

UNOFFICIAL COPY

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2000-12-27 13:34:50
Cook County Recorder 25.50

PREPARED BY AND
MAIL TO:

Joel L. Chupack
Heinrich & Kramer, P.C.
205 W. Randolph
Suite 1750
Chicago, IL 60606



0001012303

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT OF HEIRSHIP

Affiant, RONALD LOUIS OHR, being first duly sworn on oath, deposes and states as follows:

1. That Affiant is of legal age, under no legal disability and is familiar with the facts and affairs regarding ROSE OHR a/k/a Rosa Ohr, who is my mother. ROSE OHR became deceased on August 11, 1988 and was a resident of Chicago, Cook County, Illinois at the time of her death. A true and correct copy of her death certificate is attached hereto.

2. That ROSE OHR was married once during her life to ALOIS OHR, JR. who predeceased her, having died on July 25, 1955; that three (3) children were either born to or adopted by ROSE OHR and ALOIS OHR, JR. as a result of said marriage, namely; DONALD MICHAEL OHR, LINDA JOSEPHINE ZAPATA (nee OHR) and myself; all of whom are alive, are of legal age and are under no legal disability; and that no other children were either born to or adopted by ROSE OHR during her lifetime.

3. That as a result of the foregoing, the only heirs at law of ROSE OHR, are:

DONALD MICHAEL OHR, son
LINDA JOSEPHINE ZAPATA, daughter; and
RONALD LOUIS OHR, son.

4. That at the time of her death, ROSE OHR owned all the right, title

and interest to the property commonly known as 1945 N. Rutherford, Chicago, Illinois, (the "Property") and legally described as follows:

LOT 115 (EXCEPT THE SOUTH 18 FEET THEREOF) AND THE SOUTH 27 FEET OF LOT 116 IN GALE'S FIRST ADDITION TO GALEWOOD, BEING A SUBDIVISION IN THE SOUTHEAST 1/4 OF SECTION 31, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

P.I.N. 13-31-401-081-0000

which property is improved with a single-family residence.

5. That the total value of ROSE OHR's estate, including both real and personal property owned by her, either individually or in joint tenancy at the time of her death, did not exceed the sum of sixty thousand dollars.

6. That ROSE OHR died leaving no Last Will and Testament.

7. That as an heir of ROSE OHR, as set forth above, Affiant claims a one-third (1/3) interest in the Property.

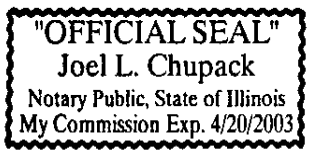
FURTHER AFFIANT SAYETH NOT.

Ronald Louis Ohr
Ronald Louis Ohr, Affiant

Ronald Louis Ohr, being first duly sworn on oath deposes and states that he is the Affiant in the above and foregoing Affidavit of Heirship by him subscribed; that he has read the same and knows the contents thereof; and that said contents are true in substance and in fact.

Ronald Louis Ohr
Ronald Louis Ohr, Affiant

SUBSCRIBED AND SWORN to before me this 20th day of December, 2000.



Joel Chupack
Notary Public

COPY

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record by the decedent named on this certificate and that the record was established and filed in my office in accordance with the provisions of the Illinois Statutes relating to the registration of births, marriages and deaths.

AUG 15 1988

SIGNED

James Haggerty, M.D., J.P.H.

Oak Park, Illinois.

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH - SOCIAL SERVICES and local registries are maintained in those jurisdictions from copies of the original record. The Illinois Statutes provide that the copies of records and plates of the local registries of the local registrars of the county shall be prima facie evidence in

