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UNOFFICIAL COPY

STATE OF ILLINOIS)	Doc#. 2113407125 Fee: \$98.00
) SS	Karen A. Yarbrough
COLINERY OF COOK) 55	Cook County Clerk
COUNTY OF COOK)	Date: 05/14/2021 07:57 AM Pg: 1 of 5

AFFIDAVIT OF HEIRSHIP

Audrey Morre being first duly sworn, under oath, deposes and states as follows:

- 1. That I reside at 1726 Valley View Lane, Apt 1086, Irving, Texas.
- 2. That I am the natural daughter of Pryscilla Moore, a widow.
- 3. That my father, Robert E. Moore and my mother, Pryscilla Moore, were married to each other and had two children born to or adopted by them, namely: Audrey Moore and Reginald Moore. That no other children were born to Robert E. Moore and Pryscilla Moore and no children were adopted by said parties.
- 4. That my father, Robert E. Moore, died intestate on May 2, 2015, leaving as his only heirs at law my mother, Pryscilla Moore, and her two children, namely Audrey Moore and Reginald Moore leaving no Last Will and Testament.
- 5. That my mother never remarried and no other children we'e born to or adopted by her.
- 6. That my mother, Pryscilla Moore, died intestate on June 25, 2020, leaving as her only heirs at her two children, namely Audrey Moore and Reginald Moore, leaving no Lest Will and Testament.
- 7. That at the time of her death, **Pryscilla Moore** was the owner of the property located 5604 S. Seeley Ave., Chicago, Illinois 60636.
- 8. That both children are over 18 and competent.
- 9. That any and all debts, including public and old age assistance advancements, funeral, doctor and hospital bills have been paid in full for **Pryscilla Moore.**

AUDREY MOORE

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STATE OF ILLINOIS
COUNTY OF COOK

OUNTY OF COOK

AUDREY MOORE, 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.

AUDREY MOORE

Subscribed and sworn to

before me this __/

of Mark, 2021.

NOTARY PUBLIC

Official Seal
J Popow
Notary Public State of Illi

Notary Public State of Illinois
Ny Commission Expires 01/31/2023

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LEGAL DESCRIPTION

LOT 3 AND NORTH 1 FEET OF LOT 4 IN BLOCK 7 IN DEWEY'S SUBDIVISION OF THE SOUTH 1819 FEET OF THE NORTH 1986.8 FEET OF THE EAST 1128.8 FEET OF THE SOUTH 290 FEET OF THE NORTH 2276.8 FEET OF THE EAST 837.3 FEET OF THE NORTH 290 FEET OF THE SOUTH 323 FEET OF THE EAST 987.3 FEET OF THE EAST ½ OF THE NORTHWEST ¼ OF SECTION 18, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

PIN: 20-18-111-040-0000

PROPERTY ADD'RESS: 5604 S. SEELEY AVE., CHICAGO, ILLINOIS 60636

PREPARED BY: SHARON A. ZOGAS & ASSOC. 10020 S. WESTERN AVE. CHICAGO, IL 60643

MAIL TO: SHARON A. ZOGAS & ASSOC. 10020 S. WESTERN AVE. CHICAGO, IL 60643 CERTIFICATION OF DEATH RECORD

Exhibit A

CONTINUERRORDS

CHICAGO, ILLINOIS
MEDICAL CERTIFICATE OF DEATH

TATE FILE NUMBER 2015 0	036371		DATE ISSUED 4/12/2021
DECEDENT'S LEGAL NAME ROBERT E MOORE		1. 第三十二 - 网络大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大	F DEATH 02, 2015
COUNTY OF BEATH COOK	AGE AT LAST BIRTHDAY. 89 YEARS	DATE OF BIRTH NOVEMBER 19, 1925	
CITY OB TOWN CHICAGO	HOSPITAL OR ÖTE 5604 SOUTH	FER INSTITUTION NAME SEELEY	
PLACE OF DEATH DEGEDENT'S HOME			
BIRTHPLACE MEMPHIS, TN	SOCIAL SECURITY NUMBER STATUS AT TIME OF DEATH. MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNERS MAID PRYSCILLA: AMOS	EN NAME EVER IN U.S. ARMED FORCES? YES
RESIDENCE 5604 SOUTH SEELEY	- 한당	Y OR TOWN CHICAGO	INSIDE CITY LIMITS? YES
COUNTY STATE	ZIP CODE PATHERICO PARENTS NAME PRIOR TO FIRST MARRIA 1-60636 ROBERT MOORE SR	GE/CIVIC UNION MOTHERICO PARENTS NAME P JEANIE YOUNG	RIOR TO PIRST MARRIAGE/CIVIL UNION
INFORMANT'S NAME PRYSCILLA MOORE	RELATIONSHIP WIFE	MAILING ADDRESS 5604 SOUTH SEELEY, CHICAGO	
METHOD OF DISPOSITION BURIAL	IN ICE OF DISPOSITION MUJUIN GLENWOOD MEMORY GARDENS WEST	EOCATION - CITY OR TOWN AND STATE WILLOW SPRINGS, IL	DATE OF DISPOSITION MAY 09, 2015
FUNERAL HOME CALAHAN FUNERAL HO	DME INC, 7030 SOUTH HALSTED STREET, CHICAGO		
FUNERAL DIRECTOR'S NAME SHIPLEY A CALAHAN		FUNERAL DIRECTOR'S ILL 034014664	19. 25. 25. 25. 25. 25. 25. 25. 25. 25. 25
LOCAL REGISTRAR'S NAME DAVID ORR		DATE FILED WITH LOCAL MAY 6, 2015	REGISTRAR
CAUSE OF DEATH PART IMMEDIATE CAUSE	I. CONGESTIVE HEART FAILURE a.	MEEN WEEN	+
(Final disease or candition resulting in death)	Due to (or as a construence of); b.	APPROXIMATERY AP	AND D
	Duis to (or as a consequence of .	APP	I SNO
PART II. Enter other significant co	Due to (or as a consequence of). Additions contributing to death but not resulting in the underlying cause		PSY PERFORMED? NO
			SY FINDINGS USED TO NUSE OF DEATH? N/A
FEMALE PREGNANCY STATUS NOT APPLICABLE		MANNER OF C NATURAL	EATH
DATE OF INJURY	TIME OF INJURY PLACE OF INJURY		INJURY AT WORK?
LOCATION OF INJURY			
DESCRIBE HOW INJURY OCCUR	RED		ANSPORT (TION INJURY) SPECIFY
ATTEND THE DECEASED?	DATE LAST SEEN ALIVE WAS MEDICAL EXAMINER OR UNKNOWN CORONER CONTACTED? NO	DATE PRONQUINCED	TIME OF DEATH 03:10 AM

