

UNOFFICIAL COPY

0010772368

Lot Eight (8) in McGinty's Subdivision of Block Four (4) (except that part of the West 123.31 feet of the East 156.31 feet lying South of the North 215.04 feet and except that part of the East 123.31 feet of the West 156.31 feet lying South of the North 256.20 feet and also except the South 42.84 feet of the North 171.36 feet of the West 123.31 feet of the East 156.31 feet) in George W. Hill's Subdivision of the Southeast Quarter of the Southwest Quarter of Section 14, Township 37 North, Range 13, East of the Third Principal Meridian in Cook County, Illinois.

Property of Cook County Clerk's Office

UNOFFICIAL COPY

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

0010772368

AFFIDAVIT OF HEIRSHIP

I, MARLENE RAKOWSKI, first duly sworn on oath state as follows:

1. That MURIEL SCHMITZ (hereinafter referred to as "the decedent"), died on August 10, 1995, residing at 10313 S. Hamlin, Chicago, Illinois.
2. I am of legal age and I reside at 491 Heathermead, Matteson, Illinois. I am the daughter of the decedent and am familiar with her heirship.
3. The decedent was married only once and that to HAROLD SCHMITZ, who died on February 6, 1970. One child born to the marriage between the decedent and HAROLD SCHMITZ, namely:
 - (a) MARLENE RAKOWSKI,
4. No other children were born to or adopted by the decedent during her lifetime.
5. Both of my mother's parents predeceased her.

Based upon the foregoing, the decedent left as her only heir, the following, who survived the decedent and is of legal age and is mentally competent, namely, MARLENE RAKOWSKI, daughter of the decedent;

Marlene Rakowski
MARLENE RAKOWSKI

SUBSCRIBED and SWORN to before me this 21st day of August, 2001.

[Signature]
Notary Public



0010772368

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO 16.0 REGISTERED NUMBER

Form containing fields for DECEASED-NAME (Muriel Schmitz), COUNTY OF DEATH (Cook), DATE OF DEATH (August 10, 1995), SEX (Female), and various medical and demographic details.

At Cook County Department of Public Health Official Title Deputy Registrar Signed [Signature] Date AUG 18 1995

REGISTRAR SIGNATURE: Karen L. Scott, M.D. LOCAL REGISTRAR SIGNATURE: [Signature] REGISTERED DATE: Aug 11, 1995

1010 Lake Street Suite 300 Oak Park, Illinois 60301

DECEASED'S BIRTH NO.

REGISTRATION DISTRICT NO. 16133
 REGISTERED NUMBER 128

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEASED—NAME HAROLD JOSEPH SCHMITZ		SEX MALE	DATE OF DEATH FEBRUARY 6, 1970
RACE WHITE		DATE OF BIRTH 6 Dec. 11, 1912	PLACE OF DEATH 7a. COOK
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER EVERGREEN PARK		HOSPITAL OR OTHER INSTITUTION—NAME LITTLE COMPANY OF MARY HOSPITAL	(IF NOT IN EITHER, GIVE STREET AND NUMBER)
BIRTHPLACE (STATE OR FOREIGN COUNTRY) ILLINOIS		CITIZEN OF WHAT COUNTRY U.S.A.	N.A.M. OF SURVIVING SPOUSE (MARRIED, ANNEALED, WIDOWED, DIVORCED, (SPECIFY)) MURIEL HELMUTH
SOCIAL SECURITY NUMBER 12337-07-4745		USUAL OCCUPATION TRUCK DRIVER	U.S. WAR VETERAN (YES/NO) NO
RESIDENCE 14a. ILLINOIS		13b. TRANSPORTATION CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO	13c. NO
FATHER—NAME JOHN SCHMITZ		14c. YES	14d. YES
MOTHER—MAIDEN NAME Unavailable		15. Informant's Signature Eleanor Anderson	16. MAILING ADDRESS 2800 WEST 95TH STREET EVERGREEN PARK, ILLINOIS 60642
17g. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Metastatic Adeno Carcino ma grade IV		18. DEATH WAS CAUSED BY: [ENTER ONE CAUSE PER LINE FOR (a), (b), AND (c)] Metastatic Adeno Carcino ma grade IV	
19a. NO		19b. NO	
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19xw. NO		19xx. NO	

STATEMENT BY GRANTOR AND GRANTEE

The grantor or his agent affirms that, to the best of his knowledge, the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire title to real estate under the laws of the State of Illinois.

Dated 8/21 19 2001 Signature: Maureen Rakowski X
Grantor or Agent

Subscribed and sworn to before me by the said Maureen Rakowski this 21 day of August, 19 2001



Sheldon Rosing
Notary Public

The grantee or his agent affirms and verifies that the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or a foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire and hold title to real estate under the laws of the State of Illinois.

Dated 8/21 19 2001 Signature: Maureen Rakowski X
Grantee or Agent

Subscribed and sworn to before me by the said Maureen Rakowski this 21 day of August, 19 2001



Sheldon Rosing
Notary Public

NOTE: Any person who knowingly submits a false statement concerning the identity of a grantee shall be guilty of a Class C misdemeanor for the first offense and of a Class A misdemeanor for subsequent offenses.

(Attach to deed or ABI to be recorded in Cook County, Illinois, if exempt under the provisions of Section 4 of the Illinois Real Estate Transfer Tax Act.)