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5870/0107 30 001 Page 1 of 3

2003-02-07 13:52:42

Cook County Recorder

26.50

AFFIDAVIT OF HEIRSHIP



0030192427

Prepared by & Mail to:

Kathleen O'Rourke

Attorney at Law

4239 W. 63rd Street

Chicago, IL 60629

above space for recorder's use only

DECEDENT'S REAL ESTATE:

Permanent Tax Number: 19-11-418-001-0000 v. 386

Property Street Address: 5301 S. Sawyer Chicago, IL 60632

Legally described as follows:

Lots 43 and 44 in Block 1 in Garfield Manor, being a Subdivision of the Southeast 1/4 of the Southeast 1/4 of Section 11, Township 38 North, Range 13 East of the Third Principal Meridian, in Cook County, Illinois.

AFFIDAVIT OF HEIRSHIP

ESTATE OF: LaVerne Bock

Robert Bock, being duly sworn upon oath, states as follows:

I am a son of decedent LaVerne Bock, who departed this life on December 13, 2002, a resident of the City of Chicago, County of Cook, State of Illinois, leaving no Last Will or Testament.

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Decedent LaVerne Bock was married once and only once, to Stanley Robert Przybocki, who predeceased decedent on July 15, 1980.

3 children were born as a result of the marriage of LaVerne Bock and Stanley Robert Przybocki, namely: John Harry Przybocki; LaVerne Leahy; and Robert Bock, the affiant herein. All of decedent's 3 children have survived decedent and are mentally competent adults. No other child or children were born to or adopted by decedent and she is survived by no other child or children or descendant or descendants of any deceased child or children.

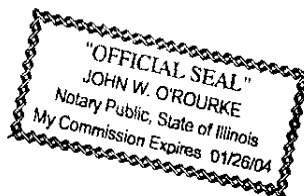
Decedent LaVerne Bock left her surviving as her heirs at law her 3 children hereinafter named:

- John Harry Przybocki;
- LaVerne Leahy;
- Robert Bock.

All decedent's heirs are mentally competent adults.

Robert Bock
Robert Bock

Subscribed and Sworn to
Before me this 7th
Day of February, 2003.
[Signature]
Notary Public



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I HEREBY CERTIFY THAT the foregoing is the true and correct copy of the record for the person named and that this record was established and filed in my office in accordance with the provisions of the Illinois Statutes relating to the registration of births, stillbirths, and deaths.

DATE: DEC 17 2002

SIGNED: Robert C. Pecheaux

AT: BERWYN, ILLINOIS

OFFICIAL TITLE: REGISTRAR

The original record is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. Local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of this record by the Department of Public Health or the local registrar shall be prima facie evidence in all courts and places of the facts therein.

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PRINTED BY AUTHORITY OF THE STATE OF ILLINOIS

DECEDENT'S BIRTH NO. _____
 REGISTRATION DISTRICT NO. 16.21
 REGISTERED NUMBER 901

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED-NAME FIRST MIDDLE LAST
 1. LAVERNE M. BOCK
 COUNTY OF DEATH Cook
 4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER
Berwyn
 6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)
Chicago, IL
 7. SOCIAL SECURITY NUMBER
358-01-0949
 10. RESIDENCE (STREET AND NUMBER)
6700 W. 63rd Place
 13a. STATE Illinois ZIP CODE 60638
 13b. FATHER-NAME FIRST MIDDLE LAST
Harry Rolston
 15. INFORMANT'S NAME (TYPE OR PRINT)
Laverne Leahy
 17a. RELATIONSHIP
Daughter
 17b. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
1240 N. Lake Shore Dr. Chicago IL 60610

18. PART I. Immediate Cause (Final disease or condition resulting in death)
Pneumonia
 DUE TO, OR AS A CONSEQUENCE OF
 (a) _____
 (b) _____
 (c) _____
 CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (1) STATING THE DISEASE, INJURY OR CAUSE LAST.
Cerebral Vascular Accident with aspiration

19. DATE OF OPERATION 2002
 20. MAJOR FINDINGS OF OPERATION
 21. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) No
 22. HOUR OF DEATH 3:37 P.M.
 23. DATE SIGNED 12/14/02
 24. ILLINOIS LICENSE NUMBER 125-044691
 25. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? NO

22a. SIGNATURE OF CERTIFIER Robert C. Pecheaux
 22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)
Robert C. Pecheaux, Registrar, Berwyn, IL
 22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)
Ptu Punjabi, MD
 22d. NAME AND ADDRESS OF PHYSICIAN (TYPE OR PRINT)
3249 S. Oak Park Ave, Berwyn, IL

23. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)
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 26. STATE
Illinois
 27. ZIP CODE
60638

28. NAME OF DEATH-CAUSING SPOUSE (MAIDEN NAME, IF WIFE)
None
 29. NAME OF BUSINESS OR INDUSTRY
Chicago Board of Education
 30. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
12
 31. INSIDE CITY (YES/NO) Yes
 32. COUNTY
Cook
 33. IF DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) No
 34. IF HOSP OR INST. INDICATE D.O.A. OR EMER. RM. IMPAIRED (SPECIFY) Inpatient
 35. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) No

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Illinois
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60638

DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
DEC 17 2002