

Doc#: 0822516022 Fee: \$42.00
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 08/12/2008 02:21 PM Pg: 1 of 4

Affidavit of Heirship
of
Wanda Hennessy

State of Illinois

County of Cook

I, Michael Hennessy reside at 1057 W. Monroe Street, Chicago, IL., and as the son of Wanda Hennessy, deceased, I, after being first duly sworn upon my oath, depose and say as follows:

1. The Decedent, Wanda Hennessy, died on April 7, 2008.
2. The Decedent, Wanda Hennessy, was married only once, and that marriage was to John F. Hennessy, who predeceased the Decedent on July 28, 2004.
3. That as a result of the marriage of Wanda Hennessy and John F. Hennessy, five (5) children were born, and none were adopted, and neither of them ever had or adopted any other children. The five (5) children born to Wanda Hennessy and John F. Hennessy are namely:
 1. Michael Hennessy, who is living, of legal age and is mentally competent;
 2. Mary R. Binder, who is living, of legal age and is mentally competent;
 3. Patrick J. Hennessy, who is living, of legal age and is mentally competent;
 4. Kathleen A. Pretto, who is living, of legal age and is mentally competent;

MKL to:
MIDWEST TITLE & APPRAISAL SERVICES
127 W WILLOW AVE., STE 7
WHEATON, IL 60187
PROP 5237



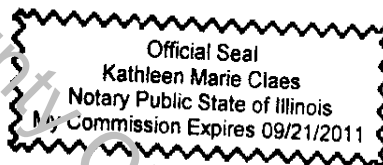
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5. John D. Hennessy, deceased.
4. John D. Hennessy, son of Wanda Hennessy and John F. Hennessy, predeceased the Decedent on March 12, 1997. John D. Hennessy was never married, and no children were born to or adopted by him.
5. I make this affidavit for the purposes of establishing the heirship of Wanda Hennessy, Deceased.
6. Further, Affiant sayeth naught.

Michael Hennessy
 Michael Hennessy

Subscribed and sworn to before me
 on this 8th day of July, 2008.

Kathleen Marie Claes
 NOTARY PUBLIC
 Commission Expires: 09/21/2011



This document was prepared by and mail to after recording:
 Robert M. Claes
 Attorney At Law
 2626 83rd Street
 Darien, IL. 60561

Legal description is attached hereto as Exhibit A

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ATTORNEYS' TITLE GUARANTY FUND, INC.

LEGAL DESCRIPTION

Legal Description:

UNIT 2-W AND P-2W TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN CHERRY CREEK SOUTH CONDOMINIUM III AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NUMBER 87098632, IN THE EAST 1/2 OF THE NORTHEAST 1/4 OF SECTION 26, TOWNSHIP 36 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index Number:

Property ID: 27-26-303-048-1123

Property Address:

8130 W. 169th Street #2W
Tinley Park, IL 60477

Property of Cook County Clerk's Office

UNOFFICIAL COPY

| REGISTRATION DISTRICT NO. 16.91 | | LOCAL FILE NUMBER 98 | | STATE FILE NUMBER | |
|---|--|--|--|---|--|
| 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) Wanda V. Hennessy | | 2. SEX Female | | 3. DATE OF DEATH (Month/Day/Year) (Spell Month) April 7, 2008 | |
| 4. COUNTY OF DEATH Cook | | 5a. AGE AT LAST BIRTHDAY (Years) 87 | | 5b. UNDER 1 YEAR Months: _____ Days: _____ | |
| 7a. CITY OR TOWN Tinley Park | | 5c. UNDER 1 DAY Hours: _____ Minutes: _____ | | 6. DATE OF BIRTH (Month/Day/Year) July 30, 1920 | |
| 7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) 8130 W. 169th St. 2W | | | | | |
| 7c. PLACE OF DEATH (Check only one: see instructions) | | | | | |
| IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival | | | IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long-term care/facility <input checked="" type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____ | | |
| 8. BIRTHPLACE (City and State or Foreign Country) Chicago, IL | | 9. SOCIAL SECURITY NUMBER 355-10-3535 | | 10. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married but separated <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown | |
| 11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) None | | 12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 13a. RESIDENCE (Street and Number) 8130 W. 169th St. | | 13b. APT. NO. 2W | | 13c. CITY OR TOWN Tinley Park | |
| 13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 13e. COUNTY Cook | | 13f. STATE IL | |
| 13g. ZIP CODE 60477 | | 14. FATHER'S NAME (First, Middle, Last) Warren Bronson | | 15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Henrietta Donaldson | |
| 16a. INFORMANT'S NAME Patrick Hennessy | | 16b. RELATIONSHIP Son | | 16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 10615 O'Connell Ave. Mokena, IL 60448 | |
| 17. METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): _____ | | 18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) Holy Sepulchre | | 19. LOCATION - CITY, TOWN AND STATE Worth, IL | |
| 20. DATE OF DISPOSITION (Month/Day/Year) April 11, 2008 | | 21a. FUNERAL HOME NAME Lawn Funeral Home | | 21b. FUNERAL HOME STREET AND NUMBER 1727 N. 159th St. | |
| 21c. FUNERAL HOME CITY OR TOWN Orland Park | | 21d. FUNERAL HOME STATE IL | | 21e. FUNERAL HOME ZIP 60462 | |
| 22. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i> | | 22. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i> | | 23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) April 9, 2008 | |
| 24. LOCAL REGISTRAR'S LICENSE NUMBER 034-011976 | | 25. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 27. AMNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation | | | |
| 28. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | | | | | |
| 29. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Pregnant within one year of death but time unknown <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past 12 months | | | | | |
| 30. DATE OF INJURY (Month/Day/Year) | | 31. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. | | 32. PLACE OF INJURY (e.g. Decedent's home; construction site; restaurant; wooded area) | |
| 33. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No | | 34. LOCATION OF INJURY Street and Number Apartment Number City or Town State ZIP Code | | | |
| 35. DESCRIBE HOW INJURY OCCURRED: 36. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify): _____ | | | | | |
| 37. I (DO) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON 9/1/07 | | 38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 39. DATE PRONOUNCED (Month/Day/Year) April 7, 2008 | |
| 40. TIME OF DEATH 10:30 A.M. | | 41. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/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 stated. | | | |
| 42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) Richard Geiger DO 10743 W. 165th St Orland Park IL 60467. | | 43. PHYSICIAN'S LICENSE NUMBER 036-021213 | | | |
| 44. TITLE OF CERTIFIER D.O. | | 45. DATE CERTIFIED (Month/Day/Year) April 7, 2008 | | 46. SIGNATURE OF CERTIFIER <i>[Signature]</i> | |

This is to certify that this is a true and correct copy of the official death record filed with the Illinois Department of Public Health.

Damon T. Arnold, M.D., MPH
DAMON T. ARNOLD, M.D., M.P.H.
 STATE REGISTRAR

JUN 09 2008