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B. The following children and no others were born to or adopted by Decedent.

	Name of Child	By Spouse Number	Minor-M Disabled-D	Adopted-A	Predeceased Decedent-P
1.	William T. Meyers, Jr.	1			
2.	Terrence J. Meyers	1			
3.	Kim C. Meyers	1			
4.	Jeffrey P. Meyers	1			
5.	Todd Meyers	1			
6.	Ted A. Meyers	1			
7.	Maria B. Saldana	1			

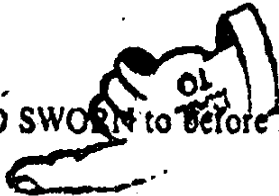
5. The following is the information with respect to each of the above children who predeceased the Decedent:

	Name of deceased child	Name of each child of deceased child (grandchild)	Minor-M Disabled-D	Adopted-A	Predeceased Decedent-P
1.	_____	_____			
		a. _____			
		b. _____			
2.	_____	_____			
		a. _____			
		b. _____			

If additional space is required, attach an addendum.

If an additional generation is required, or other data is required, attach an addendum and refer to it here.

All of the above in the absence of an indication to the contrary, are of legal age, are mentally competent and, if children, are natural children.



Ted A. Meyers

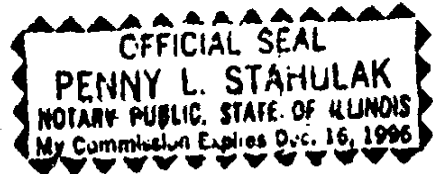
 AFFIANT

SUBSCRIBED AND SWORN to before me this 25th day of August, A.D. 19 93

Penny L. Stahulak

 NOTARY PUBLIC

Ted A. Meyers
 Meyers, Schuster & Meyers
 Attorneys for Estate
 100 E. Chicago St., Suite 200
 Street Address
 Elgin
 City and State
 (708) 741-7275
 Phone



"THE SIGNATURES OF THE PARTIES EXECUTING THIS DOCUMENT ARE COPIES AND ARE NOT ORIGINAL SIGNATURES"

REGISTERED

NOTE: This form is provided as a convenience and guide. It is not intended to cover all possible heirship situations.

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THE SIGNATURES OF THE PARTIES EXECUTING THIS CERTIFICATE ARE COPIES AND ARE NOT ORIGINAL SIGNATURES.

REGISTRATION DISTRICT NO. 45.0b REGISTERED NUMBER 571

STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

Type or Print in the Following Spaces the Name of the Deceased, the Date of Death, the Place of Death, the Hospital, or Physician, the Cause of Death, and the Manner of Death. See Instructions on the Reverse Side of this Certificate.

DECEASED-NAME WILLIAM TOBIN MEYERS, SR. SEX MALE DATE OF BIRTH AUGUST 23, 1933

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER ELGIN SHERMAN HOSPITAL

RESIDENCE (STREET AND NUMBER) 415 DUPAGE STREET ELGIN ILLINOIS 60120

FATHER-NAME FIRST MIDDLE LAST FRED C. MEYERS

RELATIONSHIP 17B. SON

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE DATE OF DEATH (a) Chronic Arterio Sclerosis (b) Due to OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF

DATE OF OPERATION, IF ANY

100D. DID NOT ATTEND THE DECEASED AND LAST SAW HIM ALIVE ON 8/21/93

22A. SIGNATURE OF CERTIFIER (TYPE OR PRINT) Charles Arthur Blumery D.D.M.S. M.D.

22B. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 8600 Summit St. Suite 141, Elgin, IL 60120

24B. BURIAL FUNERAL HOME NAME MT HOPE CEMETERY LOCATION ELGIN, ILLINOIS

25A. O'CONNOR AND HOMETER FUNERAL HOME, 364 DIVISION, ELGIN, ILLINOIS 60120

I HEREBY CERTIFY that the foregoing is a true and correct copy of the record on file in my office. Dated at Elgin, Illinois on AUG 26 1993 Signed [Signature] DEPUTY LOCAL REGISTRAR

34457110

34457110