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\*2135615003\*

Doc# 2135615003 Fee \$88.00

RHSP FEE:\$9.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 12/22/2021 09:23 AM PG: 1 OF 4

AFFIDAVIT OF HEIRSHIP

STATE OF ILLINOIS )  
 ) ss  
COUNTY OF )

ESTATE OF ILLINOIS, Deceased.

And now on this 1<sup>st</sup> day of November 2021, after being first duly sworn under oath, testifies and deposes as follows, to wit:

1. My name is Robert McGowan, I am over the age of twenty-one (21) years of age and, to my understanding, am otherwise competent to give testimony.

2. I reside at 14742 S. PERRY AVE, South Holland IL 60473

3. I SON (state relationship to deceased) and knew him/her in his/her lifetime.

4. Luevernia McGowan, owner of the property commonly known as 14742 S. PERRY AVE, South Holland IL 60473, (see legal description attached) died on 7/29/2021 in the City of Calumet Park, County of Cook, State of Illinois.

5. The decedent was married one (1) time(s), to John W. McGowan Sr.

6. 05 ( ) children were born to the decedent and Lucy, as follows:

Robert McGowan

Hasan McGowan

Rochelle McGowan

John W. McGowan Jr

Wesley McGowan

> Deceased

7. No persons were adopted by the decedent.

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8. The parents of the decedent were \_\_\_\_\_

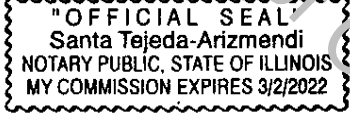
\_\_\_\_\_, both said parents are now deceased.

9. Pursuant to the Last Will and Testament of \_\_\_\_\_, the decedent herein, left his/her entire estate, both real and personal, to \_\_\_\_\_.

11. That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of 67,000 dollars.

10. The foregoing is based upon my own personal knowledge and belief, is true, and if called upon as a witness I would competently and consistently testify thereto.

**FURTHER AFFIANT SAYETH NOT.**



Quita McGowan  
AFFIANT

SUBSCRIBED AND SWORN TO  
BEFORE ME THIS 15<sup>th</sup> DAY  
OF November 2021

Santa Tejada-Arizmendi  
NOTARY PUBLIC

# CERTIFICATION OF DEATH RECORD

## UNOFFICIAL COPY

### CITY OF HARVEY CITY CLERKS OFFICE HARVEY, ILLINOIS MEDICAL CERTIFICATE OF DEATH

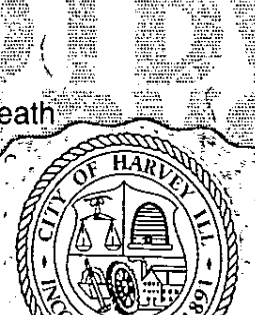
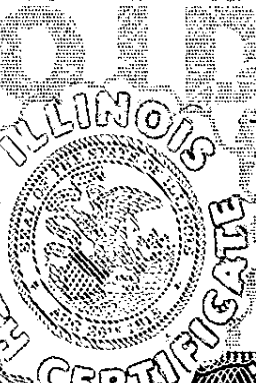
STATE FILE NUMBER 2021 0068022

DATE ISSUED 8/9/2021

DECEDENT'S LEGAL NAME LUEVENIA E MCGOWAN		SEX FEMALE	DATE OF DEATH JULY 29, 2021	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 79 YEARS	DATE OF BIRTH DECEMBER 25, 1941		
CITY OR TOWN HARVEY		HOSPITAL OR OTHER INSTITUTION NAME INGALLS MEMORIAL HOSPITAL		
PLACE OF DEATH EMERGENCY ROOM / OUTPATIENT				
BIRTHPLACE SMITHDALE, PA	SOCIAL SECURITY NUMBER 340-48-4689	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 3800 GASLIGHT SQUARE	APT. NO. 109	CITY OR TOWN ALSIP	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60803	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ROBERT WASHINGTON	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION CARRIE UNKNOWN
INFORMANT'S NAME HASAN MCGOWAN		RELATIONSHIP SON	MAILING ADDRESS 182 LINCOLN OAK DRIVE, WILLOWBROOK, IL 60521	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION CEDAR PARK CEMETERY & FUNERAL HOME	LOCATION - CITY OR TOWN AND STATE CALUMET PARK, IL	DATE OF DISPOSITION AUGUST 07, 2021	
FUNERAL HOME W.W. HOLT FUNERAL HOME, 175 W. 159TH STREET, HARVEY, IL, 60426				
FUNERAL DIRECTOR'S NAME CORNELIUS E. CARPENTER			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034017031	
LOCAL REGISTRAR'S NAME ROSA M. ARAMBULA			DATE FILED WITH LOCAL REGISTRAR AUGUST 6, 2021	
CAUSE OF DEATH - PART I: EMPHYSEMA, HYPERTENSION, DIABETES MELLITUS TYPE 2				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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 07:23 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED AUGUST 05, 2021	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR. SABA KHAN, 11600 SOUTH KEDZIE, MERRIONETTE PARK, ILLINOIS, 60655			PHYSICIAN'S LICENSE NUMBER 036084303	

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.

*Rosa M. Arambula*  
Rosa M. Arambula  
City Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THIS WORD VOID APPEARS WHEN PHOTOCOPIED

HOLD UP TO LIGHT TO VIEW IF TRUE WATERMARK

# UNOFFICIAL COPY

LOT 52 IN MONTALBANO'S FAIRWAY CLUB ESTATES, PART OF THE WEST 1/2 OF SECTION 18, TOWNSHIP 34 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED OCTOBER 10, 2006 AS DOCUMENT NUMBER R2006-169530, IN WILL COUNTY, ILLINOIS.

PIN # 29-09-304-039-0000

Property of Cook County Clerk's Office