UNOFFICIAL COM

AFFIDAVIT OF HEIRSHIP

Eugene "Gene" Moore Fee: \$54.00 Cook County Recorder of Deeds Date: 06/23/2003 12:46 PM Pg: 1 of 4

I, Laimute Dainauskas formerly known as Laimute Schulewitz, married to Ricardas Dainauskas, on oath say:

I reside at 4040 S. Maplewood Avenue, Chicago, Illinois. I am of legal age and am related to Jonas Stitilis and Genovaite Stitilis as a daughter.

Jonas Stitilis and Genovaite Stitilis were married only once that being to each other. Jonas Stitilis died on August 29, 1992 at Chicago, Illinois. During his lifetime he resided at 4040 S. Maplewood Avenue, Chicago, Illinois. Genovaite Stitilis died on January 15, 1997 in Chicago, Illinois. At the time of her death, her residence was 4040 S. Maplewood Avenue, Chicago, Illinois. At the time of their respective deaths, Jonas Stitilis was 74 years of age and Genovaite Stitilis was 75 years of age.

As a result of their marriage, three children were born, namely myself, Laimute Stitilis now known as <u>Laimute Drinauskas</u> and formerly known as <u>Laimute Schulewitz</u>, the second child is Grace J. Stitilis now known as <u>Grace J. Krauss</u> and the third child is Regina Stitilis now known as <u>Regina Whittaker</u>. No other children were born of their marriage and neither of them had any other children born of them nor did either of them ever adopt and children.

Based on the foregoing, the decedents, Jones Stitilis and Genovaite Stitilis left surviving as their only heirs at law, <u>Laimute Dainguskas</u>, <u>Grace J. Krauss</u> and <u>Regina Stitilis</u>, who are natural children and no others.

Laimule Dainauskas Laimute Dainauskas

Signed and Sworn to before me this 15th day of April, 2003 by Laimute Dainauskas who is personally known to me.

Notary Public

OFFICIAL SEAL NANCY L DRECHEN

NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES:06/28/05 10000

Martin Drechen 2528 S. Austin Cicero, IL 60605

AF TO AVITE PECLAGED JOHN YENAD

STATE OF	•	ss	RE: YOUR ORDER NO	1277584
Laimut	e Dainauskas		, being duly sworn and for the	purpose of inducing
1. 2.	to issue the subject That she resides at she That was acquaint	4040 S. Mapl Jonas S	ereinafter-described land, state: ewood Ave., Chicago, titilis	I1. 8-29-92 , who died on
	ed by the attached certified		ate;	, , , , , , , , , , , , , , , , , , , ,
	That said decedent was o			
	in the subject order	number;		
	in the following lega	I description;		0
ン <u>Z</u>				5
		O'C		
5	That said decedent died	00/4	C	
1 4.	leaving no last will:		00,	
	-	nd testament, a copy of	which is attached;	
			C	
5. not exceed	That the total value of 50,000	the estate of said deced	lent for State of Illinois inheritance	tax and Federal estate tax purposes does
Su	abscribed and sworn to be	fore		O _{ffe}
	e said Laimute Da:	inauskas _{affi}	2003	aimuli Daimaurska (affaix's signature)
1	ancy B. Coll	Cha	· 	

OFFICIAL NSEA Cubic NANCY L DRECHEN NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES:05/28/05

