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UNOFFICIAL COPY



Doc#: 0722840036 Fee: \$28.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 08/16/2007 11:19 AM Pg: 1 of 3

RE: **Janet L. Wassmann, Deceased**

0722840036

AFFIDAVIT OF HEIRSHIP

Affiant is LEILA WASSMANN VOIGTS, the sister of Janet L. Wassmann.

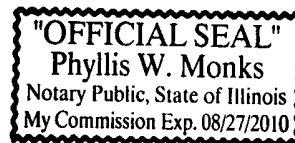
1. Janet L. Wassmann died on February 13, 2007. Her death certificate is attached hereto.
2. Janet L. Wassmann died leaving no Will.
3. Janet L. Wassmann never married and she had no children, born or adopted.
4. Janet L. Wassmann's parents were Willard L. Wassmann and Juanita Wassmann. Willard L. Wassmann died on April 26, 1986. Juanita Wassmann is still living. They had four children: Terry Wassmann, Steven Wassmann, Leila Wassmann Voigts and Janet Wassmann, all of whom are now living except for Janet Wassmann. Willard and Juanita Wassmann had no other children, born or adopted.
5. The sole heirs of Janet L. Wassmann are Juanita Wassmann, Terry Wassmann, Steven Wassmann and Leila Wassmann Voigts.

Leila Wassmann Voigts
Leila Wassmann Voigts *zhc*

Signed and Sworn to
Before me this 30th day of
June, 2007.

Phyllis W. Monks

Notary Public



Attorneys' Title Guaranty Fund, Inc
1 S. Wacker Dr., Ste 2400
Chicago, IL 60606-4630
773.399.1000 Department

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ATTORNEYS' TITLE GUARANTY FUND, INC.

LEGAL DESCRIPTION

Legal Description:

LOT 24 COWING BROTHERS 1ST ADDITION TO HOMEWOOD, BEING A SUBDIVISION OF THE EAST 1/4 OF THE WEST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 36, TOWNSHIP 36 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index Number:

Property ID: 28-36-301-001

Property Address:

17908 Sacramento Avenue
Homewood, IL 60430

Prepared by and Return to:

Phyllis W. Monks
525 W. Exchange St.
Crete, IL 60417

Property of Cook County Clerk's Office

FEB 16 2007

STATE OF ILLINOIS
County of Cook**UNOFFICIAL COPY**

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.

David Orr
COUNTY CLERK

PERMANENT CERTIFICATE
 TEMPORARY CERTIFICATE

REGISTRATION DISTRICT NO. **16.0**
REGISTERED NUMBER:

233 FEB 07 STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

Type, or Print in PERMANENT INK See Coroner's or Funeral Directors Handbook for INSTRUCTIONS

1. DECEASED-NAME FIRST MIDDLE LAST JANET LYNN WASSMANN		2. SEX FEMALE	3. DATE OF DEATH (MONTH, DAY, YEAR) FEBRUARY 13, 2007
4. COUNTY OF DEATH COOK		5a. AGE-LAST BIRTHDAY (YRS) 50	5b. UNDER 1 YEAR MOS. DAYS
6a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOMewood		6b. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 17908 SACRAMENTO	6c. IF HOSP. OR INST. INDICATE D.O.A., OPEREMER. RM. INPATIENT (SPECIFY) SCENE
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) CHICAGO HEIGHTS, IL		8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NEVER MARRIED	8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) NONE
10. SOCIAL SECURITY NUMBER 331-52-3290		11a. USUAL OCCUPATION DELIVERY	11b. KIND OF BUSINESS OR INDUSTRY POST OFFICE
13a. RESIDENCE (STREET AND NUMBER) 17908 SACRAMENTO		13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. HOMewood	13c. INSIDE CITY (YES/NO) YES
13e. STATE ILLINOIS		13f. ZIP CODE 60430	14a. RACE (WRITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) WHITE
14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) NO		14c. SPECIFY:	

DECEASED

PARENTS

15. FATHER-NAME FIRST MIDDLE LAST WILLARD WASSMANN		16. MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST JUANITA BOICKEN	
17a. INFORMANT'S NAME (TYPE OR PRINT) JUANITA WASSMANN		17b. RELATIONSHIP MOTHER	17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 631 E. BURVILLE, CRETE, ILLINOIS 60417

CAUSE

18. PART I. Enter the diseases, injuries, 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 CEREBRAL ANEURYSM		
DUE TO, OR AS A CONSEQUENCE OF		
(b)		
DUE TO, OR AS A CONSEQUENCE OF		
(c)		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		

N

P

H.G.

RIF

UNK

CERTIFIER

20a. NATURAL, ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, (SPECIFY) NATURAL		20b. DATE OF INJURY (MONTH, DAY, YEAR)	20c. HOUR M.	20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18)
20e. INJURY AT WORK (YES/NO)		20f. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY)	20g. LOCATION (CITY, VIL. OR TOWN; OR TWP.; OR RD. DIST. NO., COUNTY, STATE)	20h. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT		21b. THE DECEDENT WAS PRONOUNCED DEAD ON MONTH DAY YEAR FEBRUARY 13, 2007		21c. AT DATE 3:50P M
22a. CORONER'S - MEDICAL EXAMINER'S SIGNATURE <i>G. J. Donaghy, M.D.</i>		22b. DATE SIGNED (MONTH, DAY, YEAR) FEBRUARY 14, 2007		
22a. CORONER'S PHYSICIAN'S NAME (Type or Print) WENDY A. LAVEZZI, M.D.		22b. DATE SIGNED (MONTH, DAY, YEAR)		
23a.		23b.		

DISPOSITION

24a. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		24b. CEMETERY OR CREMATORY-NAME TRINITY LUTHERAN CEMETERY		24c. LOCATION CITY OR TOWN STATE CRETE, ILLINOIS		24d. DATE (MONTH, DAY, YEAR) 02-17-2007
25a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP HIRSCH FUNERAL HOMES, 507 EXCHANGE STREET, CRETE, ILLINOIS 60417		25b. FUNERAL DIRECTOR'S SIGNATURE <i>Lyle P. Meyer</i> LYLE P. MEYER		25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-016147		
26a. LOCAL REGISTRAR'S SIGNATURE <i>David Orr</i>		26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) FEB 16 2007				