



AFFIDAVIT OF DEATH AND HEIRSHIP Of

Doc#: 1430328005 Fee: \$44.00 RHSP Fee: \$9.00 RPRF Fee: \$1.00 Karen A. Yarbrough Cook County Recorder of Deeds Date: 10/30/2014 11:19 AM Pg: 1 of 4

Willie Pearl Williams (print name of deceased person)

I, Henry Williams III (print name of person completing form)

being first duly sworn upon oath depose and state:

For Recording Purposes Only

That I was personally acquainted with Willie Pearl Williams (print name of deceased person)

hereinafter referred to as "the Deceased"

for 50 years, and held the following relationship to the Deceased: Spouse (i.e. parent, brother, sister, spouse, friend, etc.)

That the Deceased departed this life in the City of Chicago, the County of Cook, and the State of Illinois, on or about the 6th day of July, in the year 2014. The Deceased was 64 years old at the date of death;

That I am well acquainted with the family of the Deceased and with those who would be the heirs of the Deceased.

That the following statements or answers are based upon my personal knowledge and are true and correct:

PART I - GENERAL INFORMATION

- 1. Did the Deceased leave a Will? IF YES, A COMPLETE COPY OF THE WILL IS ATTACHED. Yes [] No [X]
2. Has there been a court proceeding concerning the estate of the Deceased? Yes [] No [X]

Complete the following only if there has been a court proceeding:

- The Estate is open and a copy of the Court issued document naming the executor or administrator is attached. The executor's or administrator's address is as follows:
The Estate is no longer open and the date it closed is as follows:

3. The Deceased was married 1 times. The names and addresses of ALL PERSONS to whom the Deceased was married together with other information is as follows: (attach a separate sheet if necessary)

Table with 4 columns: Name of Spouse, Date of Marriage, If not Living, Date of Death, If Divorced from the Deceased, Date and Place, Complete Address, if Living. Row 1: Henry Williams III, 12-28-1968, 10/1998, CHGO, IL, 514 N. 136th, Riverdale, IL 60827-1111

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4. Did the Deceased leave any unpaid debts:

Yes No

If Yes, give as nearly as possible the amount of such debts and state whether they have been paid:

\$ _____ Paid Unpaid

PART II - CHILDREN OF THE DECEASED:

A separate sheet may be attached if necessary for questions #5 and #6 below.

5. The names of ALL children born to or legally adopted by the Deceased (including children from all marriages and illegitimate children) together with other information is as follows:

Name of Child	Date of Birth	If not living, Date of Death	Name of Spouse and if not living, Date of Death	Complete Address, if Living
a) Angela Williams	12-28-1968			745 N. Long Chicago, IL 60641
b) Kimberly Williams	4-10-1970	4-12-2014		
c) Timothy Williams	3-24-1971			4111 N. Nevada Ave. N Hope MN. 55127
d)				
e)				

6. Of the children named in #5 above who are not living, the names of ALL his/her children, together with other information is as follows:

Name of Child	Date of Birth	If not living, Date of Death	Name of Father & Mother	Complete Address, if Living
a) Malcolm Williams	5-18-2000		Kimberly Williams James McKinis	745 N. Long, Chgo, IL 60641
b) Malik Williams	12-9-1997		Kimberly Williams James McKinis	745 N. Long, Chgo, IL 60641
c)				
d)				

If the deceased left no spouse OR no children or grandchildren, continue to page 3. Otherwise, complete this Affidavit by signing here and having your signature notarized.

STATE OF Illinois
COUNTY OF Cook

Henry Williams
Affiant (person completing Affidavit)

Subscribed and sworn to before me this 18th day of October, 2014.

Deborah Lee
Notary Public



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COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2014 0054336

DATE ISSUED 7/18/2014

DECEDENT'S LEGAL NAME WILLIE PEARL WILLIAMS		SEX FEMALE	DATE OF DEATH JULY 06, 2014	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 64 YEARS	DATE OF BIRTH OCTOBER 05, 1949		
CITY OR TOWN OAK PARK		HOSPITAL OR OTHER INSTITUTION NAME WEST SUBURBAN MEDICAL CENTER		
PLACE OF DEATH INPATIENT				
BIRTHPLACE HOLLANDALE, MS	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH DIVORCED FROM MARRIAGE	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 745 NORTH LONG	APT NO	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60644	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION HENRY COSEY	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION WILLIE B THOMAS
INFORMANT'S NAME ANGELA WILLIAMS		RELATIONSHIP DAUGHTER	MAILING ADDRESS 745 NORTH LONG, CHICAGO, IL, 60644	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION HEIGHTS CREMATORY	LOCATION - CITY OR TOWN AND STATE CHICAGO HEIGHTS, IL	DATE OF DISPOSITION JULY 12, 2014	
FUNERAL HOME JOHNSON FUNERAL HOME, 5838 W. DIVISION, CHICAGO, IL, 60651				
FUNERAL DIRECTOR'S NAME ILENE JOHNSON			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016371	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR JULY 18, 2014	
CAUSE OF DEATH PART I. CHRONIC KIDNEY DISEASE				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	TWO YEARS	
		b.	Due to (or as a consequence of)	
		c.	Due to (or as a consequence of)	
			Due to (or as a consequence of)	
PART II: Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I			WAS AN AUTOPSY PERFORMED? NO	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR			MANNER OF DEATH NATURAL	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?	
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED:			IF TRANSPORTATION INJURY, SPECIFY	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE JANUARY 19, 2014	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 11:19 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED JULY 15, 2014	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH MELVIN SPEISMAN, 3 ERIE COURT, ROOM 700, OAK PARK, ILLINOIS, 60302			PHYSICIAN'S LICENSE NUMBER 036092872	

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

David Orr
David Orr
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM

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- This backer copy is constructed with a microtext border. Inspection under magnifier shows "ILLINOISDEATHCERTIFICATE" in microtext.
- Document is protected with embossed Cook County seals.
- Inspect background with a magnifier to verify the encrypted NanoCopy™ algorithm in body of document.
- Photocopying this document produces the word "VOID" across the face.