1584416

DATE GERTIFIED MAY 04, 2015

036045746

PHYSICIAN'S LICENSE NUMBER



CERTIFIER PHYSICIAN

NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH

CHARLES DRUICK, 700 SOUTH CLINTON, CHICAGO, ILLINOIS, 60607

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.

Karen A. Yarbrough Cook County Clerk



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ERTIFICATION OF DEATH RECORD

LOOK COUNTY SEERIC VITAL RESORDS

Exhibit B

CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2020 00	61708				DATE ISSUED 7/20/20
DECEDENT'S LEGAL NAME PRYSCILLA N. MOORE				SEX DATE OF DI FEMALE JUNE 2	
COOK		EAST BIRTHDAY YEARS	DATE OF B NOVE	ікін MBER:10, 1939	
CITY OR TOWN CHICAGO			L OR OTHER INSTITUTION SOUTH SEELEY	NAME	
PLACE OF DEATH DECEDENT'S HOME					
BIRTHPLACE WEST POINT, MS	SOCIAL SECURITY NUMBE	R STATUS AT TIME OF DEAT	H SURVIVING SPOUS	E/CIVIL UNION PARTNER'S MAIDEN N	AME EVER IN U.S. ARMED FORCES? NO
RESIDENCE 5604 SOUTH SEELEY		APT, NO.	CITY OR TOWN CHICAGO		INSIDE CITYLIMITS?
GOUNTY STATE COOK IL		O PARENTS NAME PRIOR TO FIRE	(4) 44 (1) (2) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	MOTHERICO PARENTS NAME PRIDE LUCINDA WATSON	- 【もも26 丁丁5 61 - 15 25 - 1
INFORMANTS NAME REGINALD MOORE	R	LATIONSHIP SON	MAILING ADDRE PO BOX 39	ss 3. GRENADA, MS, 38902	
METHOD OF DISPOSITION BURIAL	PLACE OF DISE	OSITION WOOD MEMORY GARDENS I			E OF DISPOSITION LY 01, 2020
FÜNERALHOME CALAHAN FÜNERAL HÖN	ME INC, 7030 SOUTH	- ALSTED STREET, CH			
FUNERAL DIRECTOR'S NAME EDWARD CALAHAN				FUNERAL DIRECTOR'S ILLING	S CICENSE NUMBER
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH				DATE FILED WITH LOCAL REG JULY 1, 2020	STRAR
IMMEDIATE CAUSE	FAT EMBOLISM, ACUT	ERESPIRATORY A LURI		TE WEED	5 DAYS
⟨Final disease of condition /esulting in dealt} b	. FRACTURE OF THE HL	Due to (or as a con ag IMERUS HEAD LEFT SILVE	CUDD Letue out	OXIMA	
		Due to (or as a consequ		APPROXIMATE NTERVAL BETWEE ONSET AND DEATH	UNKNOW
c	HTM, SUDDEN FALL	pue (u (ui as a colisequ	edite-of)	≥ 5	ÜNKNOWI
		Dige to (or es a consequ			
PART IL Enter other significant cond	litions contributing to death	but not resulting in the underlyi	ng cause given in PART	WAS AN AUTOPSY	PERFORMED? NO
				WERE AUTOPSY F	NDINGS USED TO OF DEATH? N/A
FEMALE PREGNANCY STATUS NOT APPLICABLE				MALNER OF DEAT	
DATE OF INJURY	TIME OF I	NJERY PLACE OF	MINHA		INJURYAT WORK?
LOCATION OF INJURY					
DESCRIBE HOW INJURY OCCURRE	D			IF TRANSF	UPTATION MUURY SPECIFY
ATTEND THE DECEASED? D. YES:	ATE LAST SEEN ALIVE FEBRUARY 07, 2020	WAS MEDICAL EXAMINER		RONGUNCEB	TIME OF BEATH :04:53:PM
CERTIFIER PHYSICIAN				DATE CER JUNE	TIFIED 29, 2020
NAME ADDRESS AND ZIE CODE OF	DEBRONICONELETING CAN	ICC OFFICETO	<u>Ligher type Letter Black Tilli</u> De en de en en en en en		



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.

DR CHARLES EDIOIGIAWERIE: 1135 WEST 69THA STREET, CHICAGO, ILLINOIS, 6062

Karen A. Yarbrough Cook County Clerk

