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AFFIDAVIT OF HEIRSHIP

I, Richard D. DeChene, having personal knowledge of both the individual decedent and the circumstances of the decedent's life, do herein attest that the following statements are true and correct and do herein so attest the following:

1. That on or about May __, 1963, Wayne Leo DeChene was married to Sandra L. DeChene, in the City of Blue Island, County of Cook and State of Illinois.
2. That as a result of this union, 3 children were born:
 David DeChene now married to Guadalupe
 Richard DeChene now married to Vonda
 Christine DeChene now married to John Herzberger
3. That no other child or children were born or adopted as a result of the union and that Wayne Leo DeChene had no other children or child prior to the date of this union or at any time thereafter.
4. That Wayne Leo and Sandra L. DeChene were owners as joint tenants of the property located at 2737 Broadway, Blue Island, IL 60406
5. Sandra L. DeChene died intestate; October 22, 2006, in the city of Blue Island, County of Cook and State of Illinois.
6. That on August 19, 2010, Wayne Leo DeChene died testate; a copy of his will is attached hereto. He died in the City of Blue Island, County of Cook and State of Illinois. That he remain as the sole surviving joint tenant.
7. That all debts owed by the estate of Wayne Leo DeChene and Sandra L. DeChene have been satisfied, and there are no pending claim s against the estate of the decedents. That David DeChene, Richard DeChene and Christine Herzberger remain as the sole heirs as designated by will are relating to Wayne Leo DeChene, and as the heirs at law by the rules of intestacy as relating to Sandra L. DeChene.

The Affiant states the aforementioned facts to be true and correct to the best of his belief under penalty of perjury and acknowledged this 22nd day of Jan, 2011.

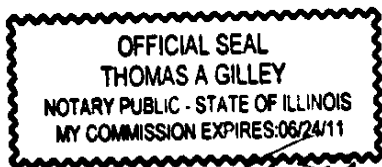


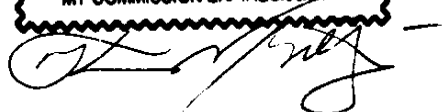
RICHARD D. DECHENE



Doc#: 1104726166 Fee: \$66.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 02/16/2011 01:15 PM Pg: 1 of 4

S Y
P 4
S N
SC Y
INT 12





PNTN
70 W MADISON STE 1600
CHICAGO IL 60602

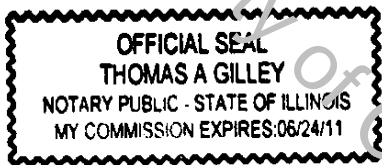
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STATE OF ILLINOIS

COUNTY OF COOK

I, Thomas A Gilley, a Notary Public in and for said County and State aforesaid, DO HEREBY CERTIFY that RICHARD D. DECHENE, personally know to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he signed, sealed and delivered the said instrument as his free and voluntary act for the uses and purposes herein set forth.

Given under my hand and official seal, this 25th day of Jan, 2011.



[Signature]
NOTARY PUBLIC

Commission expires: 6/24/11

Prepared by / mail to:
Thomas Gilley
15525 So. Park Avenue
Suite 104
So Holland, IL 60423

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REGISTRATION DISTRICT NO <u>16-31</u>		STATE OF ILLINOIS CERTIFICATE OF DEATH		STATE FILE NUMBER	
LOCAL FILE NUMBER <u>182</u>		1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last) WAYNE LEO DECHENE		2. SEX MALE	3. DATE OF DEATH (Month/Day/Year) (Spell Month) AUGUST 19, 2010
4. COUNTY OF DEATH COOK		5a. AGE AT LAST BIRTHDAY (Years) 68	5b. UNDER 1 YEAR Months _____ Days _____	5c. UNDER 1 DAY Hours _____ Minutes _____	6. DATE OF BIRTH (Month/Day/Year) MARCH 29, 1942
7a. CITY OR TOWN BLUE ISLAND			7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) 2737 BROADWAY		
7c. PLACE OF DEATH (Check only one: see instructions)					
IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long-term care facility <input checked="" type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____		
8. BIRTHPLACE (City and State or Foreign Country) BLUE ISLAND, IL		9. SOCIAL SECURITY NUMBER [REDACTED]		10. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married but separated <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) _____		12. EVER IN U.S. ARMED FORCES <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
13a. RESIDENCE (Street and Number) 2737 BROADWAY		13b. APT. NO. _____	13c. CITY OR TOWN BLUE ISLAND		15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) AGNES STUMP
13e. COUNTY COOK		13f. STATE IL	13g. ZIP CODE 60406	14. FATHER'S NAME (First, Middle, Last) THOMAS DECHENE SR.	
16a. INFORMANT'S NAME MR. RICHARD DECHENE		16b. RELATIONSHIP SON		16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 364 OLD HICKORY RD., NEW LENOX, IL 60451	
17. METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): _____		18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) BEVERLY CEMETERY		19. LOCATION - CITY, TOWN AND STATE WORTH TOWNSHIP	
20. DATE OF DISPOSITION (Month/Day/Year) AUGUST 23, 2010		21a. FUNERAL HOME NAME HALLINAN FUNERAL HOME, 2601 VERMONT STREET, BLUE ISLAND, ILLINOIS 60406		21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-015588	
21b. FUNERAL DIRECTOR'S SIGNATURE <i>Phillip B. Horman</i>		22. LOCAL REGISTRAR'S SIGNATURE <i>Pam Frason</i>		23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) Aug 23, 2010	
CAUSE OF DEATH (See instructions and examples)					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
24. PART I. Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.					3 month 1 year
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <u>metabolic abnormalities</u> Due to (or as a consequence of): _____					
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. <u>metastatic non-small cell lung cancer</u> 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. <u>copd, Respiratory failure</u>					25. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown					26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
28. IF FEMALE: <input type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death					29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation
30. DATE OF INJURY (Month/Day/Year) _____		31. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		32. PLACE OF INJURY (e.g. Decedent's home; construction site; restaurant; wooded area) _____	
33. INJURY AT WORK <input type="checkbox"/> Yes <input type="checkbox"/> No					34. LOCATION OF INJURY Street and Number _____
35. DESCRIBE HOW INJURY OCCURRED: _____					36. TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) _____
37. (Did) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON <u>8/14/10</u>		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. DATE PRONOUNCED (Month/Day/Year) AUGUST 19, 2010	
40. TIME OF DEATH 1:20 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.					41. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.
42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) DR. KEVIN LAI, 2320 HIGH STREET, BLUE ISLAND, IL 60406					43. PHYSICIAN'S LICENSE NUMBER 036100511
44. TITLE OF CERTIFIER MEDICAL DOCTOR		45. DATE CERTIFIED (Month/Day/Year) AUGUST 20, 2010		46. SIGNATURE OF CERTIFIER <i>Kevin Lai</i>	

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

AUG 23 2010

Pam Frason

Based on the 2003 U.S. Standard Certificate
Illinois Department of Public Health - Division of Vital Records
VR200 (Rev. 1/08)

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LEGAL DESCRIPTION

Commencing at the North West corner of Block 15 of Robinson's Subdivision of the South East 1/4 of Section 36, Township 37 North, Range 13, East of the Third Principal Meridian, running South 150 feet, thence East 40 feet, thence North to the South line of the public highway, thence Southwesterly direction along the South line of said public highway to the place of beginning in the City of Blue Island, in Cook County, Illinois.

PERMANENT INDEX NUMBER:

24-36-425-008-0000

PROPERTY ADDRESS

2737 Broadway Street, Blue Island, IL 60409

Property of Cook County Clerk's Office