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE F.N.E. NUMBER

REGISTRATION DISTRICT NO. 1634	REGISTERED NUMBER 614	DECEASED - NAME Rosa	SEX Female	DATE OF BIRTH - MONTH, DAY, YEAR August 1, 1917	DATE OF DEATH - MONTH, DAY, YEAR August 11, 1988
RACE - (PRINT, BLACK, AMERICAN INDIAN, PACIFIC ISLANDER) White	ORIGIN OR DESCENT Italian	AGE - (LAST BIRTHDAY THROUGH) 71	LISTED YEAR, MONTH, DAY	DATE OF BIRTH - MONTH, DAY, YEAR August 1, 1917	COUNTY OF DEATH Cook
CITY, TOWN, TRF. OR ROAD DISTRICT NUMBER 49	HOSPITAL OR OTHER INSTITUTION - NAME IF NOT IN FIELD OF STREET AND NUMBER West Suburban Hospital	CITIZEN OF WHAT COUNTRY U.S.A.	LISTED YEAR, MONTH, DAY	DATE OF BIRTH - MONTH, DAY, YEAR August 1, 1917	COUNTY OF DEATH Cook
STATE OF BIRTH - (IF NOT U.S.A.) Illinois	USUAL OCCUPATION Homemaker	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (M, W, F)	LISTED YEAR, MONTH, DAY	DATE OF BIRTH - MONTH, DAY, YEAR August 1, 1917	COUNTY OF DEATH Cook
SOCIAL SECURITY NUMBER 333-14-8808	RESIDENCE STREET AND NUMBER 1945 N Rutherford	WIDOWED	LISTED YEAR, MONTH, DAY	DATE OF BIRTH - MONTH, DAY, YEAR August 1, 1917	COUNTY OF DEATH Cook
FATHER - NAME Michael Bonelli	CITY, TOWN, TRF. OR ROAD DISTRICT NO. Chicago	WIDOWED	LISTED YEAR, MONTH, DAY	DATE OF BIRTH - MONTH, DAY, YEAR August 1, 1917	COUNTY OF DEATH Cook
MOTHER - NAME Josephine La Cerra	CITY, TOWN, TRF. OR ROAD DISTRICT NO. Chicago	WIDOWED	LISTED YEAR, MONTH, DAY	DATE OF BIRTH - MONTH, DAY, YEAR August 1, 1917	COUNTY OF DEATH Cook
INFORMANT NAME (TYPE OR PRINT) Ronald Obr	RELATIONSHIP Son	WIDOWED	LISTED YEAR, MONTH, DAY	DATE OF BIRTH - MONTH, DAY, YEAR August 1, 1917	COUNTY OF DEATH Cook
ADDRESS 7842 Schubert	CITY, TOWN, TRF. OR ROAD DISTRICT NO. Chicago	WIDOWED	LISTED YEAR, MONTH, DAY	DATE OF BIRTH - MONTH, DAY, YEAR August 1, 1917	COUNTY OF DEATH Cook
CITY, TOWN, TRF. OR ROAD DISTRICT NO. Chicago	STATE ILLINOIS	WIDOWED	LISTED YEAR, MONTH, DAY	DATE OF BIRTH - MONTH, DAY, YEAR August 1, 1917	COUNTY OF DEATH Cook

17a. DEATH WAS CAUSED BY: Coronary Artery Disease	17b. IMMEDIATE CAUSE OF DEATH: Myocardial Infarction	17c. UNDERLYING CAUSE OF DEATH: Coronary Artery Disease
18. CONDITIONS IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE OF DEATH: None	19. IMMEDIATE CAUSE OF DEATH: Myocardial Infarction	20. UNDERLYING CAUSE OF DEATH: Coronary Artery Disease
21. PART II. OTHER SIGNIFICANT CONDITIONS: None	22. QUALIFYING COMMENTARY TO DEATH BUT NOT RELATED TO CAUSE OF DEATH: None	23. MAJOR FINDINGS OF OPERATION: None
24. DATE OF OPERATION: None	25. NAME OF OPERATOR: None	26. NAME OF FINANCER OF OPERATION: None
27a. (DO NOT FILL IN IF DECEASED AND LAST SAW HIM, OR ALIVE ON 31a.)	27b. MONTH, DAY, YEAR June 7, 1988	27c. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? YES
28a. TO THE BEST OF YOUR KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED: YES	28b. MONTH, DAY, YEAR June 7, 1988	28c. HOUR OF DEATH 11:45 P.M.
29a. SIGNATURE OF DECEASED: None	29b. SIGNATURE OF OPERATOR: None	29c. ALIQUOT: No
30a. NAME AND ADDRESS OF REGISTRAR: Josephine La Cerra, MD, ONE ERIE CT, OAK PARK, ILL 60302	30b. CITY, TOWN, TRF. OR ROAD DISTRICT NO. OAK PARK, ILL 60302	30c. ALIQUOT: No
31a. NAME OF ATTENDING PHYSICIAN IF OTHER THAN REGISTRAR: None	31b. CITY, TOWN, TRF. OR ROAD DISTRICT NO. OAK PARK, ILL 60302	31c. ALIQUOT: No

32a. FUNERAL CREATION: None	32b. CEMETERY OR CREMATION - NAME: St. Joseph	32c. LOCATION: Elmwood Park	32d. CITY OR TOWN: Illinois	32e. STATE: Illinois	32f. DATE: August 11, 1988
33a. FUNERAL HOME: None	33b. NAME: St. Joseph	33c. STREET AND NUMBER OR R.F.D.: Elmwood Park	33d. CITY OR TOWN: Illinois	33e. STATE: Illinois	33f. DATE: August 11, 1988
34a. FUNERAL DIRECTOR'S SIGNATURE: None	34b. NAME: St. Joseph	34c. STREET AND NUMBER OR R.F.D.: Elmwood Park	34d. CITY OR TOWN: Illinois	34e. STATE: Illinois	34f. DATE: August 11, 1988
35a. LOCAL REGISTRAR'S SIGNATURE: None	35b. NAME: St. Joseph	35c. STREET AND NUMBER OR R.F.D.: Elmwood Park	35d. CITY OR TOWN: Illinois	35e. STATE: Illinois	35f. DATE: August 11, 1988
36a. LOCAL REGISTRAR'S SIGNATURE: None	36b. NAME: St. Joseph	36c. STREET AND NUMBER OR R.F.D.: Elmwood Park	36d. CITY OR TOWN: Illinois	36e. STATE: Illinois	36f. DATE: August 11, 1988

236. LOCAL REGISTRAR'S SIGNATURE: None

237. LOCAL REGISTRAR'S SIGNATURE: None

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