

UNOFFICIAL COPY

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AFFIDAVIT OF HEIRSHIP FOR LENORE A. FRAPOLLY

I, William J. Frapolly, the undersigned, having been first duly sworn on oath avers to the following facts within my personal knowledge that I could competently testify thereto in an Open Court of Law as follows:

1. That the decedent, Lenore A. Frapolly, died in 1998;
2. That the decedent was married only once and to the undersigned, William J. Frapolly. This marriage ended by her death;
3. That six children were born to this marriage all of whom are over 18 years of age and competent to wit:
 - Pamela Moore;
 - Cindy Watanabe;
 - William W. Frapolly;
 - Mark Frapolly;
 - Kevin Frapolly; & *FRANCESCA Di'*
 - Deborah Frapolly a/k/a ~~Deborah~~ Frapolli.
4. That no other children were born to or adopted by said marriage;
5. That the decedent did not have any other children, natural or adopted;
6. That the decedent left as her heirs the following: William J. Frapolly; Pamela Moore; Cindy Watanabe; William W. Frapolly; Mark Frapolly; Kevin Frapolly and Deborah Frapolly a/k/a ~~Deborah~~ Frapolli; *FRANCESCA Di'*

Further affiant sayeth not.

X *William J. Frapolly*
William J. Frapolly

Subscribed and sworn to before me
on this 25th day of July, 2003.

Kevin William Dillon
Notary Public



0322405139
Eugene "Gene" Moore Fee: \$46.00
Cook County Recorder of Deeds
Date: 08/12/2003 02:56 PM Pg: 1 of 2



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REGISTERED NUMBER
 DISTRICT NO.
603276

MEDICAL CERTIFICATE OF DEATH

DECEASED - NAME: **LENORE A. FRAPPOLLY** SEX: **Female** DATE OF BIRTH: **February 22, 1998**
 COUNTY OF DEATH: **COOK** CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **11a. Housewife**

AGE - LAST BIRTHDAY (YRS): **69** UNDER 1 YEAR: **0** UNDER 1 DAY: **0** DATE OF BIRTH (MONTH, DAY, YEAR): **February 22, 1998**
 HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): **11b. Own Home**

RESIDENCE (STREET AND NUMBER): **324-24-1973** CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **12** COUNTY: **COOK**
 BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **Chicago, IL** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **Married** NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE): **William Frappolly**

13a. **3724 W. Lyndale Ave., Chicago** 13b. **Chicago** 13c. **Yes** 13d. **Cook**
 13e. **Illinois** 13f. **60647** 13g. **White** 13h. **White** 13i. **White** 13j. **White** 13k. **White** 13l. **White**

FATHER - NAME: **Howard G. Warwick** MOTHER - NAME: **Laura Giesl**
 INFIRMANT - NAME (TYPE OR PRINT): **William Frappolly** RELATIONSHIP: **Husband** MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY, STATE, ZIP): **17thysband 173724 Lyndale Chicago, IL 60647**

17a. **William Frappolly** 17b. **17thysband 173724 Lyndale Chicago, IL 60647**
 IMMEDIATE CAUSE (Final disease or condition resulting in death): **CAUSE OF THE LUNG**

CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: **(a) CAUSE OF THE LUNG**
 (b) DUE TO, OR AS A CONSEQUENCE OF
 (c) DUE TO, OR AS A CONSEQUENCE OF

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
 18. DATE OF OPERATION, IF ANY: **12-4-97** MAJOR FINDINGS OF OPERATION: **6:22 A.M.**
 19. DID NOT ATTEND THE DECEASED: **NO** 20. WAS CORNER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): **NO** 21. DATE SIGNED: **Feb. 23, 1998**

22. SIGNATURE: **Joyce A. Delneaky, M.D.** 22b. ILLINOIS LICENSE NUMBER: **036-060921**
 NAME AND ADDRESS OF CERTIFIER: **4801 W. Peterson Avenue Chicago, Illinois 60646**
 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: **22c. 036-060921**

23. BUREAL, CREMATION, REMOVAL (SPECIFY): **24b. Cremation** CEMETERY OR CREMATORY - NAME: **24c. Chicago, Illinois** LOCATION: **24d. Chicago, Illinois** CITY OR TOWN: **Chicago, Illinois** STATE: **IL** DATE: **24d02/26/98**
 FUNERAL HOME: **25a. Termer Funeral Home Ltd. 3653-59 W. Fullerton Chicago, IL 60647**
 FUNERAL DIRECTOR'S SIGNATURE: **25b. Termer** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **034-009412**
 LOCAL REGISTRAR'S SIGNATURE: **25c. Howard G. Termer** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **FEB 24 1998**
 26a. **26b.**

FEB 24 1998
 L SHEILA LYNE, REG. LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO, THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

DEPARTMENT OF PUBLIC HEALTH