

UNOFFICIAL COPY

January 12, 2008

AFFIDAVIT OF HEIRSHIP

I, ARTURO CHAVEZ, of 2645 W. 23rd Place, Chicago, IL 60608 do hereby state on oath as to the truth of the following:

1. That I am the widower of Carmen Chavez who died of natural causes on December 21, 2007 in Chicago, Illinois.
2. That I am familiar with the facts relating to the death of Carmen Chavez and relating to her heirs.
3. That Carmen Chavez died intestate on December 21, 2007 in Chicago, Illinois.
4. That prior to her marriage to me, she had one child only – Peter Lagunas, now 37 years of age.
5. That Alberto N. Lagunas, now 33 years old, was born to me and my wife prior to our marriage on or about November 20, 1976 in Chicago, Illinois. We remained married to the date of her death.
6. That during our marriage we had five additional children born to us - namely, Argelia Chavez, now 30 years old; Marlene Chavez, now 29 years old; Danette Chavez, now 28 years old; Raquel Alexander, now 26 years old; and Leonid Chavez, now 24 years old.
7. That no other children were born or adopted by my wife, Carmen Chavez.
8. That the sole heirs of Carmen Chavez upon her death were myself and the seven children listed above, all of whom are still alive.
9. That the above information is based upon my best knowledge and belief.

SIGNED: Arturo Chavez
ARTURO CHAVEZ

Subscribed and sworn to before me
this 12th day of January, 2008.

John G. Masterly
Notary Public

Prepared by:
John G. Masterly
Attorney at Law
2301 S. Western Ave.
Chicago, IL 60608



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CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

STATE FILE NUMBER
617054

DEC 26 2007
I, TERRY MASON M.D., 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 ORDINANCE OF SAID LAW AND ORDINANCES.



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **16.10**

REGISTERED NUMBER

DECEASED-NAME FIRST MIDDLE LAST Carmen Chavez	SEX Female	DATE OF DEATH (MONTH, DAY, YEAR) December 21, 2007
COUNTY OF DEATH Cook	DATE OF BIRTH (MONTH, DAY, YEAR) July 17, 1948	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Chicago	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Sinai Hospital	IF HOSP. OR INST. INDICATE D.O.A. OPERM, RM, INFANTRY (SPECIFY) Emer. Room
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Austin, Texas	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) Arturo Chavez	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) No
SOCIAL SECURITY NUMBER 352-40-9210	KIND OF BUSINESS OR INDUSTRY At Home	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) College (1-4 or 5-1)
RESIDENCE (STREET AND NUMBER) 2645 W. 23rd place	CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago	COUNTY Cook
STATE Illinois	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) White	INSIDE CITY (YES/NO) Yes
FATHER-NAME FIRST MIDDLE LAST Aurelio Laquas	14b. <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES SPECIFY: Mexican	13c. Yes
INFORMANT'S NAME (TYPE OR PRINT) Arturo Chavez	RELATIONSHIP Husband	13d. Cook
MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 2645 W. 23rd Pl. Chicago, IL.	16. Lydia Terrazas	60608
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. (a) Acute + chronic congestive heart failure 1 day (b) Myoestensive cardio myopathy unknown (c)	19a. Yes	19b. Yes
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. DATE OF OPERATION, IF ANY 20a.	MAJOR FINDINGS OF OPERATION 20b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19c. Yes
(DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a.	HAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. Yes	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 22a. SIGNATURE James J. Murphy	DATE SIGNED (MONTH, DAY, YEAR) 21c. 3:55 P. M.	DATE OF DEATH (MONTH, DAY, YEAR) 22b. 12-23-07
NAME AND ADDRESS OF CERTIFIER 22c. James Bryant M.D. 333 N. Michigan Chicago	ILLINOIS LICENSE NUMBER 22d. 36-052465	NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
23. LOCAL REGISTER SIGNATURE Terry Mason MD	24. Justice, Illinois	24d. Dec. 28, 2007
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY-NAME 24b. Resurrection	STATE (MONTH, DAY, YEAR)
FUNERAL HOME 25a. Modell Funeral Home 5725 S. Pulaski Rd. Chicago, Illinois 60629	STREET AND NUMBER OR R.F.D. 24c. Justice, Illinois	DATE (MONTH, DAY, YEAR)
FUNERAL DIRECTOR'S SIGNATURE 25b. [Signature]	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-011510	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 25d. DEC 26 2007
LOCAL REGISTER SIGNATURE 26a. [Signature]	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. DEC 26 2007	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26c. DEC 26 2007