

# UNOFFICIAL COPY



0832235038

Doc#: 0832235038 Fee: \$46.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 11/17/2008 12:25 PM Pg: 1 of 6

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**HEIRSHIP AFFIDAVIT COVER SHEET**

FILE NUMBER: 143751

Property of Cook County Clerk's Office

BOX 441

bcg

Affidavit of Heirship

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**IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS  
COUNTY DEPARTMENT, PROBATE DIVISION**

Estate of

Paula M. Benson

Deceased.

No. 2006-W-008614

**AFFIDAVIT OF HEIRSHIP**

The undersigned, being first duly sworn on oath, deposes and says that the undersigned resides at the address shown herein, and that the undersigned makes this Affidavit for the purpose of determining the heirship of said decedent. In that regard, the undersigned states as follows:

1. The Decedent's name is Paula M. Benson.
2. The date of the decedent's death was September 15, 2006, and I have attached a copy of the death certificate.
3. I am of legal age. I reside at 8580 West Foster Ave., #601, Norridge, Illinois 60706. I am the son of the Decedent.
4. The Decedent was married twice and did not leave a surviving spouse. The following is the information with respect to each marriage of Decedent.

**Name of Spouse**

**Marriage terminated by death or  
Dissolution (app. dates)**

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1. Ernie A. Sardilli	Dissolution, 1976
2. Robert H. Benson	Death, March 10, 2002

5. I am the only child as a result of the marriage of Decedent and my father, Ernie A. Sardilli.

6. No children were born to the Decedent and Robert H. Benson, who died on March 10, 2002.

7. No other children were born or adopted by the Decedent.

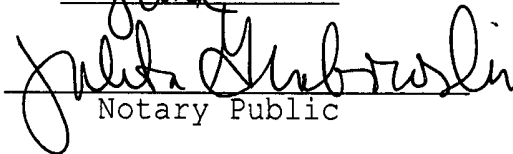
8. Therefore, I am the only heir at law of decedent in this estate.



Anthony B. Sardilli, Affiant

Subscribed and sworn to  
before me this 6 day  
of June, 2008



  
Notary Public

Firm Name: Stahl Cowen Crowley Addis LLC.  
Address: 55 W. Monroe St., Suite 1200  
City & Zip: Chicago, Illinois 60603  
Telephone: 312-641-0060



STATE FILE NUMBER

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. <u>16-0</u>	FIRST MIDDLE LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
REGISTERED NUMBER	ROBERT HAROLD BENSON	2. MALE	3. MARCH 10, 2002
CITY OF DEATH	AGE - LAST BIRTHDAY (YRS) MONTHS DAYS HOURS MIN	DATE OF BIRTH (MONTH, DAY, YEAR)	
COOK	5a. 67 5b. 67 5c. 5d. AUGUST 2, 1934		
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	IF HOSP. OR INST. OPERATED BY (SPECIFY)	DATE OF BIRTH (MONTH, DAY, YEAR)
6a. PALOS HEIGHTS	6b. PALOS COMMUNITY HOSPITAL	INFANTRY	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN, MR, IF WIFE)	IF HOSP. OR INST. OPERATED BY (SPECIFY)
7 CHICAGO, ILLINOIS	8a. MARRIED	8b. PAULA M. PLUSKIN, AR	9. YES
SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
<del>10. [REDACTED]</del>	11a. CIRCUIT TESTER	11b. AMERITECH	College (1-4 or 5+)
RESIDENCE (STREET AND NUMBER)	CITY, TOWN, TWP. OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	COUNTY
13a. 8580 W. FOSTER #601	13b. NORRIDGE	13c. YES	13d. COOK
STATE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	OF HIS PANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)	
13e. ILLINOIS	14a. WHITE	14. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	
FATHER - NAME FIRST MIDDLE LAST	RELATIONSHIP	MOTHER - NAME FIRST MIDDLE LAST	(MAIDEN) LAST
15. HAROLD H. BENSON	16. BENSON	LUCILLE M	FINK
INFORMANT'S NAME (TYPE OR PRINT)	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)		
17a. PAULA M. BENSON	17b. WIFE	17c. 8580 W. FOSTER #601, NORRIDGE, IL. 60706	
18. PART I. Immediate Cause (Final disease or condition resulting in death)	Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.		
(a) <u>ruptured abdominal aortic aneurysm</u>	4 days		
(b) DUE TO OR AS A CONSEQUENCE OF			
(c) DUE TO OR AS A CONSEQUENCE OF			
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			
DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES <input type="checkbox"/> NO <input type="checkbox"/>	WAS AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)
20a. 3/6/02	20b. <u>ruptured abdominal aortic aneurysm</u>	20c. YES <input type="checkbox"/> NO <input type="checkbox"/>	19a. NO 19b. NO
(TOID; DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON)	MONTH(DAY, YEAR)	DATE OF DEATH	DATE SIGNED (MONTH, DAY, YEAR)
21a. <u>3/9/02</u>	21b. NO	21c. 4:06 A. M.	22b. 3/11/02
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	ILLINOIS LICENSE NUMBER	NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
22a. SIGNATURE (RETYPE OR PRINT) NAME AND ADDRESS OF CERTIFIER	22b. <u>3/9/02</u>	22c. <u>220.026-19089</u>	
22. DR. MCDONNELL PALOS COMMUNITY HOSPITAL, PALOS HTS., IL.	(TYPE OR PRINT)		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)			
23. <u>Peter McDonnell</u>			
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY - NAME	LOCATION	CITY OR TOWN STATE
24a. CREMATION	24b. ACACIA PARK CEMETERY	24c. CHICAGO, ILLINOIS	24d. MARCH 12, 2002
FUNERAL HOME NAME	STREET AND NUMBER OR R.F.D.	CITY OR TOWN STATE	ZIP
25a. CUMBERLAND CHAPELS	8300 W. LAWRENCE,	NORRIDGE, ILLINOIS	60706
FUNERAL DIRECTOR'S SIGNATURE	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		
25b. <u>Karen L. Scott</u>	25c. 031-008880		
LOCAL REGISTRAR'S SIGNATURE	DATE FILED IN LOCAL REGISTRAR (MONTH, DAY, YEAR)		
26a. <u>Karen L. Scott, M.D.</u>	26b. <u>March 13 2002</u>		
REGISTRAR			

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent in item 1 and that this record was established and filed in my office in accordance with the provisions of Illinois statutes relating to the registrar of birth, stillbirth and death.

Date MAR 13 2002 Signed Nadine Mc Curry  
 At Cook County Department of Public Health Official Title Deputy Registrar  
 1010 Lake Street Suite 300 Oak Park, Illinois 60301

# UNOFFICIAL COPY

CHICAGO TITLE INSURANCE COMPANY

Commitment Number: 143751-RILC

## SCHEDULE C PROPERTY DESCRIPTION

The land referred to in this Commitment is described as follows:

UNIT 601 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN CASCADES OF NORRIDGE CONDOMINIUM III AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NO. 94784657, AS AMENDED IN THE NORTHWEST 1/4 OF SECTION II, TOWNSHIP 40 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN(S): 12-11-102-113-1041

CKA: 8580 WEST FOSTER AVENUE #601, NORRIDGE, IL, 60706

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