

UNOFFICIAL COPY

STATE OF ILLINOIS)

) SS

COUNTY 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.

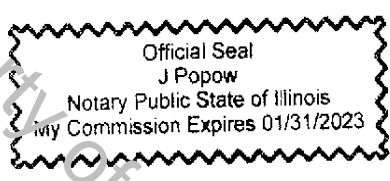
Audrey Moore

AUDREY MOORE

Subscribed and sworn to
before me this 1 day
of March, 2021.

J Popow

NOTARY PUBLIC



Property of Cook County Clerk's Office

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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 ADDRESS: 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

Property of Cook County Clerk's Office

CERTIFICATION OF DEATH RECORD

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Exhibit A

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2015 0036371

DATE ISSUED 4/12/2021

DECEDENT'S LEGAL NAME ROBERT E MOORE		SEX MALE	DATE OF DEATH MAY 02, 2015
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 89 YEARS	DATE OF BIRTH NOVEMBER 19, 1925	
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME 5604 SOUTH SEELEY	
PLACE OF DEATH DECEDENT'S HOME			
BIRTHPLACE MEMPHIS, TN	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME PRYSCILLA AMOS
RESIDENCE 5604 SOUTH SEELEY		APT. NO.	CITY OR TOWN CHICAGO
INSIDE CITY LIMITS? YES			
COUNTY COOK	STATE IL	ZIP CODE 60636	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ROBERT MOORE SR
MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JEANIE YOUNG			
INFORMANT'S NAME PRYSCILLA MOORE		RELATIONSHIP WIFE	MAILING ADDRESS 5604 SOUTH SEELEY, CHICAGO, IL, 60636
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION MOUNT GLENWOOD MEMORY GARDENS WEST	LOCATION - CITY OR TOWN AND STATE WILLOW SPRINGS, IL	DATE OF DISPOSITION MAY 09, 2015
FUNERAL HOME CALAHAN FUNERAL HOME INC, 7030 SOUTH HALSTED STREET, CHICAGO, IL, 60621			
FUNERAL DIRECTOR'S NAME SHIRLEY A. CALAHAN		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014664	
LOCAL REGISTRAR'S NAME DAVID ORR		DATE FILED WITH LOCAL REGISTRAR MAY 6, 2015	
CAUSE OF DEATH PART I CONGESTIVE HEART FAILURE			
IMMEDIATE CAUSE (Final disease or condition resulting in death)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
a. _____ Due to (or as a consequence of)			
b. _____ Due to (or as a consequence of)			
c. _____ Due to (or as a consequence of)			
PART II Enter other significant conditions contributing to death 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 APPLICABLE		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? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED
			TIME OF DEATH 03:10 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED MAY 04, 2015
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH CHARLES DRUICK, 700 SOUTH CLINTON, CHICAGO, ILLINOIS, 60607			PHYSICIAN'S LICENSE NUMBER 036045746

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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



THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM

CERTIFICATION OF DEATH RECORD

UNOFFICIAL COPY

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

Exhibit B

STATE FILE NUMBER 2020 0061708

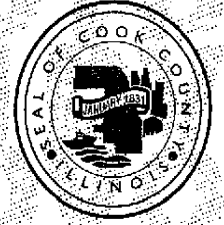
DATE ISSUED 7/20/2020

DECEDENT'S LEGAL NAME PRYSILLA N MOORE			SEX FEMALE	DATE OF DEATH JUNE 25, 2020	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 80 YEARS	DATE OF BIRTH NOVEMBER 10, 1939		
CITY OR TOWN CHICAGO			HOSPITAL OR OTHER INSTITUTION NAME 5604 SOUTH SEELEY		
PLACE OF DEATH DECEDENT'S HOME					
BIRTHPLACE WEST POINT, MS		SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	
RESIDENCE 5604 SOUTH SEELEY		APT. NO.	CITY OR TOWN CHICAGO		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60636	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ADAM AMOS		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION LUCINDA WATSON
INFORMANT'S NAME REGINALD MOORE		RELATIONSHIP SON	MAILING ADDRESS PO BOX 393, GRENADA, MS, 38902		
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION MOUNT GLENWOOD MEMORY GARDENS WEST	LOCATION - CITY OR TOWN AND STATE WILLOW SPRINGS, IL	DATE OF DISPOSITION JULY 01, 2020	
FUNERAL HOME CALAHAN FUNERAL HOME INC, 7030 SOUTH HALSTED STREET, CHICAGO, IL 60621					
FUNERAL DIRECTOR'S NAME EDWARD CALAHAN			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012004		
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH			DATE FILED WITH LOCAL REGISTRAR JULY 1, 2020		
CAUSE OF DEATH PART I: FAT EMBOLISM, ACUTE RESPIRATORY FAILURE					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ <small>Due to (or as a consequence of)</small>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 5 DAYS	
		b. FRACTURE OF THE HUMERUS HEAD LEFT SIDE, COPD <small>Due to (or as a consequence of)</small>		UNKNOWN	
		c. HTN, SUDDEN FALL <small>Due to (or as a consequence of)</small>		UNKNOWN	
PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I					
FEMALE PREGNANCY STATUS NOT APPLICABLE			WAS AN AUTOPSY PERFORMED? NO		
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A		
			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 FEBRUARY 07, 2020	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 04:53 PM	
CERTIFIER PHYSICIAN				DATE CERTIFIED JUNE 29, 2020	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR CHARLES EDIOIGIAWERIE, 1135 WEST 69TH STREET, CHICAGO, ILLINOIS, 60621				PHYSICIAN'S LICENSE NUMBER 036100884	

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Karen A. Yarbrough
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