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Doc# 2129915014 Fee ≇88.00

RHSP FEE:\$9.00 RPRF FEE: \$1.00 KAREN A. YARBROUGH

COOK COUNTY CLERK

Affidavit of Heirship

Clarks

Office Prepared by & Mail to: Deborah Louis 7407 S Woodward Woodridge, IL 60517

ORNTIC File Number: 21140886 2/4 Old Republic National Title 9601 Southwest Highway Oak Lawn, IL 60453 312-641-7799



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AFFIDAVIT OF HEIRSHIP

Affiant, DEBORAH LOUIS, after being first duly sworn, states that she is the daughter of CHARLES W. LOUIS and DOLORES LOUIS, deceased, and she is therefore well able to make this Affidavit.

Affirm hereby states as follows:

- 1. CFARLES W. LOUIS and DOLORES LOUIS were married once, and only once, to each other.
- 2. Three (3) c'ildren were born of the marriage of CHARLES W. LOUIS and DOLORES LOUIS; namely,
 - A) DEBORAH LOUIS, an adult, mentally competent, who survives
 - B) WILLIAM LOUIS, an adult, mentally competent, who survives
 - C) GLENN LOUIS, an cdult, mentally competent, who survives
- 3. No other children were born to or adopted by DOLORES LOUIS at any time.
- 4. No other children were fathered by or adopted by CHARLES W. LOUIS at any time.
- 5. Therefore, the legal heirs of CHARLES W. LOUIS and DOLORES LOUIS are:
 - A) DEBORAH LOUIS, an adult, mentally compete it, who survives
 - B) WILLIAM LOUIS, an adult, mentally competent, who survives
 - C) GLENN LOUIS, an adult, mentally competent, who survives

6. Affiant further sayeth nothing.

Delvarah Janis

Subscribed and Sworn to before me

this /// day of //

PUBLIC

OFFICIAL SEAL
STACEY STERCIC
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES: 11/13/2025

21140886 2/4

Old Republic Title 9601 Southwest High vay Oak Lawn, IL 60453

GERVEROS TOPANAS EXCESSOR

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

	4.0			3.7	4	10.00						1.00
G.	TATE FILE N	NUMBER	2020 0115 6 04		 			11.0			DATE ISSUED	12/10/20
v	IWIELIEF I	TORIDER :	2020 0113004					2.2			- ORICIOSOCO	121,10120

海绵、黄芩:	Near 급하는 경기를 기계하는 기계 대통기 기계 대통기를 기계						
DOLORES MARIE LOUIS	SEX DATE OF DEATH FEMALE DECEMBER 08: 2020						
COOK AGE AT LAST BIRTHDAY 94 YEARS	DATE OF BIRTH FEBRUARY: 28, 1926						
OAK LAWN HOSPITAL OR OF 10809 GEO	HER INSTITUTION NAME RGIA LANE						
PLACE OF DEATH: DECEDENT'S HOME							
BIRTHPLACE SOCIAL SECURITY NUMBER STATUS AT TIME OF DEATH CHICAGO, IL WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME: EVER IN U.S. ARMED FORCES? NO						
,我们就是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	ITY OR TOWN INSIDE CITY LIMITS? OAK LAWN YES						
COUNTY: STAT ZIP CODE FATHER/CO PARENT'S NAME PRIOR TO FIRST MARRI COOK IL STAT ZIP CODE LESTER BERNARD	AGE/CIVICUNION MOTHERICO PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVICUNION MARTHA WISNEWSKI						
INFORMANT'S NAME DEBORAH A LOUIS RELATIONSHIP DAUGHTER	MAILING ADDRESS 7407 WOODWARD AVENUE UNIT 204, WOODRIDGE, IL, 60517						
METHOD OF DISPOSITION LA COF DISPOSITION CENTER	LOCATION - CITY OR TOWN AND STATE DATE OF DISPOSITION DECEMBER 12, 2020						
FUNERAL HOME	IL, 60453						
EUNERAL DIRECTOR'S NAME MATTHEW F.BRYK	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016284						
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH	DATE FILED WITH LOCAL REGISTRAR DECEMBER 9, 2020						
CAUSE OF DEATH PART I ACUTE MYOCARDIAL INFARCTION							
IMMEDIATE CAUSE 8. (Final disease or condition: Due to (or as a \ nnequence of):	HINUTES MINUTES						
resulting in death) b. CHRONIC DIASTOLIC CONGESTIVE HEART FAI LUFE	Ö						
Due to (or as a consequence of,	No N						
	20						
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PAR LI. WAS AN AUTOPSY PERFORMED? NO							
PULMONARY HYPERTENSION, ATRIAL FIBRILLATION, CHRONIC PAIN SYNDROME, F EFFUSION, FAILURE TO THRIVE							
FEMALE PREGNANCY STATUS NOT APPLICABLE	MANNER OF DEATH						
DATE OF INJURY PLACE OF INJURY PLACE OF INJURY	and the statement of the statement						
LOCATION OF INJURY							
DESCRIBE HOW INJURY OCCURRED:	IF TRANSP OF ATION INJURY, SPECIEY.						
ATTEND.THE DECEASED? DATE LAST SEEN ALIVE WAS MEDICAL EXAMINER OR YES AUGUST 19, 2020 CORONER CONTACTED? YES	DATE PRONOUNCED. TIME OF DEATH 09:00 AM						
CERTIFIER PHYSICIAN	DATE CERTIFIED DECEMBER 08: 2020						
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH. ALEXANDER KMICIKEWYCZ, 12622 SOUTH HARLEM AVENUE, PALOS HE	PHYSICIAN'S LICENSE NUMBER IGHTS, ILLINOIS, 60463 036064794						

036064794 1595066



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.





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LEGAL DESCRIPTION

LOT 132 IN EAGLE RIDGE SUBDIVISION PHASE TWO, BEING A SUBDIVISION OF PART OF THE SOUTHWEST 1/4 OF SECTION 16, TOWNSHIP 37 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Address commonly known as: 10809 Georgia Ln 1014-0000
COOK COUNTY CLOTH'S OFFICE Oak Lawn, II 60453

PIN#: 24-16-306-014-0000