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Doc#: 1031356074 Fee: \$42.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 11/09/2010 01:41 PM Pg: 1 of 4

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

AFFIDAVIT OF HEIRSHIP

MICHAEL WALD, of 917 W. RINGWOOD RD. MCWENY, IL (address),
60051
being first duly sworn on oath deposes and states:

1. That I am of legal age and under no legal disability; that I am the son of LORRAINE ANN WALD WOODS, who died intestate at Prospect Heights, Illinois on MAY 14, 2006; that she was 88 years of age at the time of her death.

2. That the decedent died owning an interest in the property legally described as follows: SEE ATTACHED LEGAL

3. That the Decedent was married twice.

4. The first marriage of the decedent was to ARNOLD E. WALD, who died on APRIL 8, 1989. LORRAINE ANN WALD and ARNOLD E. WALD, adopted no children, however, eight (8) children were born of said marriage (the said LORRAINE ANN WALD, neither had nor adopted any other children; that her children are:

A. One child (unnamed) was still born. Two children (JAMES WALD and JOHN WALD) died in childhood.

B. BARBARA ANN WALD, predeceased the decedent on May 9, 1976. She was never married and neither had nor adopted any children.

C. ALAN WALD, adult son, living;

D. MICHAEL WALD, adult son, living

E. TIMOTHY WALD, adult son, living

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F. ROBERT ARNOLD WALD, predeceased the decedent on June 4, 2001. ROBERT ARNOLD WALD was married two times. The first marriage, terminated by divorce, was to DIANE ROBSON. ROBERT ARNOLD WALD and DIANE ROBSON, adopted no children, however, one (1) child was born of said marriage (said ROBERT ARNOLD WALD, neither had nor adopted any other children); his only child is JULI WALD BLANKENSHIP. The second marriage was to BRENDA BAILEY which was terminated by divorce. ROBERT ARNOLD WALD and BRENDA BAILEY neither had nor adopted any children.

5. The second marriage of the decedent was to CHARLES E. WOODS. This marriage was terminated due to the death of the decedent. LORRAINE ANN WALD and CHARLES E. WOODS, neither had nor adopted any children.

6. Based on the foregoing, said Decedent left the following individuals, all of whom survived said Decedent, all of whom are of legal age and all of whom are mentally competent, the following:

- A. ALAN WALD, adult son, living;
- B. MICHAEL WALD, adult son, living
- C. TIMOTHY WALD, adult son, living
- D. JULI WALD BLANKENSHIP, adult, granddaughter, living.

7. That the total value of the estate of the decedent including the taxable interest in the aforesaid property and all joint tenancy interest is less than \$ 1,000.000.00.

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8. That all debts of the decedent have been paid in full.

9. That there is no Federal Estate Tax, Illinois Inheritance, or Illinois Generation Skipping Tax as a result of decedent's death, or that they have been paid in full and releases for the subject property are attached hereto.

10. That the Affiant makes this affidavit to induce ATTORNEY'S TITLE GUARANTY FUND, INC. to rely on the representations made herein and to issue a Title Insurance Policy#OMC-090600800114.

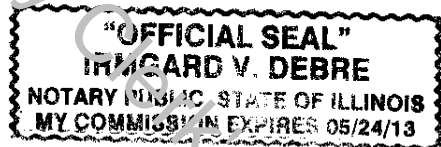
11. The Personal Undertaking of Heirs/Devisees is attached hereto are hereby incorporated by reference as part of this Affidavit.

Given at 1906 HOLLAND DRIVE, SPRING GROVE, IL, this 8 day of October, 2010.

Michael Wald
MICHAEL WALD

Subscribed and sworn to before me this 8TH day of October, 2010

Irving V. Debre
Notary Public



LEGAL DESCRIPTION

THE EAST 1/2 OF LOT 20 IN SMITH AND DAWSON'S COUNTRY CLUB ADDITION SUBDIVISION OF THE WEST 1/4 OF THE NORTHEAST 1/4 OF SECTION 22, TOWNSHIP 42 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Real Estate Index Number: 03-22-201-028-0000
Real Estate Address: 504 Maple Street, Prospect Heights, IL

STATE OF ILLINOIS
County of Cook

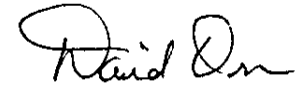
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DAVID ORR, County Clerk

MAY 16 2006

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.



COUNTY CLERK

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. 16.0	STATE OF ILLINOIS				STATE FILE NUMBER	
		REGISTERED NUMBER	MEDICAL CERTIFICATE OF DEATH					
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
	1. Lorraine A. Woods					2. Female	3. May 14, 2006	
	COUNTY OF DEATH		AGE—LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		
	4. Cook		5a. 88	5b. MOS. DAYS	5c. HOURS MIN.	5d. July 28, 1917		
	CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)					IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM, INPATIENT (SPECIFY)
	6a. Prospect Heights		6b. 504 North Maple					6c.
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
	7. St. Paul, Minn.		8a. Married		8b. Charles E. Woods		9. NO	
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)		
	10. [REDACTED]-5614		11a. homemaker		11b. Own Home	12. 12 Elementary/Secondary (0-12) College (1-4 or 5+)		
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	COUNTY			
13a. 504 North Maple		13b. Prospect Heights		13c. Yes	13d. Cook			
STATE		ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)			
13e. Illinois		13f. 60070	14a. White		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:			
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—NAME			
15. Clarence Knudson					16. Bernice Barrett			
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)					
17a. Charles E. Woods		17b. Spouse	17c. 504 N. Maple, Prospect Heights, IL 60070					
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	
Immediate Cause (Final disease or condition resulting in death)		(a) Ischemic Cardio-myopathy					1 year	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) Coronary artery disease					5 years	
		(c)						
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			AUTOPSY (YES/NO)	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)		
20a.		20b.			18a. No	19b.		
I (DID/DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		(MONTH, DAY, YEAR)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	HOUR OF DEATH			
21a. 5/14/2006				21b. No	21c. 9:00 PM M.			
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)				
22a. SIGNATURE <i>Chong Ho Ahn</i>		22b. 5/15/06						
NAME AND ADDRESS OF CERTIFIER		ILLINOIS LICENSE NUMBER		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.				
22c. CHONG HO AHN, M.D., 1430 N. ARLINGTON HEIGHTS RD, ARLINGTON HEIGHTS, IL		22d. 36-51567						
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		DATE		(MONTH, DAY, YEAR)				
23.		24d. May 18, 2006						
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION	CITY OR TOWN	STATE		
24a. Entombment		24b. All Saints Mausoleum		24c. Des Plaines, Illinois				
FUNERAL HOME		NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN		
25a. Oehler Funeral Home		2000 E. Northwest Hwy,		Arlington Heights, Illinois		60004		
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER						
25b. <i>Christopher A. Mayer</i>		25c. 034-015026						
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)						
26a. <i>David Orr</i>		26b. May 16, 2006						