STATE OF ILLINOIS

LIDOUL REGISTRATES SCHATURE	PUNERU DIRECTORIA BIONITURE 250. POLICIALI CANALI	THE CHANGE DAIM HASO SOR CAN	REMOVALIFICATION, CEMETERYOR CREMATORY-NAME REMOVALIFICATION 246. 100. 110. 110. 110. 110. 110. 110. 11	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPEC 1PF ATT	SOF CERTIFIER	TO THE BEST OF MY KNOWLEDGE BEST THOCCURRED AT THE TIME, DATE AND PLACE AND	-12-91 -12-91	DATE OF DEFIATION, IF ANY MAJOR FINDINGS OF OPERATION 200	ignificani condition	AUSE (a) DUE TO, OR AS A CONSEQUENCE OF	sue Ar	of Final	3 8. PARTY. Enter the desease, or complications that caused the death, Do not enter the	RELATIONSHIP	MIDDLE STATIST	PACE (WHITE BLACK AMERICAN HOUNI, MO) (8PECH) AND STORY OF COMMENCIAN AND STO	TESIDENCE (STREET NON MADER) TO 33. 19040 So Maplewood 13b Chica	7 11a / Lueth	PED NEVER MARRIED, PROPERTY BB. (OR ETT	BIRTHDAY (VIS) MOS. DAYS	COMAS MIDDLE.	REGISTERED MEDICAL CERTIFICA	3 3
SEP 0 2 199	0/04/5	STATE CONSESSION	Chicago /LL 24d Sept 3/99.	25	fue (1501/1/22d 036-03/635	ETO THE CAUSE (SYSTATED. DATE SIGNED DATE SIGNED DATE SIGNED DATE SIGNED DATE SIGNED	WAS CORONER OR MEDICAL HOUR OF DEATH EXAMINER NOTIFIED? (YESNO) 21c. 10 10	IFFEMALE, WASTI THREE MONTHS? 20c. YES	AUTOPSY WERE AUTOPSYFRONGS AVALUATE PROPITO COMPLETONIOS CAUSEON GENTRITIES NO.) 1 AUTOPSY WERE AUTOPSYFRONGS AVALUATE PROPITO OWNET AUTOPSYFRONG AVALUATE PROPITO OWNET AUTOPSYFRONG AVALUATE PROPITO OWNET AUTOPSYFRONG	0,4	ternos Jerotic Klear Disease UNK	Heart Failur 3hr	re mode of dying, such as cardiac or respiratory ands:	71°	Matia YAS OF 10h	SPECIFYNOON YES AFECT COOM	no mo. (VESANO)	Elimentary/Secondary(0-12) College (1-4 or 5+)	ILE SICKUS	TOSPITAL 60. J	JRIS MIN. 5d. VOV // / 9	Sex Male 3 HOG 29 1992	DEATH 6158	NUMBER

CITY OF CHICAGO COUNTY OF COOK STATE OF ILLINOIS

REGISTRAR OF VITAL STATISTICS OF THE OF BIRTHS, STILLBIRTHS (AND DEATHS CITY OF CHICAGO, DO HEREBY CERTIFY CHICAGO; THAT THE ACCOMPANYING AND THE ORDINANCES OF THE CITY OF THE LAWS OF THE STATE OF ILLINOIS FOR THE CITY OF CHICAGO BY VIRTUE OF THAT I AM THE KEEPER OF THE RECORDS COPY OF A RECORD KEPT BY ME IN CERTIFICATE ON THIS SHEET IS A TRUE NANCES. PURSUANCE OF SAID LAWS AND ORDI-I, VIRGINIA L. PARKER, M.B.A. LOCAL

MULTICOLOR SIGNATURE SEAL IS THIS CERTIFIED COPY VALID WHEN AFFIXED.

AFFIXED. MULTICOLOR SIGNATURE SEAL IS THIS CERTIFIED COPY VALID WHEN



ЛНЕ СПУ ОТ СНІСАСЮ, ДО НЕЯЕВУ CERTIFY THAT I AM THE KEEPER OF AND DEATHS FOR THE CITY OF CHICAGO L SHEILA LYNE, RSM, LOCAL LAWS AND ORDINANCES. KEPT BY ME IN PURSUANCE OF SAID SHEET IS A TRUE COPY OF A RECORD THE CITY OF CHICAGO, THAT THE OF ILLINOIS AND THE ORDINANCES OF BY VIHTUE OF THE LAWS OF THE STATE THE RECORDS OF BINTHS, STILLBURTHS REGISTRAR OF VITAL STATISTICS OF ACCOMPANYING CERTIFCATE ON THES

