

UNOFFICIAL COPY

AFFIDAVIT OF HEIRSHIP

In Re the Estate of)
 Anna J. Gonzales)
 Deceased,)



Doc#: 0600640086 Fee: \$30.00
 Eugene "Gene" Moore RHSP Fee: \$10.00
 Cook County Recorder of Deeds
 Date: 01/06/2008 11:00 AM Pg: 1 of 4

Daniel Gonzales, on oath says:

1. The decedent, Anna J. Gonzales,
 died August 10, 2008 at
 Chicago, Illinois, Cook County,

2. I am of legal age and I reside at 1727 West Estes Avenue, Chicago, Illinois 60659

3. (a). The decedent was married only once to Anna Sanders and the said
Anna Sanders divorced from the decedent in 1996.

4. There were three children born to the decedent, namely Daniel Gonzales,
Daniel Gonzales, Michelle Gonzales, and Samuel Woodard and the decedent adopted no
 children. All of these said children are alive at this time.

5. The following table contains the information as to the decedent's natural heirs.

Name of heir married	Minor - M	Incompetent - I	Predeceased - P	Spouse's name if
1. Daniel Gonzales (decedent's son)				
2. <u>Samuel Woodard</u> (decedent's son)				
3. <u>Michelle Gonzales</u> (decedent's daughter)				

Based on the foregoing information the decedent has surviving at the time of her death the following three heirs, and absent evidence to the contrary, all are of legal age, and are mentally competent.

1. Daniel Gonzales (son)
2. Samuel Woodard (decedent's son)
3. Michelle Gonzales (decedent's daughter)

ATGF, INC.

P.I.N. 11-31-207-026-0000

Address of Real Estate: 1727 West Estes Avenue, Chicago, Illinois 60626

137661

ATGF, INC.

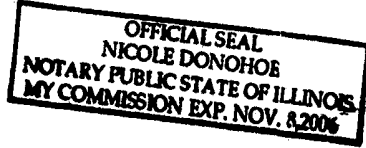
4c

UNOFFICIAL COPY

Dated this 30th day of November, 2005.

Daniel P. Gonzales (SEAL)
Daniel Gonzales

_____ (SEAL)



State of Illinois)
County of Cook) ss,

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DOES HEREBY CERTIFY that Daniel Gonzales is personally known to me to be the same person whose name is subscribed to the foregoing instrument, that he appeared before me this day in person, and acknowledged that he signed, sealed and delivered said instrument as his free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and official seal, this 30th day of November, 2005

Commission expires 11-8-06

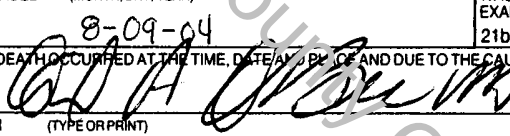
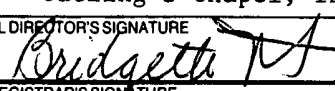
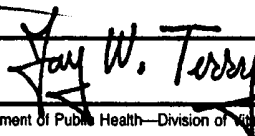
Nicole Donohoe
NOTARY PUBLIC

This instrument was prepared by Richard E. Schimmel of 2900 W. Peterson Ave. Chicago, IL 60659

