



0010575068

STATE OF ILLINOIS )  
 ) ss  
COUNTY OF DUPAGE )

*Im 25986  
2641*

**AFFIDAVIT OF HEIRSHIP**

**ESTATE OF DOROTHY M. BRANNIGAN, DECEASED**

And now on this 8<sup>th</sup> day of June, 2001, LOIS J. GORDON, after being first duly sworn under oath, testifies and deposes as follows, to wit:

1. My name is LOIS J. GORDON, I am over the age of twenty-one (21) years and, to my understanding, am competent to give testimony.
2. I reside at 520 Turf Lane, Wheaton, IL 60187.
3. I was the niece of the deceased and knew her in her lifetime.
4. DOROTHY M. BRANNIGAN, co-owner of the property commonly known as 10321 WIGHT STREET, WESTCHESTER, ILLINOIS (See legal description attached), died on APRIL 2, 2001 in the City of Westmont, County of DuPage, State of Illinois.
5. The decedent was married one (1) time, to Edward Brannigan. The marriage was terminated by divorce prior to 1968.
6. No (0) children were born to the decedent and Edward Brannigan.
7. No persons were adopted by the decedent.
8. The parents of the decedent were MARY SIMEC and NICHOLAS SIMEC. Both are deceased.
9. DOROTHY M. BRANNIGAN died intestate. She had no surviving spouse or children, and any brothers and sisters are deceased. Her estate was divided between her heirs, who were her only surviving blood relatives:

*4  
P  
MR*

LOIS J. GORDON, niece	50%	and,
CHARLES R. SIMEC, nephew	50%	

10. 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 fifty thousand dollars (\$50,000.00).

*157806*  
STEWART TITLE COMPANY  
2 N. LaSALLE STREET  
SUITE 1920  
CHICAGO, IL 60602

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11. 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.**

  
AFFIANT - LOIS J. GORDON

SUBSCRIBED AND SWORN TO  
BEFORE ME THIS 8th DAY  
OF JUNE, 2001.

  
NOTARY PUBLIC



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## COMMITMENT - LEGAL DESCRIPTION

Lot 26 in Baltis Resubdivision of Lots 47, 48 and 49, Lots 52 to 67 both inclusive, Lots 60 to 79 both inclusive, Lots 82 to 102 both inclusive, Lots 201 to 227 both inclusive, in Goerge F. Nixon and Company's Second Civic Center Addition to Westchester in the West 1/2 of the Southwest 1/4 of Section 21, Township 39 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

*PIN 1521306 052*  
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STEWART TITLE GUARANTY  
COMPANY

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DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 22.0	STATE OF ILLINOIS		STATE FILE NUMBER		
	REGISTERS NUMBER 01600	<b>MEDICAL CERTIFICATE OF DEATH</b>				
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED-NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
	1. DOROTHY M. BRANNIGAN			2 FEMALE	3. APRIL 2, 2001	
	COUNTY OF DEATH		AGE-LAST BIRTHDAY (YRS)	UNDER 1 YEAR	DATE OF BIRTH (MONTH, DAY, YEAR)	
	4. DUPAGE		5a. 82	5b. 82	5d. NOVEMBER 12, 1918	
	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		IF HOSP. OR INST. INDICATE D O A OP/EMER RM, INPATIENT (SPECIFY)	
	6a. WESTMONT		6b. MANOR CARE HEALTHCARE CENTER		6c. INPATIENT	
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		
	7. CHICAGO, IL		8a. DIVORCED	8b. NONE		
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
	10. 321-16-2870		11a. HOMEMAKER	11b. OWN HOME	12. 12	
DECEASED	RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	COUNTY	
	13a. 10321 WIGHT		13b. WESTCHESTER	13c. YES	13d. COOK	
	STATE	ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)		
	13e. ILLINOIS	13f. 60154	14a. WHITE	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
	FATHER-NAME FIRST MIDDLE LAST			MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST		
	15. NICHOLAS SIMEC			16. MARY NEMANICH		
	INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)		
	17a. LOIS GORDON		17b. DAUGHTER	17c. 520 TURF LN. WHEATON, IL 60187		
	18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.					
	Immediate Cause (Final disease or condition resulting in death)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
(a) failure to thrive			month			
DUE TO, OR AS A CONSEQUENCE OF						
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.						
(b) DUE TO, OR AS A CONSEQUENCE OF						
(c)						
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.						
19a. cerebrovascular accident			19b. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		
20a.		20b.		20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
(IF DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		DATE OF DEATH		
21a. 3/22/01		21b. <input checked="" type="checkbox"/>		21c. 11:40 P. M.		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.						
22a. SIGNATURE		22b. DATE SIGNED		22c. ILLINOIS LICENSE NUMBER		
P. NORRIS		4/3/01		22d. 036092887		
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.				
22c. P. NORRIS, MD 5101 S. Willow Springs Road, La Grange, IL 60138						
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)						
23.						
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY-NAME		LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)		
24a. ENTOMBMENT		24b. QUEEN OF HEAVEN		24c. HILLSIDE, ILLINOIS 24d. APRIL 7, 2001		
FUNERAL HOME		NAME		CITY OR TOWN STATE ZIP		
25a. HURSEN FUNERAL HOME		4001 W. ROOSEVELT ROAD		HILLSIDE, ILLINOIS 60162		
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER				
Anthony A. Rainiero		25c. 34-14436				
NAME		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)				
25b. Anthony A. Rainiero		26b. APR 04 2001				
LOCAL REGISTRAR'S SIGNATURE						
26a. Deland Davis						

VR210 (Rev. 5-89)

Illinois Department of Public Health—Division of Vital Records

(BASED ON 1989 65 STANDARD CERTIFICATE)

 DuPage County Health Department  
111 North County Farm Road  
Wheaton, Illinois 60187

This is to certify that this is a true and correct copy of the official record filed with the Illinois Department of Public Health.

*Deland Davis*

Local Registrar

Not valid without the embossed seal of DuPage County Health Department

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