

UNOFFICIAL COPY

AFFIDAVIT OF HEIRSHIP

1333238 1/2

ESTATE OF WILLIAM G. BUNTING,
Deceased

VIRGINIA LYN NAGLOSKY, being
first duly sworn upon her oath, deposes and
says:

1. That decedent, WILLIAM G. BUNTING, died at Cook County, Illinois on July 14, 2004, at the age of 83 years.
2. I am of legal age. I reside at 12230 S. Harold Ave., Palos Heights, Illinois. I am the daughter of the decedent.
3. The decedent was married once to Gertrude M. Bunting; said marriage terminated by death of Gertrude M. Bunting on November 11, 1989.
4. The following children and no others were born to or adopted by decedent:
 - a) WILLIAM K. BUNTING
 - b) VIRGINIA LYN NAGLOSKY
 - c) JUDITH A LISTMAN

Based on the foregoing, decedent left surviving as her only heir the following and, in the absence of any indication to the contrary, is of legal age, is mentally competent, and, if a child, is a natural child.

- a) WILLIAM K. BUNTING
- b) VIRGINIA LYN NAGLOSKY
- c) JUDITH A LISTMAN

Virginia L Naglosky

Virginia Lyn Naglosky

SUBSCRIBED and SWORN to before me this 26th day of August 2004.



Peter B Canalia

NOTARY PUBLIC

Doc#: 0433717038
Eugene "Gene" Moore Fee: \$26.00
Cook County Recorder of Deeds
Date: 12/02/2004 09:06 AM Pg: 1 of 2

JM

ALICE INC

STATE OF ILLINOIS
County of Cook

DAVID ORR, County Clerk

JUL 16 2004

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I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David Orr
COUNTY CLERK

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DECEDENT'S BIRTH NO. **16.0**
REGISTRATION DISTRICT NO. **16.0**
REGISTERED NUMBER
STATE OF ILLINOIS
STATE FILE NUMBER

DECEASED-NAME **WILLIAM G. BUNTING** FIRST MIDDLE LAST
COUNTY OF DEATH **COOK**
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **PALOS HEIGHTS**
AGE LAST BIRTHDAY (MRS) **83** UNDER 1 YEAR MONTHS UNDER 1 DAY HOURS MIN
DATE OF BIRTH (MONTH, DAY, YEAR) **JANUARY 16, 1921**
SEX **MALE**
DATE OF DEATH (MONTH, DAY, YEAR) **JULY 14, 2004**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **CHICAGO, IL.**
MARRIED/NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **WIDOWED**
NAME OF SURVIVING SPOUSE (Maiden name, if wife) **NONE**
HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **PALOS COMMUNITY HOSPITAL**
IF HOSP OR INST INDICATE D.O.A. OR FETTERED IN PATIENT (SPECIFY) **INPATIENT**

SOCIAL SECURITY NUMBER **10 334-18-3236**
RESIDENCE (STREET AND NUMBER) **11a FOREMAN (RET.)** CITY, TOWN, TWP. OR ROAD DISTRICT NO. **11b PALOS HEIGHTS**
INSIDE CITY (YES/NO) **YES**
EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) **College (14 or 5+)**

STATE **IL.** ZIP CODE **131 60463**
RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) **WHITE**
OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) **NO**
FATHER-NAME **WILLIAM G. BUNTING** MOTHER-NAME **ELSIE FECHNER**

INFORMANT'S NAME (TYPE OR PRINT) **WILLIAM K. BUNTING** RELATIONSHIP **SON** MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) **734 WISCONSIN RD., NEW LENOX, IL.**

18. PART I. Enter the diseases, or conditions, that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.
consequence of Pancreas with Nels

19. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
stroke

20a. DATE OF OPERATION, IF ANY
20b. MAJOR FINDINGS OF OPERATION
21. (I) DID I CORONARY ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON
21a. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED
21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) **NO**
21c. HOUR OF DEATH **12-12 P.M.**
21d. DATE SIGNED (MONTH, DAY, YEAR) **7-16-04**

22. SIGNATURE OF CERTIFIER **DR. HAROLD J. MORRISON** (TYPE OR PRINT)
22c. NAME AND ADDRESS OF PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) **DR. HAROLD J. MORRISON 7530 W. College Dr Palos Heights IL 60463**
22d. ILLINOIS LICENSE NUMBER **52775**

23. BURIAL CREMATION, REMOVAL (STREET) **CEM. CHAPEL HILL GARDENS** LOCATION **OAK LAWN, IL.** CITY OR TOWN **STATE**
24a. BURIAL FUNERAL HOME **SCHMAEDEKE FUNERAL HOME** STREET AND NUMBER OR R.F.D. **10701 S HARLEM AVE. WORTH, IL.** CITY OR TOWN **STATE**
24b. FUNERAL DIRECTOR'S SIGNATURE **[Signature]**

25a. FUNERAL DIRECTOR'S SIGNATURE **[Signature]**
25b. LOCAL REGISTRARS SIGNATURE **[Signature]**
25c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **JUL 16 2004**

26a. (Rev. 5/89) **JUL 16 2004**