MAIL TO:
Richard E. Schimmel
2900 W. Peterson Ave
Chicago IL 60659

SEND SUBSEQUENT TAX BILLS TO:
Daniel Gonzales
1727 W. Estes
Chicago IL 60626

PROPERTY OF COOK COUNTY CLERK'S OFFICE

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <u>1428</u>		STATE OF ILLINOIS				STATE FILE NUMBER	
		REGISTERED NUMBER		UNOFFICIAL COPY				MEDICAL CERTIFICATE OF DEATH	
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS		DECEASED—NAME FIRST MIDDLE LAST			SEX		DATE OF DEATH (MONTH, DAY, YEAR)		
1.		Anna J. Gonzales			2. Female		3. August 10, 2004		
COUNTY OF DEATH		AGE—LAST BIRTHDAY (YRS)		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (MONTH, DAY, YEAR)	
4. Cook		5a. 51		5b. 5d. July 26, 1953		5c. 5d. July 26, 1953		5d. July 26, 1953	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				IF HOSP. OR INST. INDICATE D.O.A., OP/EMER. RM, INPATIENT (SPECIFY)			
6a. Evanston		6b. St. Francis Hospital				6c. Inpatient			
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)				WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
7. Chicago, Il.		8a. Never Married		8b. None				9. No	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)			
10. 346-44-0586		11a. Ticket Agent		11b. C.T.A.		12. Elementary/Secondary (0-12) College (1-4 or 5+)		-02-	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY			
13a. 1727 E. Estes		13b. Chicago		13c. Yes		13d. Cook			
STATE		ZIP CODE		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)			
13e. Il.		13f. 60626		14a. Black		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:			
FATHER—NAME FIRST MIDDLE LAST		MOTHER—NAME FIRST MIDDLE LAST (MAIDEN) LAST		MOTHER—NAME FIRST MIDDLE LAST (MAIDEN) LAST					
15. James Chapman		16. Ellen Grace Gonzales		16. Ellen Grace Gonzales					
INFORMANT NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)					
17a. Michelle Gonzales		17b. Daughter		17c. 7121 N. Ridge Apt. 402 Chicago, Il. 60626					
18. PART I. Enter the diseases, or complications 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.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
Immediate Cause (Final disease or condition resulting in death)		(a) Ruptured Descending Thoracic Aortic Aneurysm							
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) DUE TO, OR AS A CONSEQUENCE OF							
		(c) DUE TO, OR AS A CONSEQUENCE OF							
PART II. Other significant conditions contributing to death or resulting in the underlying cause given in PART I.		AUTOPSY (YES/NO)		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)					
5. Hypertension/Obesity		19a. No		19b.					
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>					
20a. 8-09-04		20b. Ruptured Descending Thoracic Aneurysm		20c. YES <input type="checkbox"/> NO <input type="checkbox"/>					
I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH					
21a. 8-09-04		21b. NO		21c. 7:52 A. M.					
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED (MONTH, DAY, YEAR)							
22a. SIGNATURE 		22b. 8-11-04							
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER							
22c. David DeBoer, MD. 800 Austin St. Evanston, Il.		22d. 036-073979							
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.							
23.									
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE		DATE (MONTH, DAY, YEAR)			
24a. Cremation		24b. Trisons Crematory		24c. Lombard, Il.		24d. 8-16-2004			
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP		FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP		FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP		FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP			
25a. Gatling's Chapel, Inc. 10133 So. Halsted Chicago Il. 60628		25a. Gatling's Chapel, Inc. 10133 So. Halsted Chicago Il. 60628		25a. Gatling's Chapel, Inc. 10133 So. Halsted Chicago Il. 60628		25a. Gatling's Chapel, Inc. 10133 So. Halsted Chicago Il. 60628			
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER							
25b. 		25c. 039-014948							
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)							
26a. 		26b. Aug 12, 2004							

VR200 (Rev. 5/89)

Illinois Department of Public Health—Division of Vital Records

(BASED ON 1989 U.S. STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE AUGUST 12, 2004 SIGNED Jay W. Torrey
 AT EVANSTON, Illinois OFFICIAL TITLE LOCAL REGISTRAR

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

UNOFFICIAL COPY

PARCEL 1: THE NORTH 33.67 FEET AS MEASURED ALONG THE EAST LINE THEREOF OF LOT 6 IN BLOCK 17 IN ROGERS PARK IN SECTION 31, TOWNSHIP 41 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PARCEL 2: EASEMENTS AS SET FORTH IN THE DECLARATION RECORDED AS DOCUMENT 19009032 FOR THE BENEFIT OF PARCEL 1 FOR INGRESS AND EGRESS.

Permanent Index Number:

Property ID: 11-31-207-026

Property Address:

1727 W. Estes
Chicago, IL 60626

Property of Cook County Clerk's Office