Property of Cook County Clerk's Office

# UNOFFICIAL COPY

0010194002

## AFFIDAVIT OF HEIRSHIP

MARILYN WOODS SHEILD, LINDA CHERYL MC GUIN, CARLA NAYLOR (AFFIANTS)  
HEREBY STATE THE FOLLOWING:

1. THE AFFIANTS,

MARILYN WOODS SHIELD, RESIDES AT  
CARLA NAYLOR, RESIDES AT  
LINDA CHERYL MC GUIN, RESIDES AT

2. THAT AFFIANTS (MARILYN WOODS SHIELD, CARLA NAYLOR, LINDA CHERYL MC GUIN AND CHARLES WOODS JR) BEING THE ONLY HEIRS OF CHARLENE D WOODS (DECEASED), WHO DIED ON JULY 28, 1992.

3. AT THE TIME OF DEATH (CHARLENE D WOODS) DECEDENT, DIED OWNING AN INTEREST IN THE PROPERTY LEGALLY DESCRIBED AS FOLLOWS:

LOT 6 IN BLOCK 1 IN MERRIONETTE MANOR SECOND ADDITION BEING A SUBDIVISION OF PART OF THE EAST 1/2 OF THE NORTHEAST 1/4 OF SECTION 12, NORTH OF INDIAN BOUNDARY LINE, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, AND A RESUBDIVISION OF PART OF CALUMET TRUST'S SUBDIVISION NUMBER 3, AND VACATED STREETS AND ALLEYS IN FRACTIONAL SECTION 7 NORTH OF INDIAN BOUNDARY LINE IN TOWNSHIP 37 NORTH, RANGE 15, EAST OF THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

4. THE DECEDENT WAS MARRIED TO THE FOLLOWING AND NO OTHERS:

CHARLES D WOODS ( DIED JANUARY 12, 1987)

5. THAT THE FOLLOWING CHILDREN WERE BORN TO, OR ADOPTED BY CHARLENE D WOODS (DECEDENTS) AND NO OTHER:

NAME	ALIVE/DEAD	PARENTS
MARILYN WOODS SHIELD	ALIVE	CHARLES D WOODS
CARLA NAYLOR	ALIVE	CHARLES D WOODS
LINDA CHERYL MC GUIN	ALIVE	CHARLES D WOODS
CHARLES WOODS JR	<del>ALIVE</del> Deceased	CHARLES D WOODS

6. THAT THE TOTAL VALUE OF THE ESTATE OF THE DECEDENT, INCLUDING THE TAXABLE INTEREST IN THE AFORESAID PROPERTY AND ALL JOINT TENANCY INTEREST IS  
\$ \_\_\_\_\_.

UNOFFICIAL COPY

SEARCHED

Property of Cook County Clerk's Office

# UNOFFICIAL COPY

0010194002

7. THAT THERE IS NO FEDERAL TAX OR ILLINOIS INHERITANCE TAX OR ILLINOIS PICKUP TAX DUE.

8. THAT THE AFFIANTS MAKE THIS AFFIDAVIT TO INDUCE HERITAGE TITLE COMPANY TO ISSUE POLICY NUMBER H39871 AND AFFIANTS ACKNOWLEDGE THAT HERITAGE TITLE COMPANY WILL RELY UPON THE REPRESENTATIONS MADE AND CONTAINED HEREIN IN ISSUING SAID POLICY(IES). FURTHER AFFIANT(S) AGREE TO INCUR ANY AND ALL COSTS ASSOCIATED WITH ANY CLAIMANTS AGAINST THE ESTATE AND HOLD HERITAGE TITLE COMPANY HARMLESS FOR SAME.

FURTHER AFFIANTS SAYETH NOT.

IN WITNESS WHEREOF, THE AFFIANTS HAVE AFFIXED (HIS/HER/THEIR) SIGNATURES HERETO THIS 29<sup>th</sup> DAY OF JULY, 2000.

Marilyn Woods Shields  
MARILYN WOODS SHIELDS

Arlene L. Larusch  
OFFICIAL SEAL  
ARLENE L. LARUSCH  
NOTARY PUBLIC, STATE OF ILLINOIS  
MY COMMISSION EXPIRES 5-9-2001

\_\_\_\_\_  
CARLA NAYLOR

\_\_\_\_\_  
LINDA CHERYL MC GUIN

SUBSCRIBED AND SWORN TO BEFORE  
ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2000.

