0800205165
Doc#: 0800205165 Fee: $30.00
Eugene "Gene" Moore RHSP Fee:$10.00
Cook County Recorder of Deeds
Date: 01/02/2008 12:35 PM Pg: 1 of 4

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

IN RE:

AGNES SOLICH

DECEASED

AFFIDAVIT OF HEIRSHIP

DEBORAH CHMIELEWSKI, being first duly sworn on oath, deposes and states as follows:

1. The Decedent, AGNES SOLICH, died testate at Hammond, Indiana July 5, 2007 at the age of 83 years. A copy of the Certificate of Death is attached as Exhibit A. A copy of decedent's Last Will and Testament is attached as Exhibit B.

2. Affiant is of legal age, residing at 1242 Knighthood, Dyer, IN 46311 and is a daughter of the Decedent.

3. Decedent was married once and only once to MICHAEL SOLICH, JR. who predeceased Decedent dying July 12, 1991. Copy of the Certificate of Death is attached as Exhibit C.

4. Four children were born to Decedent and MICHAEL SOLICH, JR. as a result of their marriage; namely, KATHLEEN ZALBEN, daughter; DEBORAH CHMIELEWSKI, daughter; PAMELA CASE, daughter; and DARLENE HANSEN, daughter.

5. No other children were born to decedent nor did she adopt any children.

6. Based upon the foregoing, Decedent, AGNES SOLICH, left as her heirs at law the following, all of whom survived Decedent: KATHLEEN ZALBEN, daughter; DEBORAH CHMIELEWSKI, daughter; PAMELA CASE, daughter; and DARLENE HANSEN, daughter, all of whom are of

legal age and under no disability.

7. At the time of he death, Decedent was the surviving joint tenant of MICHAEL SOLICH, JR. and held legal title to the following real estate:

Lot 34 in Block l in Torrence Avenue Addition to Burnham, a subdivision of the South West Quarter of the South West Quarter of Section 6, Township 36 North, Range l5 East of the Third Principal Meridian, in Cook County, Illinois.

Address: 14418 Saginaw, Burnham, IL 60633

Permanent Index Number: 30-06-307-030-0000

Further Affiant sayeth not.

DEBORAH CHMIELEWSKI

SUBSCRIBED & SWORN to before me this 11th day of December, 2007.

NOTARY PUBLIC

OFFICIAL SEAL
BARBARA A. DELCORIO
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 12-13-2010

This instrument prepared by
& mail to:

ROBERT C. COLLINS, JR.
ATTORNEY AT LAW
850 Burnham Ave.
Calumet City, IL 60409
(708) 862-5800

* **ATTENTION ESTATE:** The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

Local No. 418

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

S July 11, 2007 Date Issued — Hammond Health Commissioner

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last)		2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month, Day, Year)
Agnes	Solich	Female	11:30A M	July 5, 2007

4. *SOCIAL SECURITY NUMBER	5a. AGE – Last Birthday (Years)	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr)	7. BIRTHPLACE (City and State or Foreign Country)
305-20-4685	83			Dec. 8, 1923	Youngtown, Ohio

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	9a. PLACE OF DEATH (Check only one. See instructions.)
yes	1946	HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER: ☐ Nursing Home ☐ Other (Specify) ☐ Residence

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d COUNTY OF DEATH
St. Margaret Mercy Hospital North Campus	Hammond	Lake

10. MARITAL STATUS (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b. KIND OF BUSINESS/INDUSTRY
Widowed	None	House Wife	Own Home

13a. RESIDENCE — STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
IL.	Cook	Burnham	14418 Saginaw

13e. ZIP CODE	13f. INSIDE CITY LIMITS	13g. ON [illegible]	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN?	16. RACE—American Indian, Black, White, etc. (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
60401	☐ No ☒ Yes	☒ No ☐ Yes	U.S.A.	☒ No ☐ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	White	Elementary/Secondary (0-12): 12	College (1-4 or 5+)

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
John Byich	Julia Radulovich

INFORMANT

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code)	20c. Relationship
Pamela Case	2 Wintergreen Circle Southwick, MA. 01077	daugh

DISPOSITION

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c. LOCATION—City or Town, State
☐ Entombment ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	July 9, 2007 Calumet Park Cemetery	Merrillville, In.

22a. EMBALMER'S NAME:	22b. EMBALMER'S LICENSE NO.	23. WAS DEATH REPORTED TO CORONER?
Henry Blake	0109406	☒ No ☐ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
[signature]	20700033	19400005 LaHayne FH for Rosemoor FH 6955 Southeastern-17943 S.Torrence Hammond, In. 46324-Lansing, IL. 6043 (signature only)

CAUSE OF DEATH

26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms 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. Sepsis	
	DUE TO (OR AS A CONSEQUENCE OF):	
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last	b.	
	DUE TO (OR AS A CONSEQUENCE OF):	
	c.	
	DUE TO (OR AS A CONSEQUENCE OF):	
	d.	

