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Affidavit of Heirship

Doc#: 0921746020 Fee: \$64.25
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 08/05/2009 11:04 AM Pg: 1 of 3

616-2477 edn

31

Barbara A. Kostka (Affiant) being duly sworn upon oath, deposes and states:

- 1. That the Affiant resides at: 3619 S. 55th Ct., Cicero, Illinois 60804
2. That the Affiant is Daughter (Relationship) of Harriet Veverka (Decedent).
3. That the Decedent died on Aug / 3 / 2006 in the County of Cook in the State of Illinois. (Death Certificate Attached)
4. That the Decedent died owning an interest in the property legally described as follows: LOT 123 IN HANTHORNE MANOR SUBDIVISION NO.2, BEING A SUBDIVISION OF THE NORTHWEST 1/4 OF THE SOUTHWEST 1/4 (EXCEPT THE NORTHEAST 1/4 THEREOF) IN SECTION 33, TOWNSHIP 39 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. PIN: 16-33-308-008-0000 Commonly known as 3619 S. 55th Ct., Cicero, Illinois 60804
5. That the Decedent died leaving (no) will. (Copy of Will Attached)
6. That the Decedent was married to the following individuals, and no others: Name Status John Veverka Deceased February 2, 1975
7. That the following children were born to, or adopted by the Decedent and no others. (Give names of descendants of any child who is deceased.) Name Status Age Barbara A. Kostka Living 61 Rosemarie Miller Living 57
8. That to the best information and belief of the Affiant, no children were born to or fathered by the Decedent out of wedlock, except as follows: None
9. That in the event the Decedent died without wife or child surviving, to the Affiants best information and belief, the following represents the Decedent's heirship (give in detail):

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- 10. That the total value of the estate of the Decedent including the taxable interest in the aforesaid property is \$ 200,000.00 . _____ . _____ .
- 11. That no claims have been filed against a Decedent and that all expenses of illness and or funeral expenses have been paid in full; or, that the following claims will be paid from the proceeds of the subject property:
- 12. ~~That the Federal Estate Tax (has / has not) been paid, that the Illinois Estate Tax (has / has not) been paid; that no (Federal Estate Tax / Illinois Estate Tax) is due.~~
- 13. That the Affiant makes this Affidavit to induce Tigor Title Insurance to issue its policy of Title Insurance number 616247 _____ and show title in:
Barbara A. Kostka and Rosemarie Miller

and with knowledge that Tigor Title Insurance will rely on the representations made and contained herein to insure title.

Further Affiant sayeth not.

All riders and pages attached are intended to be incorporated in and to be a part of the Affidavit for the purposes stated.

Barbara A. Kostka
Affiant

Subscribed and sworn to before me this 2 day of June, 2009.

Hubert E. Hermanek, Sr.
Notary Public



STATE OF ILLINOIS
County of Cook)

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AUG 08 2006

DAVID ORR, County Clerk

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 a 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

DECEASED'S BIRTH NO. 160
REGISTRATION DISTRICT NO. 160
REGISTERED NUMBER
STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH
STATE FILE NUMBER

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS
DECEASED
A. DECEASED
B. DECEASED
C. DECEASED
D. DECEASED
E. DECEASED

1. DECEASED-NAME: Harriet
COUNTY OF DEATH: Cook
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: Bridgeview
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): Chicago, IL
SOCIAL SECURITY NUMBER: -6359
RESIDENCE (STREET AND NUMBER): 3619 S. 55th Ct.
STATE: Illinois
FATHER-NAME: Frank
MOTHER-NAME: Hedyika
RELATIONSHIP: Daughter
MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 3619 S. 55th Ct. Cicero, IL 60804

2. AGE-LAST BIRTHDAY (YRS): 87
HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Bridgeview Convalescent Nursing Home
MARRIED NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): None
KIND OF BUSINESS OR INDUSTRY: Stationary
EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): 10
INSIDE CITY: Yes
COUNTY: Cook

3. IMMEDIATE CAUSE (Final disease or condition resulting in death):
1a. Stroke myocardial infarction
1b. DUE TO, OR AS A CONSEQUENCE OF:
1c. DUE TO, OR AS A CONSEQUENCE OF:
1d. DUE TO, OR AS A CONSEQUENCE OF:
1e. DUE TO, OR AS A CONSEQUENCE OF:

4. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST:
PART II. Other special conditions contributing to death but not resulting in the underlying cause given in PART I:
Hypertension Arterial Fibrosis

20a. (M/D) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: 9/15/06
20b. MAJOR FINDINGS OF OPERATION:
20c. DATE OF OPERATION, IF ANY:
20d. AUTOPSY (YES/NO): No
20e. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES/NO: No

21. TO THE BEST OF MY KNOWLEDGE, A DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
22a. SIGNATURE: *William W. Odgen Lyons III*
22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT):
22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT):

23. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY):
24a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY):
24b. CEMETERY OR CREMATORY-NAME: Woodlawn
24c. LOCATION: Forest Park, IL.
24d. CITY OR TOWN: Cicero
24e. STATE: IL.
24f. ZIP: 60804

25a. SOUTREK MANOR FUNERAL HOME: 5645 W. 35th St. Cicero IL. 60804
25b. FUNERAL DIRECTOR'S SIGNATURE: *David Orr*
25c. LOCAL REGISTRAR'S SIGNATURE: *David Orr*
25d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): AUG 08 2006

26a. LOCAL REGISTRAR'S SIGNATURE: *David Orr*
26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): AUG 08 2006
26c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 034-015771

DISPOSITION: SOUTREK MANOR FUNERAL HOME, 5645 W. 35th St. Cicero IL. 60804
FUNERAL DIRECTOR'S SIGNATURE: *David Orr*
LOCAL REGISTRAR'S SIGNATURE: *David Orr*
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): AUG 08 2006

ILLINOIS DEPARTMENT OF PUBLIC HEALTH - DIVISION OF VITAL RECORDS
(BASED ON 1989 U.S. STANDARD CERTIFICATE)