\_\_\_\_\_  
NOTARY PUBLIC

Property of Cook County Clerk's Office

UNOFFICIAL COPY

000000000000

Property of Cook County Clerk's Office

**UNOFFICIAL COPY**

I, DAVID ORR, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

*David Orr*  
COUNTY CLERK

0010194002

DECEDENT'S BIRTH NO.

REGISTRATION DISTRICT NO. **16.10**  
REGISTERED NUMBER **16.10**

STATE OF ILLINOIS

STATE FILE NUMBER **613862**

**MEDICAL CERTIFICATE OF DEATH**

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

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

1. CHARLENE D WOODS 2. FEMALE 3. JULY 28, 1992

4. COUNTY OF DEATH AGE-LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (M, D, Y)

4. COOK 5a. 64 5b. 5c. 5d. JUNE 11, 1928

6a. CITY, TOWN, TWP. OR ROAD DISTRICT NO. 6b. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6c. IF HOSP. OR INST. INDICATE D.O.A. OPENER, INPATIENT (SPECIFY)

6a. CHICAGO 6b. SOUTH CHICAGO COMMUNITY HOSPITAL 6c. INPATIENT

DECEASED

7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 8a. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 9. WAS DECEASED EVER IN U.S. ARMY, FORGEST? (YES/NO)

7. KNOXVILLE, TN 8a. WIDOWED 8b. 9. NO

10. SOCIAL SECURITY NUMBER 11a. USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDUSTRY 12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)

10. 409-38-7904 11a. HOMEMAKER 11b. HOME 12. 12 2.5

B

C

D

E

13a. RESIDENCE (STREET AND NUMBER) 13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13c. INSIDE CITY (YES/NO) 13d. COUNTY

13a. 9665 S. OGLESBY 13b. CHICAGO 13c. YES 13d. COOK

13e. STATE 13f. ZIP CODE 14a. RACE (WHITE, CLAYTON, AMERICAN INDIAN, OR SPECIFY) 14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES; IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.)

13e. ILLINOIS 13f. 60617 14a. BLACK 14b. X NO YES SPECIFY:

PARENTS

15. FATHER-NAME FIRST MIDDLE LAST 16. MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST

15. CLAUDE (DIXON) DIXON 16. ARTEMIS BROWN

1

17a. INFORMANT'S NAME (TYPE OR PRINT) 17b. RELATIONSHIP 17c. MAILING ADDRESS (STREET AND NO. OR P.O. CITY OR TOWN, STATE, ZIP)

17a. KAREN LIVAICH 17b. ADM. CLERK 17c. 2320 E. 93RD ST., CHICAGO, IL 60617

2

3

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. APPROPRIATE INTERVAL BETWEEN ENTRY AND EXAM

Immediate Cause (Final disease or condition resulting in death) (a) Hypertensive heart disease DUE TO, OR AS A CONSEQUENCE OF CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF STATING THE UNDERLYING CAUSE LAST (c) Chronic Renal Insufficiency

CAUSE

4

5

6

7

8

9

19. PART II Other significant conditions contributing to death but not resulting in the underlying cause given in PART I ALL OF THESE? (YES/NO) 19a. YES 19b. NO

20a. DATE OF OPERATION, IF ANY 20b. MAJOR FINDINGS OF OPERATION 20c. IF THERE WAS A PREGNANCY IN THE THREE MONTHS PREVIOUS TO DEATH: YES ( ) NO ( )

20a. 20b. 20c. YES ( ) NO ( )

21a. WHO DID NOT AT-T SAY THE DECEASED AND LAST SAW HIM HER ALIVE ON MONTH DAY YEAR 21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21c. HOUR OF DEATH

21a. 7-27-92 21b. NO 21c. 8:45 A. M.

