

# UNOFFICIAL COPY

STATE OF ILLINOIS     )  
                                  ) SS  
COUNTY OF COOK       )



Doc#: 0815657072 Fee: \$42.50  
Eugene "Gene" Moore RHSP Fee:\$10.00  
Cook County Recorder of Deeds  
Date: 06/04/2008 01:46 PM Pg: 1 of 4

## AFFIDAVIT OF HEIRSHIP

**TOYA J. WOODS**, being first duly sworn, under oath, deposes and states as follows:

1. That I reside at 7615 S. Eggleston Avenue, Chicago, IL 60620.
2. That I am the natural daughter of WINDELL L. WOODS.
3. That my father, WINDELL L. WOODS and my mother, NADINE WOODS, were married to each other IN 1973 and had ONE (1) child born to or adopted by them, namely: TOYA J. WOODS. That no other children were born to WINDELL L. WOODS and NADINE WOODS and no children were adopted by said parties.
4. That WINDELL L. WOODS and NADINE WOODS were divorced in 1987 and WINDELL L. WOODS never remarried and no other children were born to or adopted by him during his lifetime.
5. That my father, WINDELL L. WOODS, died intestate on April 30, 2008, leaving as his only heir at law myself, his daughter, TOYA J. WOODS.
6. That at the time of his death, WINDELL L. WOODS was the owner of the property located at 7615 S. Eggleston Avenue, Chicago, IL 60620.
7. That TOYA J. WOODS is over the age of eighteen (18) and is competent.
8. That any and all debts, including public and old age assistance advancements, funeral, doctor and hospital bills have been paid in full for WINDELL L. WOODS.

  
\_\_\_\_\_  
TOYA J. WOODS

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STATE OF ILLINOIS    )  
                                  ) SS  
COUNTY OF COOK     )

TOYA J. WOODS, being first duly sworn upon oath, deposes and states that she has read the foregoing AFFIDAVIT OF HEIRSHIP, by her subscribed and that the aforementioned is true and correct and if called upon to testify, can do so competently as to the truth of the matters asserted herein.

  
\_\_\_\_\_  
TOYA J. WOODS

Subscribed and sworn to  
before me this 19th day  
of May, 2008.

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



Property of Cook County Clerk's Office

# UNOFFICIAL COPY

THE SOUTH 30 FEET OF LOT 3 IN BLOCK 6 IN AUBURN PARK, A  
SUBDIVISION IN SECTION 28, TOWNSHIP 38 NORTH, RANGE 14 EAST OF THE  
THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN # 20-28-313-005

ADDRESS: 7615 S, EGGLESTON, CHICAGO, IL 60620

Property of Cook County Clerk's Office

# UNOFFICIAL COPY

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No. 1231-08

State No. \_\_\_\_\_

1. Decedent's Legal Name (First, Middle, Last) <b>Windell L. Woods</b>				7a. Maiden Last Name (If Female)		2. Sex <b>Male</b>		3. Time Of Death <b>7:32 pm</b>		4. Date Of Death (Month/Day/Year) <b>April 30, 2008</b>			
5. Social Security Number <b>276-38- 7243</b>		6a. Age - Yrs <b>65</b>		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		6e. Under 1 Hour Minutes			
7. Date Of Birth (Month/Day/Year) <b>Dec. 15, 1942</b>				8. Birthplace (City And State Or Foreign Country) <b>Dixie, AR</b>									
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival				10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)							
11. Facility Name (If Not Institution, Give Street And Number) <b>St. Margaret Mercy North Campus</b>													
12. City Or Town, State, And Zip Code <b>Hammond</b>						13. County Of Death <b>Lake</b>			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown				
15. Surviving Spouse's Name <b>None</b>				15a. (If Wife) Give Maiden Last Name <b>NIA</b>				16. Decedent's Usual Occupation <b>Supervisor</b>		17. Kind Of Business/Industry <b>US Post Office</b>			
18. Residence - State <b>Illinois</b>			18a. County <b>Cook</b>			18b. City Or Town <b>Chicago</b>							
18c. Street And Number <b>7615 S. Eggleston</b>						18d. Apt. No.		18e. Zip Code <b>60620</b>		18f. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education <b>12</b>			20. Decedent Of Hispanic Origin <b>No</b>			21. Decedent's Race <b>Black</b>							
22. Father's Name (First, Middle, Last) <b>Levert Woods</b>				23. Mother's Name (First, Middle, Last) <b>Naomi Woods</b>				23a. Mother's Maiden Last Name <b>Cunningham</b>					
24. Informant's Name <b>Toya Woods</b>			24a. Relationship To Decedent <b>Daughter</b>			24b. Mailing Address (Street And Number, City, State, Zip Code) <b>539 Superior Calumet City, IL 60409</b>							
25a. Method Of Disposition: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):				25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>Homewood Cemetery</b>				25c. Location - City, Town, And State <b>Homewood, IL</b>					
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>Coleman -Hicks 101 N. Karwick Rd. Michigan City, In 46320</b>						27a. Funeral Home License Number: <b>19900066</b>					
27b. Signature Of Indiana Funeral Service Licensee: 						27c. License Number (Of Licensee): <b>29900066</b>							
<b>Cause Of Death (See Instructions And Example)</b>													
28. Part I. Enter The <u>Chain Of Events</u> —Diseases, Injuries, Or Complications—That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.										Approximate Interval: Onset To Death			
Immediate Cause (Final Disease Or Condition Resulting In Death) A. <b>Metastatic Rectal Cancer</b>													
Due To (Or As A Consequence Of):													
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last													
B. _____													
Due To (Or As A Consequence Of):													
C. _____													
Due To (Or As A Consequence Of):													
D. _____													
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I													
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No							
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown			32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year			33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined							
34. Date Of Injury (Month/Day/Year)			35. Time Of Injury			36. Place Of Injury (E.G., Decedent's Home, Construction Site, etc.)							
38. Location Of Injury - State			38a. City Or Town			38b. Street & Number							
39. Describe How Injury Occurred			38c. Apt. No.			38d. ICBID Use Code							
41. Signature, Of Person Certifying Cause Of Death: 						42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer							
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>CORA ROSENBAUM, MD 3801 S. MARYLAND Chicago, IL 60637</b>						44. License Number <b>36-114894</b>		45. Date Certified <b>MAY 05 2008</b>					
46. Additional Funeral Service Provider: <b>Jones Funeral Home, LLC 3240 W. 79th St. Chicago, IL 60652</b>						47. *Akas:							
48. Signature of Local Health Officer: <b>Susan J But D.O.</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>May 5, 2008</b>							