



0724842089

Doc#: 0724842089 Fee: \$28.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 09/05/2007 11:24 AM Pg: 1 of 3

**AFFIDAVIT
OF HEIRSHIP**

070322600239

Mail to:

Kathleen O'Rourke
.....

Attorney at Law
.....

4239 W. 63rd Street
.....

Chicago, IL 60629
.....

above space for recorder's use only

LEGAL DESCRIPTION

Lot 23 in B.F. Jacob's Subdivision of that part of the North
1/2 of the Northwest 1/4 of the Southwest 1/4 of the
Northwest 1/4 of Section 12, Township 38 North, Range 13
East of the Third Principal Meridian, lying South of the
right-of-way of the Chicago and Grand Truck Railroad, in
Cook County, Illinois.

Permanent Tax Index Number: 19-12-213-020-0300 v. 386

Street Address: 4924 S. Maplewood, Chicago, Illinois 60632

AFFIDAVIT OF HEIRSHIP

Amanda Valdez-Cappello, being duly sworn upon oath, states as follows:

I am the daughter of decedent Ercilia Savinovich, who departed this life on July
4, 2004 (copy of death certificate attached), a resident of the City of Chicago,
County of Cook, State of Illinois, leaving no Last Will and Testament.

Ercilia Savinovich was the sole owner of the real property described above. The
total value of decedent's estate upon her death was \$ 220,000.⁰⁰.

Decedent Ercilia Savinovich was married twice. Decedent's first marriage was to
Pedro Valdez, from whom she was divorced in 1956.

[Faint text, possibly a signature or stamp]

[Handwritten signature]

UNOFFICIAL COPY

Four children were born and none adopted as a result of the marriage of Ercilia Savinovich and Pedro Valdez, namely: Ricardo Valdez; Eduardo Valdez; Roberto Valdez; and Amanda Valdez-Cappello, the affiant herein.


Decedent's second marriage was to Santos Otero, who died in 1985. No children were born or adopted as a result of the marriage of Ercilia Savinovich and Santos Otero.

All of decedent's four children have survived decedent and are mentally competent adults. No other child or children were born to or adopted by decedent and she is survived by no other child or children or descendant or descendants of any deceased child or children.

Decedent Ercilia Savinovich left her surviving as her heirs at law her four children hereinafter named:

- Ricardo Valdez;
- Eduardo Valdez;
- Roberto Valdez;
- Amanda Valdez-Cappello.

All decedent's heirs are mentally competent adults.



 Amanda Valdez-Cappello

Subscribed and Sworn to

Before me this _____

Day of _____, 2007.

 Notary Public

REGISTRATION NO. 16.10
REGISTERED NUMBER

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH
STATE FILE NUMBER 609498

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

JUL 07 2004

JOHN L. WILHELM M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN ORDINANCE OF SAID LAW AND ORDINANCES.

DECEASED NAME: **Erclilla A. Savinovich** SEX: **Female** DATE OF DEATH: **July 4, 2004**

COUNTY OF DEATH: **Cook** AGE-LAST BIRTHDAY (YRS): **84** UNDER 1 YEAR MOS. DAYS: **5b** UNDER 1 DAY HOURS: **5c** DATE OF BIRTH: **January 15, 1920**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **Chicago** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): **4924 S. Maplewood** IF HOSP. OR INST. INDICATE D.O.A., OP/EMER, RM, INPATIENT (SPECIFY): **6c**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **7. Ecuador** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **8a. Widowed** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): **None** WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO): **9. No**

SOCIAL SECURITY NUMBER: **10. II/a** USUAL OCCUPATION: **11a. Seamstress** KIND OF BUSINESS OR INDUSTRY: **11b. Bridal Store** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): **12. Elementary/Secondary (0-12) College (1-4 or 5+)** INSIDE CITY (YES/NO): **13c. Yes** COUNTY: **Cook**

RESIDENCE (STREET AND NUMBER): **4924 S. Maplewood** CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **Chicago** (YES/NO): **13d. Yes**

STATE: **Illinois** ZIP CODE: **60632** RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): **14a. White** OF HISPANIC ORIGIN? (SPECIFY IN OR YES-# YES, SPECIFY CUBAN, etc. (IF ALL, PUERTO RICAN, etc.): **14b. NO** SPECIFY: **Ecuadorian**

FATHER-NAME: **Segundo** MOTHER-NAME: **Ofigenia Martilla**

INFORMANT NAME (TYPE OR PRINT): **Amanda Cappello** RELATIONSHIP: **17b. Daughter** MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): **17c. 13726 Mary Drive, Orland Park IL 60462**

PART I. Immediate Cause (Final disease or condition resulting in death): **Coronary Artery Disease**

CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: **(a) 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

DATE OF OPERATION, IF ANY: **20b.** MAJOR FINDINGS OF OPERATION: **20c. YES NO** IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?

21a. HOUR OF DEATH: **9:58 a. M.**

21b. DATE SIGNED: **July 6, 2004**

22a. SIGNATURE: **[Signature]** TYPE OR PRINT: **John A. Wilhelm**

22b. NAME AND ADDRESS OF CERTIFIER: **E. Calero 4324 W. 63rd St Chicago IL** ILLINOIS LICENSE NUMBER: **22d. 036-078184**

22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): **[Signature]**

23. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **Chicago**

24a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **St. Mary Cemetery** LOCATION: **Evergreen Park, Illinois** DATE: **July 7, 2004**

24b. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **St. Mary Cemetery** CITY OR TOWN: **Illinois** STATE: **Illinois** DATE: **July 7, 2004**

25a. FUNERAL HOME: **Apertuna Bros. Funeral Home 4401 S. Kedzie Avenue Chicago Illinois 60632**

25b. LOCAL REGISTRAR'S SIGNATURE: **[Signature]** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **JUL 07 2004**

26a. LOCAL REGISTRAR'S SIGNATURE: **[Signature]** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **JUL 07 2004**



John A. Wilhelm, M.D.
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.