ОЕРАНТМЕИТ ОF PUBLIC

CITY OF CHICAGO

CITY OF CHICAGO COUNTY OF COOK STATE OF ILLINOIS

REGISTRATION : DISTRICT NO

MEDICAL CERTIFICATE OF DEATH STATE OF ILLINOIS

STATE FILE

	1		_						_	\neg) \	, 70	717	,	17	,.	01 -								V
26a STATE STATE OF THE STATE OF	25b. A . A			BURIAL CREMATION CEMERATION CREME	23	22c 4246 West 63rd Street	NAME AND ADDRESS OF CERTIFIER	IGNATURE ▶	TO THE BEST OF MY KNOWLEDGE, DE	AND AST SAW HIM HER ALIVE ON	20a.	DATE OF OPERATION IF ANY	šigninos in spinings		AUSE (a)		resulting in death)		17a JATMA SCHILEWITZ	INCOPMENT SNAME (TYPE OR PRINT)	I.FONAS	ANTHER-NAME FIRST A		4040 S. MAPLEWOOD	10 329-38-2998 REMOENCE (STREET AND NUMBER)	SOCIAL SECURITY NUMBER	BIRTHPLACE CORY AND STATE OF FOREIGN COUNTRY) 7 I TTHIIANTA	6a. CHTCAGO	4 COOK CITY, TOWN TWP OR HOAD DISTRICT NUMBER	COUNTY OF DEATH	ر	REGISTERED NUMBER
T REAL RS	at the wind Comme	PERECTORS 4330 S. CAL	NAME STREET AND NUMBER OR R F D	ETERYORCREMATORY- <i>NAME</i>		+	TYPE OR PRINT, PARAKKIAL	MISIN	₹ 	ASED INONTH DAY YEAR) 1-15-97	20b	MAJOR FINDINGS OF OPERATION	2.adt Buting to de ath but ਜਿਹਾਂ resouth ਹੁਸ਼ਾ ਸਿਵ ਪਾਣੀਵਸ਼ਮੁਸ਼ਾਂ ਉੱਟਰੋਚ 8ਏ ਪ੍ਰਮਾਈਸ਼ਸ਼ ਹ	1	DUE TO OR AS A CONSEQUENCE OF	E I D, OH AS A CONSEGUENCE OF	MYXEDEMA	s, or complications that caused blure. List only one cause on		. I⊬	STCKUS	MIDDLE LAST	RACE (WHITE BLACK, AME INDIAN atc)(SPECIFY)	13b.	11a. SEAMSTRESS 110.	JAL OCCUPATION	<u>.</u>			AGE-LAST UNDER LYEAR BIRTHDAY (YRS) MOS DAYS	ATTE	MEDICAL CERT
26b.	250. #1	IFORNIA CHICAGO	L BO ALIO	LOCATION CITYORTOWN STATE 24c FOREST PARK, ILLINOIS		, illinois	deSILVA, M.D.		CURRED AT THE TIME, DATE AND PLACE AN ODUE TO THE CAUSE(S) STATED	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES NO)	0,		19a. N		2/			the mode of dying, such as ca	175 DAUGHTER 176 4040 S. MAPLEWOOD:	MAIL ING ADDE	16. MAGDALENA K	MOTHER-NAME FIRST MIDDLE	HISPANIC ORIGIN? (SPECIFYNOORYES-IF	CHIXCAGO [13c. Y	TWP, OR ROAD DISTRICT NO. INSIDE CITY	BUSINESSORINDUSTRY	SURVIVING SPOUSE (MAIDE	SS HOSPITAL	5c.	UNDER 1 DAY DATE OF BIRTH (TIS STAMALES	IFICALE OF DEALH
1997 FM	25c. #10456)IS 60632	STATE	S 24d, 1/18/97	20 ₹	220 036 042344	OISTI	22ь. 1/16/97	ESIGNED (MONTH, DAY, YE	HOUR OF DEATH	20c. YES[] NO[]	ÒE: NII	NO				UNKNOWN	as., app	100D: CUG), II. 60632	SHR.F.D., CITYON TOWN, STATE, ZIP)	AUSKAS	Y: LE (M. (b⊡4) LAST	YES, SPECIFY CUBA	YES 13d COOK	ITY COUNTY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elemeniary Secondary (0-12) College (1-4 or 5 +)	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO)	6		(MONTH DAY, YEAR)	. כל	DATE OF DEATH MONTH DAY YEAR