

JUN. 16. 2004 1:49PM

UNOFFICIAL COPY

NO. 937 P. 1



0418244072

STATE OF ILLINOIS)
) ss
COUNTY OF COOK)

Doc#: 0418244072
Eugene "Gene" Moore Fee: \$28.00
Cook County Recorder of Deeds
Date: 06/30/2004 08:40 AM Pg: 1 of 3

AFFIDAVIT OF HEIRSHIP

Cloyes Myles *, Deceased.

And now on this June 16, 2004 day of June, 2004 after being first duly sworn

under oath, testifies and deposes as follows, to wit:

1. My name is Gwendolyn Williams ss I am over the age of twenty-one (21) years of age and, to my understanding, am otherwise competent to give testimony.

2. I reside at 4946 W. Congress Pkwy Chicago, IL 60644

3. I, a ss and knew Cloyes Myles in his/her lifetime.
May 8, 1999 Chicago Cook

4. Cloyes Myles died on May 8, 1999 in the City of Chicago County of Cook, State of Illinois.

5. The decedent was divorced at the time of her death married ss time, to ss.

6. 4 children were born to the decedent and 3, as follows:
Sylvia Myles Senior
Cassandra Myles
Myles Myles
Eric Myles

7. No persons were adopted by the decedent.

8. The parents of the decedent were Earl Moran & Lydia Taylor Moran

ss both said parents are now deceased.

9. Pursuant to the Last Will and Testament of Cloyes Myles the decedent herein, left his entire estate, both real and personal, to ss.

Sylvia Myles Senior
Cassandra Myles
Myles Myles
Eric Myles

3/8

STEWART TITLE OF ILLINOIS
2900 N. LA SALLE STREET, SUITE 1920
CHICAGO, IL 60602

JUN. 16. 2004 1:49PM

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NO. 937 P. 2

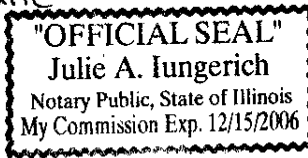
10. The foregoing is based upon my own personal knowledge and belief, is true, and if called upon as a witness I would competently and consistently testify thereto.

FURTHER AFFLIANT SAYETH NOT

Quendy Williams
*

SUBSCRIBED AND SWORN TO
BEFORE ME THIS *16* DAY of *June*
06, 2004.

Julie Aungerich
NOTARY PUBLIC



Prepared By:

Attest:
[Signature]

Property of Cook County Clerk's Office

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04/06/2004 09:15

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GWEN

PAGE 01

PRINTED BY AUTHORITY OF THE STATE OF ILLINOIS

DISTRICT NO. 16.35
REGISTERED NUMBER 249

MEDICAL CERTIFICATE OF DEATH

Print as filed in
Illinois Department of
Public Health
Hospital or Physician
Handbook for
ATTORNEYS