CERTIFIER

22a. SIGNATURE 22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. ILLINOIS LICENSE NUMBER

22a. [Signature] 22b. DR ASHVIN SHAH 11240 S MICHIGAN AVE CHICAGO, IL 60628 22c. 036-058180

DISPOSITION

23. 24a. BURIAL 24b. CEMETERY OR CREMATORY-NAME 24c. LOCATION (CITY OR TOWN) STATE 24d. DATE (MONTH DAY YEAR)

24a. BURIAL 24b. OAKLAND MEMORY 24c. DOLTON ILLINOIS 24d. AUG. 1, 1992

25a. FUNERAL HOME 25b. FUNERAL DIRECTOR'S SIGNATURE 25c. FUNERAL HOME TELEPHONE NUMBER AND LICENSE NUMBER

25a. CAGE MEMORIAL CHAPEL 7651 SOUTH JEFFERY BLVD. CHICAGO, ILLINOIS 60649 25b. [Signature] 25c. 1/2209

26a. LOCAL REGISTRAR'S SIGNATURE 26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26c. [Signature]

26a. [Signature] 26b. JUL 31 1992 26c. [Signature]

UNOFFICIAL COPY



Property of Cook County Clerk's Office

# UNOFFICIAL COPY

## AFFIDAVIT OF HEIRSHIP

0010194002

CECILIA WOODS AND REUBEN WOODS (AFFIANTS) HEREBY STATE THE FOLLOWING:

1. THE AFFIANTS,

CECILIA WOODS, RESIDES AT  
REUBEN WOODS, RESIDES AT

2. THAT AFFIANTS (CECILIA WOODS AND REUBEN WOODS) BEING THE ONLY HEIRS OF CHARLES WOODS JR (DECEASED), WHO DIED ON

3. AT THE TIME OF DEATH (CHARLES WOODS JR) DECEDENT, DIED OWNING AN INTEREST IN THE PROPERTY LEGALLY DESCRIBED AS FOLLOWS:

LOT 6 IN BLOCK 1 IN MERRIONETTE MANOR SECOND ADDITION BEING A SUBDIVISION OF PART OF THE EAST 1/2 OF THE NORTHEAST 1/4 OF SECTION 12, NORTH OF INDIAN BOUNDARY LINE, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, AND A RESUBDIVISION OF PART OF CALUMET TRUST'S SUBDIVISION NUMBER 3, AND VACATED STREETS AND ALLEYS IN FRACTIONAL SECTION 7 NORTH OF INDIAN BOUNDARY LINE IN TOWNSHIP 37 NORTH, RANGE 15 EAST OF THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

4. THE DECEDENT WAS MARRIED TO THE FOLLOWING AND NO OTHERS:

LINDA REVIS

5. THAT THE FOLLOWING CHILDREN WERE BORN TO, OR ADOPTED BY CHARLES WOODS JR (DECEDENTS) AND NO OTHER:

NAME	ALIVE/DEAD	PARENTS
CECILIA WOODS	ALIVE	LINDA REVIS
REUBEN WOODS	ALIVE	LINDA REVIS

6. THAT THE TOTAL VALUE OF THE ESTATE OF THE DECEDENT, INCLUDING THE TAXABLE INTEREST IN THE AFORESAID PROPERTY AND ALL JOINT TENANCY INTEREST IS \$ \_\_\_\_\_.

7. THAT THERE IS NO FEDERAL TAX OR ILLINOIS INHERITANCE TAX OR ILLINOIS PICKUP TAX DUE.

8. THAT THE AFFIANTS MAKE THIS AFFIDAVIT TO INDUCE HERITAGE TITLE COMPANY

UNOFFICIAL COPY

20091113 10:00:00

Property of Cook County Clerk's Office

# UNOFFICIAL COPY

TO ISSUE POLICY NUMBER H39871 AND AFFIANTS ACKNOWLEDGE THAT HERITAGE TITLE COMPANY WILL RELY UPON THE REPRESENTATIONS MADE AND CONTAINED HEREIN IN ISSUING SAID POLICY (IES). FURTHER AFFIANT(S) AGREE TO INCUR ANY AND ALL COSTS ASSOCIATED WITH ANY CLAIMANTS AGAINST THE ESTATE AND HOLD HERITAGE TITLE COMPANY HARMLESS FOR SAME.

FURTHER AFFIANTS SAYETH NOT.

0010194002

IN WITNESS WHEREOF, THE AFFIANTS HAVE AFFIXED (HIS/HER/THEIR) SIGNATURES HERETO THIS 31 DAY OF July, 2000.

Cecilia Y. Woods  
CECILIA WOODS

Reuben J. Woods  
REUBEN WOODS



SUBSCRIBED AND SWORN TO BEFORE ME THIS 31 DAY OF July, 2000.

