

UNOFFICIAL COPY



Doc#: 0601702026 Fee: \$28.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 01/17/2006 07:37 AM Pg: 1 of 3

2-5  
②  
1372871

Property of Cook County Clerk's Office

AFFIDAVIT OF HEIRSHIP

I, Rosemarie Sorgatz f/k/a/ Rosemarie Siegel f/k/a Rosemarie Kempf, being first duly sworn under oath, hereby depose and state as follows:

1. I was the daughter of Marlies Burgardt (hereinafter "the decedent") until she died on August 7, 2005.

2. The decedent was married twice during her lifetime. She was first married to Hartmut Kempf. Prior to her death, the decedent divorced Hartmut Kempf.

3. As a result of the decedent's marriage to Hartmut Kempf, two children were born: Rosemarie Kempf (affiant) who is alive, over the age of eighteen years, and not mentally disabled; and Roland Kempf who died in 1988. At no time prior to his death did Roland Kempf either have or adopt any children.

4. The decedent next married Alex Burgardt. Prior to her death, the decedent divorced Alex Burgardt and never thereafter re-married. No children were born to, or adopted by, the decedent during or as a result of her marriage to Alex Burgardt.

5. Except as hereinbefore stated, the decedent never had or adopted any children during her lifetime.

6. All medical and funeral bills of the decedent which have been received to date have been paid in full. Any remaining bills shall be paid upon receipt.

7. The decedent's estate is not subject to federal or state estate taxes.

8. All claims against the estate have been paid except for a federal tax lien of the decedent for which an escrow was created and funded at closing.

**FURTHER AFFIANT SAYETH NOT.**

Dated: December 16, 2005

*Rosemarie*  
\_\_\_\_\_  
Rosemarie Sorgatz, Affiant

3K9

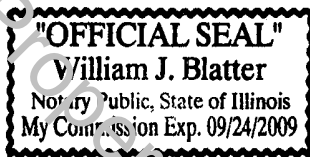
Attorneys' Title Guaranty Fund, Inc.  
33 N. Dearborn, Suite 650  
Chicago, Illinois 60602-3104  
(312) 372-1735

**UNOFFICIAL COPY**

State of Illinois )  
 County of Boone ) SS

I, William J. Blatter, a notary public in and for said county in the state aforesaid, do hereby certify that Rosemarie Sorgatz, verified to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged having signed, sealed and delivered the said instrument as her free and voluntary act for the uses and purposes therein set forth.

Given under my hand and notarial seal this 16th day of December, 2005.



*[Signature]*  
 \_\_\_\_\_  
 Notary Public

**PREPARED BY:**

William J. Blatter  
 4732 North Lincoln Avenue  
 Chicago, Illinois 60625

**AFTER RECORDING, MAIL TO:**

BLATTER & BLATTER, P.C.  
 4732 North Lincoln Avenue  
 Chicago, Illinois 60625

**LEGAL DESCRIPTION****PARCEL 1:**

UNIT 1, AREA 24, LOT 3 IN BARRINGTON SQUARE UNIT 1, BEING A SUBDIVISION OF PART OF THE NORTHEAST QUARTER OF SECTION 7, TOWNSHIP 41 NORTH, RANGE 10, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS, ACCORDING TO THE PLAT THEREOF RECORDED NOVEMBER 14, 1969 IN COOK COUNTY, ILLINOIS AS DOCUMENT NUMBER 21013529;

**PARCEL 2:**

EASEMENTS APPURTENANT TO THE ABOVE DESCRIBED REAL ESTATE AS DEFINED IN THE DECLARATION OF COVENANTS, CONDITIONS AND RESTRICTIONS RECORDED JUNE 8, 1970 IN COOK COUNTY, ILLINOIS AS DOCUMENT NUMBER 21178177.

