

# UNOFFICIAL COPY

AFFIDAVIT OF HEIRSHIP



Doc#: 0916646052 Fee: \$42.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 06/15/2009 03:47 PM Pg: 1 of 4

JAMES L. CIALDELLA, having been duly sworn on his oath, deposes and says as follows:

1. that he is 52 years old and he resides at 17601 Paxton Avenue, in Lansing, Illinois;

2. that DONNA L. WITKOWSKI in 1998 acquired title to the following described real estate, to-wit:

NORTH 66 FEET OF THE WEST 185 FEET (EXCEPT THE WEST 33 FEET THEREOF) OF THE WEST 18 ACRES OF THE SOUTH 60 RODS OF THE WEST 80 RODS OF THE SOUTHEAST 1/4 OF SECTION 25, TOWNSHIP 36 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN (EXCEPT THEREFROM THAT PART THEREOF CONVEYED TO THE PUBLIC SERVICE COMPANY OF NORTHERN ILLINOIS BY DEED RECORDED 9/17/26 AS DOCUMENT 9404920) IN BOOK 23110 PAGE 11, ALL IN COOK COUNTY, ILLINOIS.

Permanent Tax No. 29-25-400-077-0000

Address of said real estate: 17601 Paxton Avenue, Lansing, Illinois;

3. that the affiant was married to said DONNA L. WITKOWSKI in Cook County, Illinois, on November 10, 2001, and a copy of the Certification of Marriage is attached hereto and made a part hereof;

4. that upon her marriage to the affiant the said DONNA L. WITKOWSKI assumed the surname CIALDELLA which she maintained until the time of her death;

5. that no child or children were born to or adopted by her during the course of her lifetime;

6. that DONNA L. CIALDELLA died intestate in Cook County, Illinois, on March 27, 2007, and a copy of her death certificate is attached hereto and made a part hereof;

7. that DONNA L. CIALDELLA left the affiant, JAMES L. CIALDELLA, as her sole heir;

8. that all of the expenses of the last illness of said DONNA L. CIALDELLA have been paid, as well as the cost of her funeral and cremation, that there are no existing claims against her estate, and that at no time was she the beneficiary of Medicaid, Disability or Old Age Assistance which would now require reimbursement from her estate.

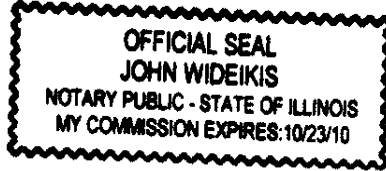
  
JAMES L. CIALDELLA

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STATE OF ILLINOIS, COUNTY OF COOK, SS.

Subscribed and sworn to before me this 15th day of June, 2009.

  
\_\_\_\_\_  
NOTARY PUBLIC



Property of Cook County Clerk's Office

Document Prepared by: JOHN R. WIDEIKIS, ATTORNEY AT LAW  
6446 W. 127th St., Palos Heights, IL 60463

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MAIL RECORDED DOCUMENT TO:  
James L. Cialdella  
17601 Paxton Ave.  
Lansing, IL 60438

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COUNTY OF COOK  
STATE OF ILLINOIS  
OFFICE OF THE COUNTY CLERK

CERTIFICATION OF MARRIAGE

LICENSE NUMBER: 0136707-0

GROOM'S NAME: JAMES  
AGE: 44

B E T W E E N  
L. CIALDELLA

BRIDE'S NAME: DONNA  
AGE: 39

A N D  
L. WITKOWSKI

DATE OF MARRIAGE: NOVEMBER 10, 2001

O N

WERE UNITED IN MARRIAGE IN THE COUNTY OF COOK, AND STATE OF ILLINOIS

I N A  
CIVIL CEREMONY

NAME: CHARLES R. WINKLER  
OFFICIATE TITLE: JUDGE

B Y

PLACE OF MARRIAGE: LANSING, ILLINOIS

A T

DATE RECORDED: NOVEMBER 15, 2001  
APPLICATION DATE: OCTOBER 23, 2001

02708822

This is to certify that this is a true and correct abstract from the official record filed with the office of the Cook County Clerk.