Andrea D. Harris  
NOTARY PUBLIC

Deputy Cook County Clerk's Office

UNOFFICIAL COPY

2011  
JAN 10 10 10 AM '11

Property of Cook County Clerk's Office

I, DAVID ORR, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

*David Orr*  
COUNTY CLERK

0010194002  
STATE FILE NUMBER

7281  
JAN 87  
STATE OF ILLINOIS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

600850

INFANTICIDE  
HOMICIDE  
SUICIDE

not in ink  
val for  
and  
factors  
4 for  
TICONS

46  
450

03

71

ENTS

292

USE

3

TIFIER

A

POSITION

REGISTRATION DISTRICT NO. 16.10	REGISTERED NUMBER		DECEASED - NAME		SEX	DATE OF DEATH
1. CHARLES		Daniel Woods		2. MALE	3. 1-12-87	
4a. RACE	4b. ORIGIN OR DESCENT	5a. AGE	5b. UNDER 1 YEAR	5c. UNDER 1 DAY	6. DATE OF BIRTH	7a. COUNTY OF DEATH
4a. BLACK	4b. Amer	5a. 63	5b. MOSE DATE	5c. HOURS MIN	6. May 22, 1923	7a. Cook
7b. Chicago		7c. SOUTH CHGO. COMM.		8. HOSPITAL OR OTHER INSTITUTION		7d. DOA
9. TENN.	10. USA	11. Married		11. Charlene Dixon		
12. 12408-44-3596	13a. Claims Examiner	13b. US Govt.		13. WAS DECEASED OVER IN U.S. ARMED FORCES? (YES/NO) Yes	13d. WWII	
14a. 9665 S. Oglesby		14b. Chicago		14c. INSIDE CITY (YES/NO) Yes	14d. Cook	14e. Illinois
15. FATHER NAME		16. MOTHER MAIDEN NAME		16. Fannie Bell Jones		
15. John Claude Woods		16. Fannie Bell Jones		16. Fannie Bell Jones		
17a. Charlene D. Woods		17b. Wife		17c. 9665 S. Oglesby Chicago, IL 60617		
18. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						
PART I. IMMEDIATE CAUSE						
(a) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE						
(b) DUE TO, OR AS A CONSEQUENCE OF						
(c) DUE TO, OR AS A CONSEQUENCE OF						
PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT HELD TO BE CAUSE GIVEN IN PART I (1)						
3. CARCINOMA OF LIVER + COLON						
20a. ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED (SPECIFY)	20b. DATE OF INJURY	20c. HOUR	20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR OTHER (SPECIFY))			
20a. NATURAL	20b.	20c. M	20d. M			
20e. INJURY AT WORK (YES/NO)	20f. PLACE OF INJURY	20g. LOCATION	20h. IF FEMALE WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES NO			
20e.	20f.	20g.	20h.			
21a. I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INFORMATION, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT			21b. MONTH	21c. DAY	21d. YEAR	21e. AT
21a.			21b. 1	21c. 12	21d. 87	21e. 6:10p
22. MEDICAL EXAMINER'S SIGNATURE					23. DATE SIGNED	
<i>Yusef Kordner M.D.</i>					23. 1-13-87	
24a. BURIAL, CREMATION REMOVAL (SPECIFY)		24b. CEMETERY OR CREMATORY NAME		24c. LOCATION		24d. DATE
24a. Burial		24b. Oakland Memory		24c. Dolton Illinois		24d. Jan. 17, 1987
25a. FUNERAL HOME NAME		25b. STREET AND NUMBER OR R.F.D.		25c. CITY OR TOWN		25d. STATE
25a. CAGE MEMORIAL CHAPEL		25b. 7651 S. JEFFERY BLYD.		25c. CHICAGO		25d. ILLINOIS 60649
25e. FUNERAL DIRECTOR'S SIGNATURE					25f. FUNERAL HOME TELEPHONE NUMBER	
<i>Hebert C. Edwards</i>					25f. 7840	
26a. LOCAL REGISTRAR SIGNATURE					26b. DATE REC'D BY LOCAL REGISTRAR	
<i>James C. Edwards M.D. M.P.A.</i>					26b. JAN 14 1987	