Permanent index number: 07-07-202-085-0000

Common address: 1859 Wellington Place  
 Hoffman Estates, Illinois 60195

STATE OF ILLINOIS  
County of Cook

# UNOFFICIAL COPY

DAVID ORR, County Clerk

AUG 10 2005

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

DECEASED'S BIRTH NO.		REGISTRATION DISTRICT NO. <b>16.0</b>		STATE OF ILLINOIS				STATE FILE NUMBER	
		REGISTERED NUMBER		<b>MEDICAL CERTIFICATE OF DEATH</b>					
<b>DECEASED</b>		1. DECEASED-NAME FIRST MIDDLE LAST <b>MARLES L BURGARDT</b>		SEX <b>Female</b>		DATE OF DEATH (MONTH, DAY, YEAR) <b>8/10/05</b>			
2. COUNTY OF DEATH <b>Cook</b>		4. AGE--LAST BIRTHDAY (YRS) <b>67</b>		UNDER 1 YEAR MOS. DAYS		UNDER 1 DAY HOURS MIN.		DATE OF BIRTH (MONTH, DAY, YEAR) <b>5d. March 22, 1938</b>	
3. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <b>6a. Hoffman Estates</b>		6b. HOSPITAL OR OTHER INSTITUTION--NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>St. Alexius</b>				IF HOSP. OR INST. INDICATE D.O.A. OF: EMER. RM. INPATIENT (SPECIFY) <b>Inpatient</b>			
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>Germany</b>		8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Divorced</b>		9. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <b>8b.</b>			WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) <b>9. NO</b>		
10. SOCIAL SECURITY NUMBER <b>348-30-1661</b>		11a. USUAL OCCUPATION <b>Waitress</b>		11b. KIND OF BUSINESS OR INDUSTRY <b>Restaurant</b>		12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) <b>8</b> College (1-4 or 5+) <b></b>			
13a. RESIDENCE (STREET AND NUMBER) <b>1859 Wellington Place</b>		13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. <b>Hoffman Estates</b>		13c. INSIDE CITY (YES/NO) <b>Yes</b>		13d. COUNTY <b>Cook</b>			
13e. STATE <b>Illinois</b>		13f. ZIP CODE <b></b>		14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) <b>White</b>		14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES--IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:			
<b>PARENTS</b>		15. FATHER-NAME FIRST MIDDLE LAST <b>Herbert Reiter</b>		16. MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST <b>Hertha Storsberg</b>					
17a. INFORMANT'S NAME (TYPE OR PRINT) <b>Rosemarie Sorgatz</b>		17b. RELATIONSHIP <b>Daughter</b>		17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) <b>17c. 26 W. 109 Armbrust Ave. Wheaton, IL 60187</b>					
<b>CAUSE</b>		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. <b>(a) PRESUMED</b>						APPROPRIATE INTERVAL BETWEEN ONSET AND DEATH	
		CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. <b>(b) DUE TO, OR AS A CONSEQUENCE OF</b>							
		<b>(c) DUE TO, OR AS A CONSEQUENCE OF</b>							
19. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I		AUTOPSY (YES/NO) <b>19a. No</b>						WAS AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) <b>19b.</b>	
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST 12 MONTHS? <b>20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>					
21a. I (DID) (DID NOT) ATTEND THE DECEASED AND I LAST SAW HIM HER ALIVE ON (MONTH, DAY, YEAR) <b>8/7/05</b>		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) <b>No</b>		21c. HOUR OF DEATH <b>11:00 P.M.</b>					
<b>CERTIFIER</b>		22a. SIGNATURE <i>Edward Burke</i>						22b. DATE SIGNED (MONTH, DAY, YEAR) <b>8/8/05</b>	
		22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>Edward Burke M.D. 15 Salt Creek Lane Hinsdale, IL</b>						22d. ILLINOIS LICENSE NUMBER <b>170-049747</b>	
23. 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.							
<b>DISPOSITION</b>		24a. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>		24b. CEMETERY OR CREMATORY--NAME <b>St. Michael Cemetery</b>		24c. LOCATION CITY OR TOWN STATE <b>Palatine, IL</b>		DATE (MONTH, DAY, YEAR) <b>24d. Aug. 12, 2005</b>	
		25a. FUNERAL HOME NAME <b>Ahlgrim Family Funeral Home 201 N. Northwest Hwy. Palatine, IL 60067</b>		25b. FUNERAL DIRECTOR'S SIGNATURE <i>R. Ahlgrim</i>		25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>9946</b>			
		25d. LOCAL REGISTRAR'S SIGNATURE <i>David Orr</i>		25e. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>AUG 10 2005</b>					