

Beth Grafman, Sharon Robinson and Michelle Downs, under the penalties of perjury states:

1. The Decedent, Ralph Stillman, died in Evanston, Illinois on April 24, 1998, at the age of 73 years.
2. We are of legal age. We reside in Chicago, Illinois. We are the daughters of the Decedent.
3. Decedent was not married but widowed to Annette Sullivan ^{Stillman/mo} at the time of his death and they had three children who were born from this marriage: Beth Grafman, Sharon Robinson and Michelle Downs.
4. Said Beth Grafman is living, of legal age, and married.
Said Sharon Robinson is living, of legal age, and divorced.
Said Michelle Downs is living, of legal age, and married.
5. Except as otherwise herein specifically mentioned and set forth, there were no adoptions and no children born out of wedlock known to Affiant.
6. Based on the foregoing, Decedent left surviving, as Decedent's only Heirs, the following, all of whom survived Decedent, and, in the absence of an indication to the contrary, are of legal age and mentally competent:

Said Beth Grafman is living, of legal age, and married.
Said Sharon Robinson is living, of legal age, and divorced.
Said Michelle Downs is living, of legal age, and married.

7. Further Affiant sayeth not.

Beth Grafman by Michelle Downs ^{Atty in fact}
Beth Grafman

Sharon Robinson
by Michelle Downs ^{Atty in fact}
Sharon Robinson

Michelle Downs
Michelle Downs

Subscribed and sworn to this 29 day of May, 2002.

MAIL TO

[Signature]
(Notary Public)

Prepared by:
Mitchell D. Pawlan
Attorneys at Law
55 West Monroe Street, Suite 3330
Chicago, Illinois 60603



REGISTRATION NO 1610

MEDICAL CERTIFICATE OF DEATH

NOV 9 9 1990

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UNOFFICIAL COPY

0020662319

REGISTERED NUMBER: **COOK**
 DECEASED NAME: **Doris Stillman**
 SEX: **Female**
 DATE OF BIRTH: **November 8, 1990**
 AGE: **65**
 PLACE OF BIRTH: **Chicago, Illinois**
 MARITAL STATUS: **Married**
 DEATH PLACE: **Northwestern Memorial Hospital**
 DATE OF DEATH: **November 8, 1990**
 TIME OF DEATH: **3:13 P.M.**
 CAUSE OF DEATH: **Chronic aortic dissection**
 MANNER OF DEATH: **Medical**
 DEATH CERTIFICATE NUMBER: **60625**
 COUNTY: **COOK**
 CITY: **Chicago**
 DECEASED ADDRESS: **5528 N. Kimball**
 DECEASED PHONE: **50625**
 DECEASED OCCUPATION: **Housewife**
 DECEASED RACE: **White**
 DECEASED ETHNIC ORIGIN: **White**
 DECEASED RELIGION: **Blood**
 DECEASED SEX: **Female**
 DECEASED HEIGHT: **5' 11"**
 DECEASED WEIGHT: **125**
 DECEASED HAIR: **White**
 DECEASED EYES: **Blue**
 DECEASED BLOOD TYPE: **B**
 DECEASED MARITAL STATUS: **Married**
 DECEASED OCCUPATION: **Housewife**
 DECEASED ADDRESS: **175 303 E. Superior Chicago, IL 60611**
 DECEASED PHONE: **60611**
 DECEASED CITY: **Chicago**
 DECEASED STATE: **IL**
 DECEASED ZIP: **60611**
 DECEASED COUNTY: **COOK**
 DECEASED CITY: **Chicago**
 DECEASED STATE: **IL**
 DECEASED ZIP: **60611**
 DECEASED COUNTY: **COOK**
 DECEASED CITY: **Chicago**
 DECEASED STATE: **IL**
 DECEASED ZIP: **60611**

I, VIRGINIA L. PARKER, M.P.A. ACTING 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.



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

[Handwritten Signature]

REGISTERED NUMBER: **COOK**
 DECEASED NAME: **Tim Votapka, M.D.**
 SEX: **Male**
 DATE OF BIRTH: **November 12, 1990**
 AGE: **36**
 PLACE OF BIRTH: **Chicago, Illinois**
 MARITAL STATUS: **Married**
 DEATH PLACE: **Forest Park, Illinois**
 DATE OF DEATH: **November 8, 1990**
 TIME OF DEATH: **3:13 P.M.**
 CAUSE OF DEATH: **Chronic aortic dissection**
 MANNER OF DEATH: **Medical**
 DEATH CERTIFICATE NUMBER: **60659**
 COUNTY: **COOK**
 CITY: **Chicago**
 DECEASED ADDRESS: **3015 N. Dearborn Ave. Chicago, Illinois 60659**
 DECEASED PHONE: **5819**
 DECEASED OCCUPATION: **Plumber**
 DECEASED RACE: **White**
 DECEASED ETHNIC ORIGIN: **White**
 DECEASED RELIGION: **Catholic**
 DECEASED BLOOD TYPE: **B**
 DECEASED SEX: **Male**
 DECEASED HEIGHT: **5' 10"**
 DECEASED WEIGHT: **175**
 DECEASED HAIR: **Black**
 DECEASED EYES: **Blue**
 DECEASED BLOOD TYPE: **B**
 DECEASED MARITAL STATUS: **Married**
 DECEASED OCCUPATION: **Plumber**
 DECEASED ADDRESS: **175 303 E. Superior Chicago, IL 60611**
 DECEASED PHONE: **60611**
 DECEASED CITY: **Chicago**
 DECEASED STATE: **IL**
 DECEASED ZIP: **60611**
 DECEASED COUNTY: **COOK**
 DECEASED CITY: **Chicago**
 DECEASED STATE: **IL**
 DECEASED ZIP: **60611**

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