

STATE OF ILLINOIS)
) §
COUNTY OF COOK)

AFFIDAVIT OF HEIRSHIP



NOW COMES TRAVIS G. CALVILLO, grandson, and such has personal knowledge of the statements here and after set forth and being first duly sworn on oath deposes and says as follows:

1. GREGORIO CALVILLO

was born on January 22, 1931 and died intestate on March 20, 1998.

2. That he was married once and then to TERESA G. CALVILLO, who was born on April 18, 1934 and who died on March 22, 1996.

3. That no children were adopted by GREGORIO CALVILLO and TERESA G. CALVILLO but ten children were born, namely;

- A. ROSE PALMA, married to MANUEL;
- B. GREGORIO CALVILLO III, divorced and not since remarried;
- C. ROBERT CALVILLO, divorced and not since remarried;
- D. ERNESTINA CALVILLO, who died in 1982, was never married, never adopted any children but gave birth to one child, namely your affiant, TRAVIS CALVILLO, an unmarried male;
- E. RICKY CALVILLO, a single person;
- F. BERTA ROSALES, married to GUADALUPE;
- G. RICHARD CALVILLO, married LORI;
- H. LUCINDA VILLANUEVA, married to JOSE;
- I. NORMA CALVILLO, who died in infancy in 1974, without ever marrying or having adopted or ever having any children;

4. That this affidavit is made for purposes of establishing the heirs at law to be;

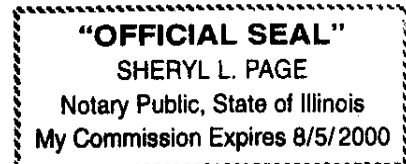
- A. ROSE PALMA, daughter;
- B. GREGORIO CALVILLO III, son;
- C. ROBERT CALVILLO, son;
- D. TRAVIS CALVILLO, grandson; son of ERNESTINA CALVILLO, deceased;
- E. RICKY CALVILLO, son;
- F. BERTA ROSALES, daughter;
- G. RICHARD CALVILLO, son;
- H. LUCINDA VILLANUEVA, daughter;
- I. RACHEL BARRAZA, daughter.

Travis G. Calvillo

SUBSCRIBED and SWORN to before me this 29 day of February 2000.

Notary Public

Mail to: and Prepared by: Leonard D. Walberg, #00226, 15525 South Park Avenue, South Holland, IL 60473



78752200

UNOFFICIAL COPY

10/10/2008 10:00 AM

SE:20:00 02-57-0005

Property of Cook County Clerk's Office

* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

THIS CERTIFIES THE FOLLOWING IS A TRUE / COMPLETE COPY OF DEATH ON FILE WITH HAMMOND HEALTH DEPARTMENT.

Local No. 260

CERTIFICATE OF DEATH

DATE ISSUED Mar. 27, 1998 *Frank J. ...*
Hammond Health Commissioner

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) Gregorio Calvillo		2 SEX Male	3a TIME OF DEATH 1:54 A.M.	3b DATE OF DEATH (Month Day Yr) March 20, 1998	
4 *SOCIAL SECURITY NUMBER 450-46-2567	5a AGE—Last Birthday (Years) 67	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) Jan. 22, 1931	
7 BIRTHPLACE (City and State or Foreign Country) Brownsville, Texas	8a WAS DECEDENT A US VETERAN? No	8b YEAR LAST SERVED IN US ARMED FORCES? ----	9a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9b FACILITY NAME (If not institution, give street and number) St. Margaret Hospital		9c CITY, TOWN, OR LOCATION OF DEATH Hammond	9d COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Widowed	11 SURVIVING SPOUSE (If wife, give maiden name)	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Construction Labor	12b KIND OF BUSINESS/INDUSTRY Road		
13a RESIDENCE—STATE Illinois	13b COUNTY Cook	13c CITY, TOWN OR LOCATION Calumet City	13d STREET AND NUMBER 419 Pulaski Road		
13e ZIP CODE 60409	13f INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	15 WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.) Mexican	16 RACE—American Indian, Black, White, etc (Specify) White	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 3rd Grade		17 College (1-4 or 5+)			
18 FATHER'S NAME (First, Middle, Last) Gregorio Calvillo		19 MOTHER'S NAME (First, Middle, Maiden Surname) Enriqueta Not Available			
20a INFORMANT'S NAME (Type/Print) Richard Calvillo		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 940 Sibley St., Hammond, Indiana		20c Relationship Son	
21a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) March 26, 1998 Holy Cross Cemetery		21c LOCATION—City or Town, State Calumet City, Illinois	
22a EMBALMER'S NAME Tracy Cheri Williams		22b EMBALMER'S LICENSE NO. FD08600238		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Tracy Cheri Williams</i>		24b LICENSE NUMBER (of license) FD08600238		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Hinton-Williams Funeral Home 83001 4859 Alexander Avenue East Chicago, Indiana 46312	
26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.				Approximate Interval Between Onset and Death	
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Cardiopulmonary arrest					
b. increased intracerebral pressure					
c. increased intracerebral pressure hydrocephaly					
d. intracerebral hemorrhage					
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I					
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a WAS AN AUTOPSY PERFORMED? (Yes or no) No		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) ----	
29a CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated <input type="checkbox"/> CORONER On the basis of examination and/or investigation in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated		29b SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		29c MEDICAL LICENSE NO. 036079085	
29d DATE SIGNED (Month Day Yr) 3/27/98		30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Ronald Michael M... 455 W. Cant St... Hammond, IN 46301			
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>			32 DATE FILED (Month Day Year) March 27, 1998		
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		33a DATE OF INJURY (Month Day Year)	33b TIME OF INJURY	33c INJURY AT WORK? (Yes or no)	33d DESCRIBE HOW INJURY OCCURRED
34a PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34b LOCATION (Street and Number or Rural Route Number, City or Town, State)			
34g DATE PRONOUNCED DEAD (Month Day Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.			