DECEASED

PARENTS

CAUSE

OFFICERS

LOCAL REGISTRARS

1. COUNTY OF DEATH: **CIOVOS**

2. CITY, TOWN, VILLAGE OR ROAD DISTRICT NUMBER: **Melrose Park**

3. COUNTY OF BIRTH: **Willard**

4. DATE OF BIRTH: **June 11, 1929**

5. SEX: **Female**

6. DATE OF DEATH: **May 8, 1999**

7. PLACE OF DEATH: **Westlake Community Hospital**

8. ICD-10 CODE: **I10**

9. ICD-9 CODE: **410**

10. ICD-9-CM EXTENSION: **92**

11. ICD-9-CM EXTENSION: **92**

12. ICD-9-CM EXTENSION: **92**

13. ICD-9-CM EXTENSION: **92**

14. MARITAL STATUS: **Wife**

15. HUSBAND'S NAME: **Walter**

16. HUSBAND'S BIRTH DATE: **1912**

17. HUSBAND'S BIRTH PLACE: **Illinois**

18. HUSBAND'S OCCUPATION: **None**

19. HUSBAND'S DEATH DATE: **None**

20. HUSBAND'S DEATH PLACE: **None**

21. HUSBAND'S DEATH CAUSE: **None**

22. HUSBAND'S DEATH YEAR: **None**

23. HUSBAND'S DEATH MONTH: **None**

24. HUSBAND'S DEATH DAY: **None**

25. RESIDENCE STREET ADDRESS: **139 W. Cottage St.**

26. CITY, TOWN, VILLAGE OR ROAD DISTRICT NO.: **Melrose Park**

27. STATE: **Illinois**

28. ZIP CODE: **60166**

29. RACE: **Black**

30. ETHNICITY: **None**

31. RELIGION: **None**

32. EDUCATION: **High School Graduate**

33. OCCUPATION: **None**

34. INDUSTRY: **None**

35. EMPLOYER: **None**

36. DATE OF ENTRY INTO ILLINOIS: **None**

37. PLACE OF ENTRY INTO ILLINOIS: **None**

38. DATE OF DEPARTURE FROM ILLINOIS: **None**

39. PLACE OF DEPARTURE FROM ILLINOIS: **None**

40. FATHER'S NAME: **Earl**

41. FATHER'S BIRTH DATE: **1912**

42. FATHER'S BIRTH PLACE: **Illinois**

43. FATHER'S OCCUPATION: **None**

44. FATHER'S DEATH DATE: **None**

45. FATHER'S DEATH PLACE: **None**

46. FATHER'S DEATH CAUSE: **None**

47. FATHER'S DEATH YEAR: **None**

48. FATHER'S DEATH MONTH: **None**

49. FATHER'S DEATH DAY: **None**

50. MOTHER'S NAME: **Joanne D. Latty**

51. MOTHER'S BIRTH DATE: **1912**

52. MOTHER'S BIRTH PLACE: **Illinois**

53. MOTHER'S OCCUPATION: **None**

54. MOTHER'S DEATH DATE: **None**

55. MOTHER'S DEATH PLACE: **None**

56. MOTHER'S DEATH CAUSE: **None**

57. MOTHER'S DEATH YEAR: **None**

58. MOTHER'S DEATH MONTH: **None**

59. MOTHER'S DEATH DAY: **None**

60. CAUSE OF DEATH: **Septic shock**

61. ICD-9-CM CODE: **707.0**

62. ICD-9-CM EXTENSION: **1**

63. ICD-9-CM EXTENSION: **1**

64. ICD-9-CM EXTENSION: **1**

65. ICD-9-CM EXTENSION: **1**

66. ICD-9-CM EXTENSION: **1**

67. ICD-9-CM EXTENSION: **1**

68. ICD-9-CM EXTENSION: **1**

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86. ICD-9-CM EXTENSION: **1**

87. ICD-9-CM EXTENSION: **1**

88. ICD-9-CM EXTENSION: **1**

89. ICD-9-CM EXTENSION: **1**

90. ICD-9-CM EXTENSION: **1**

91. DATE OF EXAMINATION: **May 11, 1999**

92. PLACE OF EXAMINATION: **Westlake Community Hospital**

93. NAME OF PHYSICIAN: **Dr. [Name]**

94. ADDRESS OF PHYSICIAN: **450 E. Ohio - Chicago, Illinois**

95. PHONE NUMBER OF PHYSICIAN: **None**

96. SIGNATURE OF PHYSICIAN: **[Signature]**

97. DATE OF SIGNATURE: **May 11, 1999**

98. PLACE OF SIGNATURE: **Westlake Community Hospital**

99. NAME OF REGISTRAR: **[Name]**

100. ADDRESS OF REGISTRAR: **2020 Roswell Rd - Brookfield, Illinois**

101. PHONE NUMBER OF REGISTRAR: **None**

102. SIGNATURE OF REGISTRAR: **[Signature]**

103. DATE OF SIGNATURE: **May 11, 1999**

104. PLACE OF SIGNATURE: **Westlake Community Hospital**

105. NAME OF LOCAL REGISTRAR: **[Name]**

106. ADDRESS OF LOCAL REGISTRAR: **2020 Roswell Rd - Brookfield, Illinois**

107. PHONE NUMBER OF LOCAL REGISTRAR: **None**

108. SIGNATURE OF LOCAL REGISTRAR: **[Signature]**

109. DATE OF SIGNATURE: **May 11, 1999**

110. PLACE OF SIGNATURE: **Westlake Community Hospital**

111. NAME OF FUNERAL HOME: **Wallace Funeral Home**

112. ADDRESS OF FUNERAL HOME: **2020 Roswell Rd - Brookfield, Illinois**

113. PHONE NUMBER OF FUNERAL HOME: **None**

114. SIGNATURE OF FUNERAL HOME: **[Signature]**

115. DATE OF SIGNATURE: **May 11, 1999**

116. PLACE OF SIGNATURE: **Westlake Community Hospital**

117. NAME OF LOCAL REGISTRAR: **[Name]**

118. ADDRESS OF LOCAL REGISTRAR: **2020 Roswell Rd - Brookfield, Illinois**

119. PHONE NUMBER OF LOCAL REGISTRAR: **None**

120. SIGNATURE OF LOCAL REGISTRAR: **[Signature]**

121. DATE OF SIGNATURE: **May 11, 1999**

122. PLACE OF SIGNATURE: **Westlake Community Hospital**

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at Item 1, and that the record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE: May 11, 1999 SIGNED: [Signature]
 AT: MELROSE PARK Illinois OFFICIAL TITLE: REGISTRAR

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH as Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that this certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all court and places of the facts therein stated.