ISSUED AT: DISTRICT 6 COURT BUILDING  
MARKHAM, ILLINOIS 60426-5509

03/13/2002 09:09

*David D. Orr*  
DAVID D. ORR  
COUNTY CLERK

This copy is not valid unless displaying embossed seals of Cook County and County Clerk signature ©188

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED



Office

STATE OF ILLINOIS  
County of Cook

DAVID ORR, County Clerk

APR 02 2007

**UNOFFICIAL COPY**

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 the 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

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <b>16.0</b>		STATE OF ILLINOIS				STATE FILE NUMBER		
		REGISTERED NUMBER		<b>MEDICAL CERTIFICATE OF DEATH</b>						
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS		DECEASED-NAME FIRST MIDDLE LAST 1. Donna L. Cialdella			SEX 2. Female		DATE OF DEATH (MONTH, DAY, YEAR) 3. March 27, 2007			
A		COUNTY OF DEATH 4. Cook		AGE-LAST BIRTHDAY (YRS) 5a. 44		UNDER 1 YEAR 5b. MOS. DAYS		UNDER 1 DAY 5c. HOURS MIN.		
B		CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. Olympic Fields		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. St. James Hospital			DATE OF BIRTH (MONTH, DAY, YEAR) 5d. March 29, 1962			
C		BIRTHPLACE (CITY, STATE OR FOREIGN COUNTRY) 7. New York		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (SPECIFY) 8a. Married		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. James Cialdella		IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY) 6c. Inpatient		
D		SOCIAL SECURITY NUMBER 10. <del>66-44-6444</del>		USUAL OCCUPATION 11a. Registered Nurse		KIND OF BUSINESS OR INDUSTRY 11b. Hospital		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 12 College (1-4 or 5+) 4		
E		RESIDENCE (STREET AND NUMBER) 13a. 17601 Paxton Ave.		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. Lansing		INSIDE CITY (YES/NO) 13c. Yes		COUNTY 13d. Cook		
PARENTS		STATE 13e. Illinois		ZIP CODE 13f. 60438		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 11a. White		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
		FATHER-NAME FIRST MIDDLE LAST 15. Edward F. Slurff			MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 16. Dorothy Kral					
1		INFORMANT'S NAME (TYPE OR PRINT) 17a. James L. Cialdella			RELATIONSHIP 17b. Husband		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 17601 Paxton Ave. Lansing, Ill. 60438			
2		18. PART I. Enter the diseases, 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	
3		Immediate Cause (Final disease or condition resulting in death)		(a) <i>Met. by CA</i>						
CAUSE		CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) <i>Acute Myocardial Infarct</i>						
4		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I		(c)						
5		DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20b.			AUTOPSY (YES/NO) 19a. No		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b.	
N		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>								
P		1 (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON 21a. 3/26/07		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. No		HOUR OF DEATH 21c. 3:00 a. M.				
CERTIFIER		TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.							DATE SIGNED (MONTH, DAY, YEAR) 22b. 3/30/07	
		22a. SIGNATURE <i>[Signature]</i>		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. Dr. Robinson 20939 S. Cicero Ave. Matteson, Ill. 60443			ILLINOIS LICENSE NUMBER 22d. 076-082129			
		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23.							NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
DISPOSITION		BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Cremation		CEMETERY OR CREMATORY-NAME 24b. Heights Crematory		LOCATION CITY OR TOWN STATE 24c. Chicago Heights, Illinois		DATE (MONTH, DAY, YEAR) 24d. April 3, 2007		
		FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. Rosemoor Funeral Home 17943 S. Torrence Ave. Lansing, Illinois 60438								
		FUNERAL DIRECTOR'S SIGNATURE 25b. <i>[Signature]</i>			NAME Kent Anderson		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-011734			
		LOCAL REGISTRAR'S SIGNATURE 26a. <i>[Signature]</i>			DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. APR 02 2007					