00222767

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THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON-FILE WITH THE HAMMOND HEALTH DEPARTMENT.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

DATE 25 1996

Date issued

Hammond Health Commissioner

* ATTENTION, ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

Local No. 257

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

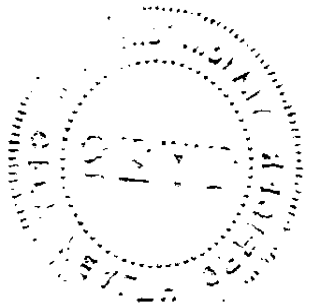
CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) Teresa G. Calvillo		2. SEX Female	3a. TIME OF DEATH 4:10 PM	3b. DATE OF DEATH (Month, Day, Year) March 22, 1996	
4. *SOCIAL SECURITY NUMBER 456-62-5478	5a. AGE—Last Birthday (Years) 61	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) April 18, 1934	
7. BIRTHPLACE (City and State or Foreign Country) Brownsville, Texas	8a. WAS DECEDENT A U.S. VETERAN? No	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? None	9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9b. FACILITY NAME (If not institution, give street and number) St. Margaret Mercy - North Campus		9c. CITY, TOWN, OR LOCATION OF DEATH Hammond	9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Gregorio Calvillo	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Housewife	12b. KIND OF BUSINESS/INDUSTRY Own Home		
13a. RESIDENCE—STATE Illinois	13b. COUNTY Cook	13c. CITY, TOWN, OR LOCATION Calumet City	13d. STREET AND NUMBER 419 Pulaski Road		
13e. ZIP CODE 60409	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.) Mexican	16. RACE—American Indian, Black, White, etc. (Specify) White	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (1-4 or 5+) 5th Gr.		18. FATHER'S NAME (First, Middle, Last) Conception Gracia			
19. MOTHER'S NAME (First, Middle, Maiden Surname) N/A		20a. INFORMANT'S NAME (Type/Print) Gregorio Calvillo			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 419 Pulaski Rd., Calumet City, IL 60409		20c. Relationship Husband			
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) March 26, 1996 Holy Cross Cemetery		21c. LOCATION—City or Town, State Calumet City, Illinois	
22a. EMBALMER'S NAME Henry Blake		22b. EMBALMER'S LICENSE NO. FDO 1019436		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Eldon V. LaHayne</i>		24b. LICENSE NUMBER (of License) FDO 1041928	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME LaHayne Funeral Home, FH 83002885 5746 Hohman Ave., Hammond, IN. 46320		
26. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death					
IMMEDIATE CAUSE (Final disease or condition resulting in death)					
a. <u>Cardiac arrest</u> <u>4 1/2 hours</u>					
b. DUE TO (OR AS A CONSEQUENCE OF)					
c. DUE TO (OR AS A CONSEQUENCE OF)					
d. DUE TO (OR AS A CONSEQUENCE OF)					
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.					
<u>Hypertension</u>					
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) NO	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NO		
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.					
29b. SIGNATURE AND TITLE OF CERTIFIER <i>Eldon M.D.</i>		29c. MEDICAL LICENSE NO. 39588	29d. DATE SIGNED (Month, Day, Year) March 23, 1996		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 26) (Type/Print) P. Gupta, M. D. 9054 Columbia Avenue, Munster, Indiana 46321					
31. HEALTH OFFICER'S SIGNATURE <i>Franklin J. Remonda, M.D.</i>			32. DATE FILED (Month, Day, Year) MAR 25 1996		
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
		34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			00222767

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10/25/2011