



Doc#: 0626508166 Fee: \$30.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 09/22/2006 02:25 PM Pg: 1 of 4

TICOR TITLE

Affidavit of Heirship

590872
2005

Michael Seeber (Affiant) being duly sworn upon oath, deposes and states:

TICOR TITLE

1. That the Affiant resides at: 259 Stone St. Joliet, IL

2. That the Affiant is the son (Relationship) of Michaelene Seeber (Decedent).

3. That the Decedent died on 2 / 19 / 2006 in the County of COOK in the State of IL. (Death Certificate Attached)

4. That the Decedent died owning an interest in the property legally described as follows:

See Legal Description attached hereto

AKP

5. That the Decedent died leaving (a / ~~no~~) will. (Copy of Will Attached)

6. That the Decedent was married to the following individuals, and no others: Divorced

<u>Name</u>	<u>Status</u>
-------------	---------------

7. That the following children were born to, or adopted by the Decedent and no others. (Give names of descendants of any child who is deceased.)

<u>Name</u>	<u>Status</u>	<u>Age</u>
<u>Michael Seeber</u>	<u>Son</u>	<u>30</u>
<u>Thomas Seeber</u>	<u>Son</u>	<u>31</u>

8. That to the best information and belief of the Affiant, no children were born to or fathered by the Decedent out of wedlock, except as follows: None

9. That in the event the Decedent died without wife or child surviving, to the Affiant's best information and belief, the following represents the Decedent's heirship (give in detail):

UNOFFICIAL COPY

- 10. That the total value of the estate of the Decedent including the taxable interest in the aforesaid property is \$ Real Estate on 3856 Gladstone, Riverside, IL @ \$300,000-
- 11. That no claims have been filed against a Decedent and that all expenses of illness and or funeral expenses have been paid in full; or, that the following claims will be paid from the proceeds of the subject property: No outstanding claims
- 12. That the Federal Estate Tax (has / has not) been paid, that the Illinois Estate Tax (has / has not) been paid; that no (Federal Estate Tax / Illinois Estate Tax) is due.
- 13. That the Affiant makes this Affidavit to induce Tigor Title INSurance to issue its policy of Title Insurance number 590870 and show title in:

and with knowledge that Tigor Title Insurance will rely on the representations made and contained herein to insure title.

Further Affiant sayeth not.

All riders and pages attached are intended to be incorporated in and to be a part of the Affidavit for the purposes stated.

[Signature]
Affiant

Subscribed and sworn to before me this 11 day of 09, 2006

[Signature]
Notary Public



Prepared by a Return to:
Raychel A. Wesley
56 N Chicago #400
Joliet IL 60432

UNOFFICIAL COPY



TICOR TITLE INSURANCE COMPANY

ORDER NUMBER: 2000 000590872 OC
STREET ADDRESS: 3856 GLADSTONE AVENUE
CITY: RIVERSIDE **COUNTY:** COOK COUNTY
TAX NUMBER: 15-36-313-009-0000

LEGAL DESCRIPTION:

LOTS 21 AND 22 IN BLOCK 8 IN RIVERSIDE LAWN, BEING A SUBDIVISION OF ALL OF THAT PART OF THE SOUTHWEST 1/4 OF SECTION 36, TOWNSHIP 39NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING EAST OF THE WEST 10 CHAINS THEREOF AND EASTERLY AND SOUTHERLY OF THE DES PLAINES RIVER IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office

UNOFFICIAL COPY

09/01/2006 09:11 FAX 630 795 1130

CLAYTON GROUP SRVS.

002

FEBRUARY 27, 2006

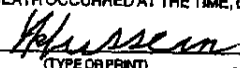


STATE OF ILLINOIS
County of Cook)

DAVID ORR, County Clerk

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.


 COUNTY CLERK

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. 16.0		STATE OF ILLINOIS		STATE FILE NUMBER	
REGISTERED NUMBER		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. MICHAELINE SEEBER		2. Female		3. February 19, 2006			
COUNTY OF DEATH		AGE - LAST BIRTHDAY (YRS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)		
4. Cook		5a. 64	5b.	5c.	5d. May 16, 1941		
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. OPENER, RM, INPATIENT (SPECIFY)	
A. 6a. Riverside		6b. 3856 Gladstone Avenue				6c.	
B. DECEASED		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. Divorced	8b.		9. No		
C. SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)			
10. 325-34-3638		11a. Self Employed	11b. Crafts	12. 2+			
D. RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	COUNTY		
E. 13a. 3856 Gladstone		13b. Riverside		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. 60546	14a. White	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:			
PARENTS		FATHER - NAME FIRST MIDDLE LAST		MOTHER - NAME FIRST MIDDLE (MAIDEN) LAST			
15. Michael Bednarchuk		16. Anna May Dubas					
1. INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)				
2. 17a. Michael Seeber		17b. Son	17c. 29 Stone St. Joliet, IL 60435				
3. CAUSE		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) METASTASIS					
		DUE TO, OR AS A CONSEQUENCE OF					
		(b) LUNG CANCER					
		DUE TO, OR AS A CONSEQUENCE OF					
		(c)					
4. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.							
5. DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION			AUTOPSY (YES/NO)	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)	
20a.		20b.			19a. NO	19b.	
6. P. 1 (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. 02/03/06		21b. Yes		21c. 10:30 A. M.			
7. CERTIFIER		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. 02/23/06					
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER					
22c. Lily P. Hussein, M.D.		22d. 36-44602					
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. Acacia Park Cemetery	24c. Chicago, IL			24d. 02/23/06	
FUNERAL HOME		NAME	STREET AND NUMBER OR R.F.D.	CITY OR TOWN	STATE	ZIP	
25a. Muzyka Funeral Home		2157 W. Chicago Ave.		Chicago, IL		60622	
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER					
25b. 		25c. 034-014662					
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)					
26a. 		26b. FEB 27 2006					