



Doc#: 1030726191 Fee: \$58.00
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 11/03/2010 11:44 AM Pg: 1 of 2

STATE OF ILLINOIS }

COUNTY OF COOK }

CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

ESTATE OF: Demetric Charles McElmurry} No.

}
} Docket

Deceased. }

}
} Page

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AFFIDAVIT OF HEIRSHIP

Deloris Kennard, on oath says,

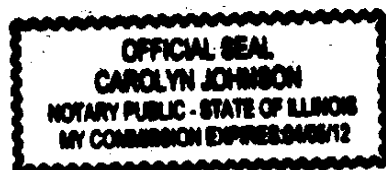
1. The decedent, Demetric Charles McElmurry, died at Harvey, Illinois on December 20, 2008, at the age of 43.
2. I am of legal age and am the mother of the decedent.
3. The decedent died intestate.
4. The decedent was never married nor had any children.
5. Decedent's father Charles McElmurry predeceased decedent.
6. Deloris Kennard, the mother of the deceased had only four children born to her. No children were adopted.
7. Based on the foregoing decedent left surviving as her heirs the following all of whom survived the decedent, and in the absence of any indication to the contrary, are of legal age, mentally competent: Deloris Kennard-mother, Angela Scott-sister, Winona Scott-sister and Lawrence Scott-brother.
8. All funeral expenses and medical bills have been satisfied.

Deloris Kennard
Deloris Kennard

Signed and Sworn to before me this day

12 of October 2010.
Carolyn Johnson
Notary Public

Carolyn Johnson #33306
7115 W. North Ave #366
Oak Park, Illinois 60302
708-386-0629



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P 2
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INT SS

Chicago Guaranty Fund, Inc.
1 S. Wacker Rd., STE 2400
Chicago, IL 60606-4650
Attn: Search Department

CERTIFICATION OF VITAL RECORD

STATE OF ILLINOIS UNOFFICIAL COPY CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.34		LOCAL FILE NUMBER 493000		STATE FILE NUMBER	
1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) DEMERIC CHARLES MCELMURRY			2. SEX Male	3. DATE OF DEATH (Month/Day/Year) (Spell Month) DECEMBER 20, 2008	
4. COUNTY OF DEATH COOK	5a. AGE AT LAST BIRTHDAY (Years) 43	5b. UNDER 1 YEAR Months _____ Days _____	5c. UNDER 1 DAY Hours _____ Minutes _____	6. DATE OF BIRTH (Month/Day/Year) April 1, 1965	
7a. CITY OR TOWN Harvey		7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) 14321 S. Wallace			
7c. PLACE OF DEATH (Check only one; see instructions)					
IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long-term care facility <input checked="" type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____		
8. BIRTHPLACE (City and State or Foreign Country) Oakland, Ca.	9. SOCIAL SECURITY NUMBER [REDACTED]	10. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Unknown		11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage)	12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13a. RESIDENCE (Street and Number) 14321 So. Wallace		13b. APT. NO.	13c. CITY OR TOWN HARVEY		13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13e. COUNTY Cook	13f. STATE Ill.	13g. ZIP CODE 60426	14. FATHER'S NAME (First, Middle, Last) CHARLES MCELMURRY		15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) DELORIS WILSON
16a. INFORMANT'S NAME DELORIS KENNA		16b. RELATIONSHIP MOTHER	16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 9244 S. Racine Chicago, Illinois 60620		
17. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): _____		18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) MT. HOPE CEMETERY		19. LOCATION - CITY, TOWN AND STATE CHICAGO, ILLINOIS	20. DATE OF DISPOSITION (Month/Day/Year) JANUARY 3, 2008
21a. FUNERAL HOME NAME SLAUGHTER & SON FUNERAL DIRECTORS, LTD.		21b. FUNERAL DIRECTOR'S SIGNATURE BENITA F. SLAUGHTER		21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-012203	
22. LOCAL REGISTRAR'S SIGNATURE Nancy L. Clark		23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) JAN 05 2009			
24. PART I. Enter the chain of events - 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 etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Sagittae fracture					
Sequently 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. Blunt trauma to head					
c. automobile accident					
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		28. IF FEMALE: <input type="checkbox"/> Not pregnant within past 12 months <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		29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Pending investigation	
30. DATE OF INJURY (Month/Day/Year) 1988	31. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	32. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area) roadway		33. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
34. LOCATION OF INJURY Street and Number Effingham, Illinois		Apartment Number	City or Town	State	ZIP Code
35. DESCRIBE HOW INJURY OCCURRED: Fell asleep, went into ditch					36. IF TRANSPORTATION INJURY, SPECIFY: <input checked="" type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify): _____
37. I (DO) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		39. DATE PRONOUNCED (M/Day/Year) December 20, 2008	40. TIME OF DEATH 00:10 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.
41. CERTIFIER (Check only one): <input type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.					
42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Part 24) J. LAWRENCE COGAN, M.D.			43. PHYSICIAN'S LICENSE NUMBER 2127 W. HARRISON ST., CHICAGO, ILLINOIS 60612-3706		
44. TITLE OF CERTIFIER THE MEDICAL EXAMINER		45. DATE CERTIFIED (Month/Day/Year) December 20, 2008		46. SIGNATURE OF CERTIFIER Nancy L. Clark	

This is to certify that this is a true and correct copy of the official death record filed with the Illinois Department of Public Health.

JAN 05 2009

Nancy L. Clark

Illinois Department of Public Health - Division of Vital Records (Based on the 2003 U.S. Standard Certificate) VR2000 (Rev. 1/08)