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or No)	28a. WAS AN AUTOPSY PERFORMED? (Yes or No)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)
no	no	no

CERTIFIER

29a. CERTIFIER (Check only one)

☒ CERTIFYING PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.

☐ HEALTH OFFICER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.

☐ CORONER — On the basis of examination and/or investigation, in my opinion , death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER	29c. MEDICAL LICENSE NO.	29d. DATE SIGNED (Month, Day, Year)
[signature]	01052692	7/9/07

HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)

DR. Beauregard 4951 Hohman Hammond (July) In 46320

31. HEALTH OFFICER'S SIGNATURE [signature] Kanare MD

32. DATE FILED (Month, Day, Year) July 11, 2007

33. MANNER OF DEATH	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or No)	34d. DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could Not Be Determined ☐ Homicide				

34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

34g. DATE PRONOUNCED DEAD (Month, Day, Year)	34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.

Local No.: 539

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

July 11, 2007 — Date Issued — Hammond Health Commissioner

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): MICHAEL SOLICH Jr.
2. SEX: MALE
3a. TIME OF DEATH: 1:20 a M
3b. DATE OF DEATH (Month, Day, Yr.): JULY 12, 1991
4. SOCIAL SECURITY NUMBER: 359-16-1254
5a. AGE—Last Birthday (Years): 65
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Mo, Day, Yr): October 19, 1925
7. BIRTHPLACE (City and State or Foreign Country): Gary, Indiana
8a. WAS DECEDENT A U.S. VETERAN?: Yes
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: 1946
9a. PLACE OF DEATH (Check only one. See instructions.): [X] HOSPITAL: Inpatient; [ ] ER/Outpatient; [ ] DOA; [ ] OTHER: Nursing Home; [ ] Other (Specify); [ ] Residence
9b. FACILITY NAME (If not institution, give street and number): St. Margaret Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Hammond
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Agnes Byich
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Crane Operator
12b. KIND OF BUSINESS/INDUSTRY: Steel Mill
13a. RESIDENCE—STATE: Illinois
13b. COUNTY: Cook
13c. CITY, TOWN, OR LOCATION: Burnham
13d. STREET AND NUMBER: 14418 S. Saginaw
13e. ZIP CODE: 60633
13f. INSIDE CITY LIMITS?: [ ] No [X] Yes
13g. ON A FARM?: [X] No [ ] Yes
14. CITIZEN OF WHAT COUNTRY?: U.S.A.
15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.): [X] No [ ] Yes
16. RACE—American Indian, Black, White, etc. (Specify): WHITE
17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 11 Yrs; College (1-4 or 5 +):

PARENTS

18. FATHER'S NAME (First, Middle, Last): Michael Solich Sr.
19. MOTHER'S NAME (First, Middle, Maiden Surname): Agnes N/A

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Agnes Solich
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 14418 S. Saginaw, Burnham, Ill. 60633
20c. Relationship: Wife

DISPOSITION

21a. METHOD OF DISPOSITION: [ ] Entombment; [X] Burial; [ ] Cremation; [ ] Removal from State; [ ] Donation; [ ] Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): July 15, 1991 Calumet Park Cemetery
21c. LOCATION—City or Town, State: Merrillville, Ind.
22a. EMBALMER'S NAME: James Porras
22b. EMBALMER'S LICENSE NO.: 045964
23. WAS DEATH REPORTED TO CORONER?: [X] No [ ] Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: Thomas J. Burns
24b. LICENSE NUMBER (of Licensee): 10-5284
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Burns-Kish Funeral Home #3002819 5840 Hohman ave (For Kompare F H Hammond, Inc. Chicago, Ill)

CAUSE OF DEATH

26 PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms 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. carcinoma of the lung	
	DUE TO (OR AS A CONSEQUENCE OF)	
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last	b.	
	DUE TO (OR AS A CONSEQUENCE OF):	
	c.	
	DUE TO (OR AS A CONSEQUENCE OF):	
	d.	

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): NO
28a. WAS AN AUTOPSY PERFORMED? (Yes or no): No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): NO

CERTIFIER

29a. CERTIFIER (Check only one):
[X] CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
[ ] HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.
[ ] CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER: Don DuMont MD
29c. MEDICAL LICENSE NO.: 33451
29d. DATE SIGNED (Month, Day, Year): July 22/91
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): DR. DON DUMONT, 761 45TH AVENUE, MUNSTER IN 46321

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Franklin D. Bermuda M. D.
32. DATE FILED (Month, Day, Year): July 15, 1991

CORONER ONLY

33. MANNER OF DEATH: [ ] Natural; [ ] Pending Investigation; [ ] Accident; [ ] Suicide; [ ] Could not be Determined; [ ] Homicide
34a. DATE OF INJURY (Month, Day, Year):
34b. TIME OF INJURY:
34c. INJURY AT WORK? (Yes or no):
34d. DESCRIBE HOW INJURY OCCURRED:
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify):
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State):
34g. DATE PRONOUNCED DEAD (Month, Day, Year):
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.: