

UNOFFICIAL COPY

AFFIDAVIT OF HEIRSHIP

ESTATE OF CLARA LEE MILNER,
Deceased

MILDRED MILNER, being first duly
sworn upon his/her oath, deposes and says:

1. That decedent, CLARA LEE MILNER,
died at Cook County, Illinois on May 29,
2003, at the age of 77 years.

2. I am of legal age. I reside at 5309
West Monroe, Chicago, Illinois, 60644. I am
the daughter of the decedent.

3. The decedent was married one time
to WILLIE LEE MILNER, JR.; said marriage
terminated in the death of in WILLIE LEE
MILNER, JR. on November 2, 1981.

4. The following children and no others
were born to or adopted by decedent:

- a) MILDRED MILNER
- b) WILLIE LEE MILNER, JR.
- c) DORIS BRADY
- d) ANDRE MILNER

Based on the foregoing, decedent left surviving as his/her only heirs the
following, all of whom survived decedent and, in the absence of an indication to the
contrary, are of legal age, are mentally competent, and, if children, are natural children.

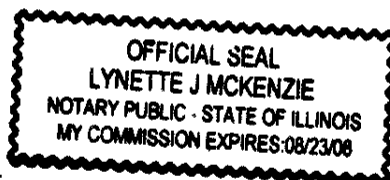
- a a) MILDRED MILNER
- b) WILLIE LEE MILNER, JR.
- c) DORIS BRADY
- d) ANDRE MILNER



Lynette McKenzie
18325 Torrence
Lansing IL 60438

Mildred Milner
MILDRED MILNER

SUBSCRIBED and SWORN to before me this 8 day of July 2005.



Lynette J. McKenzie
NOTARY PUBLIC

Commission Expires:



0522834003

Doc#: 0522834003 Fee: \$26.50
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 08/16/2005 08:53 AM Pg: 1 of 2

STATE OF ILLINOIS
County of Cook

UNOFFICIAL COPY

DAVID ORR, County Clerk

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.

COUNTY CLERK

DECEASED'S BIRTH NO.		REGISTRATION DISTRICT NO. <u>16.92</u>	STATE OF ILLINOIS		STATE FILE NUMBER
		REGISTERED NUMBER <u>673</u>	MEDICAL CERTIFICATE OF DEATH		
1. DECEASED-NAME FIRST MIDDLE LAST <u>CLARA MILNER</u>		SEX <u>Female</u>	DATE OF DEATH (MONTH, DAY, YEAR) <u>3 MAY 29, 2003</u>		
2. COUNTY OF DEATH <u>COOK</u>		AGE-LAST BIRTHDAY (YRS) <u>77</u>	UNDER 1 YEAR MOS. <u>5a.</u>	UNDER 1 DAY HOURS MIN. <u>5c.</u>	DATE OF BIRTH (MONTH, DAY, YEAR) <u>5d. March 4, 1926</u>
3. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER <u>PROVISO TOWNSHIP</u>		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <u>FOSTER G. MCGAW HOSPITAL</u>		IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY) <u>6c. INPATIENT</u>	
4. BIRTHPLACE (CITY AND STATE) FOREIGN/COUNTRY <u>STEPHENS, AR.</u>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>8a. WIDOWED</u>		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <u>9. NO</u>	
5. SOCIAL SECURITY NUMBER <u>341-22-0541</u>		USUAL OCCUPATION <u>11a. HOME MAKER</u>		KIND OF BUSINESS OR INDUSTRY <u>11b. OWN HOME</u>	
6. RESIDENCE (STREET AND NUMBER) <u>5309 W MONROE</u>		CITY, TOWN, TWP, OR ROAD DISTRICT NO. <u>13b. CHICAGO</u>		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) <u>12</u> College (1-4 or 5+) <u>13c. YES</u>	
7. STATE <u>ILLINOIS</u>		ZIP CODE <u>13f. 60644</u>		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) <u>14a. BLACK</u>	
8. FATHER-NAME FIRST MIDDLE LAST <u>FLOYD WATSON</u>		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST <u>MAE ELIA N/A</u>		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) <u>14b. X NO</u>	
9. INFORMANT'S NAME (TYPE OR PRINT) <u>ANNA SCORNAVACCO</u>		RELATIONSHIP <u>HOSPITAL</u>		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) <u>17c. 2160 S. FIRST AV. MAYWOOD, IL, 60153</u>	
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) <u>Metastatic Bladder CA</u>			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a)		(b) <u>Respiratory Failure</u>			
STATING THE UNDERLYING CAUSE LAST.		(c)			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO) <u>19a. No</u>	
20a.		20b.		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) <u>19b.</u>	
I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON <u>21a. May 29, 2003</u>		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) <u>21b. No</u>		HOUR OF DEATH <u>21c. 2:21 P.M.</u>	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		22a. SIGNATURE <u>[Signature]</u>		DATE SIGNED (MONTH, DAY, YEAR) <u>22b. 5/29/2003</u>	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <u>Dr. Harold Schuck 2160 S. FIRST AV. MAYWOOD, IL. 60153</u>		22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) <u>None</u>		ILLINOIS LICENSE NUMBER <u>22d. 124-044979</u>	
23. <u>None</u>					
BURIAL, CREMATION, REMOVAL (SPECIFY) <u>24a. BURIAL</u>		CEMETERY OR CREMATORY-NAME <u>24b. LINCOLN CEMETERY</u>		LOCATION CITY OR TOWN STATE <u>24c. Chicago, ILLINOIS</u>	
FUNERAL HOME NAME <u>25a. CORBIN COLONIAL FUNERAL CHAPEL</u>		STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP <u>5345 W MADISON CHICAGO ILLINOIS 60644</u>		DATE (MONTH, DAY, YEAR) <u>24d. JUNE 9, 2003</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <u>25c. 034-015654</u>		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <u>26b. June 9, 2003</u>	
LOCAL REGISTRAR'S SIGNATURE <u>[Signature]</u>		BROADVIEW ILLINOIS 60155			