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AFFIDAVIT OF HEIRSHIP

Record & Mail Document to:

Louis V. Pavone
Loss & Pavone, P.C.
1920 S. Highland Ave. # 203
Lombard, IL 60148

Doc#: 1033348064 Fee: \$42.00
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 11/29/2010 11:25 AM Pg: 1 of 4

The above space for recorder's use only

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This Instrument Prepared By:
Louis V. Pavone
Loss & Pavone, P.C.
1920 South Highland Avenue
Suite 203
Lombard, IL 60148
630.424.1100

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

IN THE ESTATE OF :

DOROTHY B. HOUGH

No.

Deceased

AFFIDAVIT OF HEIRSHIP

KEVIN HOUGH, being first duly sworn, deposes and says:

1. That he resides at 1012 South Menard Avenue, Chicago, IL 60644;
2. That he is the son of **DOROTHY B. HOUGH** (hereinafter called "Decedent"), who died intestate on September 24, 2009 in Berwyn, Illinois;

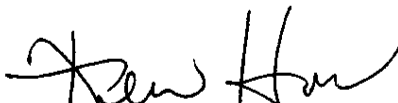
3. That the decedent was married twice:

First: to **EDWARD STEWICKI**, which marriage ended in divorce. However, from that marriage one child was born, namely, **SHARON STEWICKI** n/k/a **SHARON WINTER**, who is living, now over the age of eighteen (18) years and not under any legal disability. No other children were born or adopted as a result of this marriage.

Second: to **WILLIAM T. HOUGH** who predeceased the Decedent, and from that marriage two children were born, namely, **KEVIN HOUGH** and **ROBERT HOUGH**, who are living, now over the age of eighteen (18) years and not under any legal disability. No other children were born or adopted as a result of this marriage.

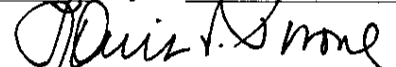
4. No other children were ever born to or adopted by the decedent.

FURTHER AFFIANT SAYETH NOT.



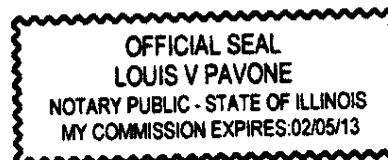
KEVIN HOUGH

SUBSCRIBED AND SWORN TO before me this 11TH day of NOVEMBER, 2010.



 Notary Public

Louis V. Pavone
 Loss & Pavone, P.C.
 Attorney for Petitioner
 1920 South Highland Ave. Suite 203
 Attorney Code: 13048



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DuPage County Health Department

Central Office

111 North County Farm Road
Wheaton, IL 60187-3988

REGISTRATION DISTRICT NO. **22.0**

REGISTERED NUMBER

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

1. DECEASED-NAME FIRST: WILLIAM MIDDLE: T. LAST: HOUGH		SEX: MALE	DATE OF DEATH (MONTH, DAY, YEAR): JUNE 27, 2006
2. COUNTY OF DEATH: DUPAGE		AGE-LAST BIRTHDAY (YRS): 5a. 74	UNDER 1 YEAR: UNDER 1 DAY: DATE OF BIRTH (MONTH, DAY, YEAR): 5d. April 18, 1932
3. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: HINSDALE		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): 6b. ADVENTIST HINSDALE HOSPITAL	
4. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): 7. Chicago, IL		IF HOSP. OR INST. INDICATE D.O.A. OR OTHER TREATMENT (SPECIFY): 6c. INPATIENT	
5. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): 8a. Married		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): 8b. Dorothy nee Dost	
6. SOCIAL SECURITY NUMBER: 10. 354-22-7375		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO): 9. No	
7. USUAL OCCUPATION: 11a. Tree Trimmer		KIND OF BUSINESS OR INDUSTRY: 11b. City of Chicago	
8. RESIDENCE (STREET AND NUMBER): 13a. 1012 S. Menard		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): 12. 10	
9. STATE: 13e. IL		CITY, TOWN, TWP. OR ROAD DISTRICT NO.: 13b. Chicago	
10. ZIP CODE: 13f. 60644		INSIDE CITY (YES/NO): 13c. Yes	
11. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): 14a. White		COUNTRY: 13d. Cook	
12. FATHER-NAME FIRST MIDDLE LAST: 15. William Hough		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.): 14b. NO YES SPECIFY:	
13. MOTHER-NAME FIRST MIDDLE LAST: 16. Kathleen Scanlan		MOTHER-NAME FIRST MIDDLE LAST (MAIDEN) LAST	
14. INFORMANT'S NAME (TYPE OR PRINT): 17a. Dorothy Hough		RELATIONSHIP: 17b. Wife	
15. Mailing Address (Street and No. or R.F.D., City or Town, State, ZIP): 17c. 1012 S. Menard, Chicago, IL 60644		Mailing Address (Street and No. or R.F.D., City or Town, State, ZIP)	
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.			
IMMEDIATE CAUSE (Final disease or condition resulting in death)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
(a) CHRONIC OBSTRUCTIVE LUNG DISEASE			
DUE TO, OR AS A CONSEQUENCE OF			
(b)			
DUE TO, OR AS A CONSEQUENCE OF			
(c)			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			
CONGESTIVE HEART FAILURE		AUTOPSY (YES/NO): 19a. NO	
DATE OF OPERATION, IF ANY: 20a.		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO): 19b.	
MAJOR FINDINGS OF OPERATION: 20b.		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?: 20c. YES NO	
19. I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: 21a. 06/26/2006		WAS CORPSE OR MEDICAL EXAMINER NOTIFIED? (YES/NO): 21b. NO	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH: 21c. 6:15 A.M. M.	
22a. SIGNATURE: [Signature]		DATE SIGNED (MONTH, DAY, YEAR): 22b. 06/28/2006	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): 22c. RAJEEV KUMAR MD, 5101 S. WILLOWS SPRINGS RD, LAGRANGE IL 60525		ILLINOIS LICENSE NUMBER: 22d. 036093495	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): 23.		NOTE: IF A FAMILY MEMBER WAS INVOLVED IN THIS DEATH, THE FATHER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
BURIAL, CREMATION, REMOVAL (SPECIFY): 24a. Cremation		CEMETERY OR CREMATORY-NAME: 24b. Trisons Crematory	
LOCATION: 24c. Lombard, Illinois		DATE (MONTH, DAY, YEAR): 24d. July 1, 2006	
FUNERAL HOME: 25a. Joseph Nosek & Sons Funeral Home 6716 W. 16th St., Berwyn IL 60402			
FUNERAL DIRECTOR'S SIGNATURE: 25b. Frank J. Nosek Jr.		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 25c. 034-014402	
LOCAL REGISTRAR'S SIGNATURE: 26a. [Signature]		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): 26b. JUN 29 2006	

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

Not valid without the embossed seal of DuPage County Health Department

Maura T. McHugh Local Registrar

VR200 (Rev. 5/89)

Illinois Department of Public Health—Division of Vital Records

(BASED ON 1969 U.S. STANDARD CERTIFICATE)

CERTIFICATION OF DEATH RECORD

UNOFFICIAL COPY

BERWYN HEALTH DISTRICT BERWYN, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2009 0069631

DATE ISSUED 09/28/2009

DECEDENT'S LEGAL NAME DOROTHY HOUGH		SEX FEMALE	DATE OF DEATH SEPTEMBER 24, 2009	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 78 YEARS	DATE OF BIRTH JANUARY 07, 1931		
CITY OR TOWN BERWYN		HOSPITAL OR OTHER INSTITUTION NAME MAC NEAL MEMORIAL HOSPITAL		
PLACE OF DEATH INPATIENT				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER 341-22-5877	MARITAL STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE'S NAME	
RESIDENCE 1012 SOUTH MENARD		APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60644	FATHER'S NAME EGBERT DOST	MOTHER'S NAME PRIOR TO FIRST MARRIAGE IRENE DECORTE
INFORMANT'S NAME KEVIN HOUGH		RELATIONSHIP SON	MAILING ADDRESS 1012 SOUTH MENARD, CHICAGO, IL, 60644	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION EDEN MEMORIAL PARK	LOCATION - CITY OR TOWN AND STATE SCHILLER PARK, IL	DATE OF DISPOSITION SEPTEMBER 29, 2009	
FUNERAL HOME JOSEPH NOSEK & SONS FUNERAL HOME, 6716 W 16TH STREET, BERWYN, IL, 60402				
FUNERAL DIRECTOR'S NAME FRANK J. NOSEK JR			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014402	
LOCAL REGISTRAR'S NAME ELIZABETH A PECHOUS			DATE FILED WITH LOCAL REGISTRAR SEPTEMBER 28, 2009	
CAUSE OF DEATH PART I. SEPTIC SHOCK				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ Due to (or as a consequence of):		HOURS
		b. ULCERATIVE COLITIS		YEARS
		c. _____ Due to (or as a consequence of):		
		Due to (or as a consequence of):		
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			WAS AN AUTOPSY PERFORMED? NO	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
DID TOBACCO USE CONTRIBUTE TO DEATH? NO	FEMALE PREGNANCY STATUS NOT APPLICABLE		MANNER OF DEATH NATURAL	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?	
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED:			IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE SEPTEMBER 23, 2009	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 01:25 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED SEPTEMBER 25, 2009	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH MARK HRONCICH, MD, 6425 WEST CERMAK ROAD, BERWYN, ILLINOIS, 60402			PHYSICIAN'S LICENSE NUMBER 036-071240	

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

Elizabeth A. Pechous
Elizabeth A. Pechous
Registrar



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE