



Doc#: 1108339064 Fee: \$46.00
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 03/24/2011 02:17 PM Pg: 1 of 6

AFFIDAVIT OF HEIRSHIP

HERMAN K. ERIKSON (Affiant), being duly sworn upon oath, deposes and states:

1. That the Affiant resides at 2001 East 93rd Street, Chicago, Illinois.
2. That the Affiant is the son of **BERMAN G. ERIKSON** (Decedent) and is familiar with his heirship.
3. That the Decedent died on July 2, 2010 in the County of Cook in the State of Illinois.
4. That the Decedent died owning an interest in the property legally described as follows:

Lot Ten (10) in Block Twenty-Five (25) in S. E. Gross' Calumet Heights Addition to South Chicago, being a Subdivision of the South East Quarter (1/4) of Section 2, Town 37 North, Range 14, East of the Third Principal Meridian, County of Cook, State of Illinois.

5. That the Decedent died leaving no will.
6. That the Decedent was married to the following individuals, and no others:

<u>Name</u>	<u>Status</u>
ANNA GINKEL	Deceased

7. That the following children were born to, or adopted by the Decedent and no others.

<u>Name</u>	<u>Status</u>
HERMAN K. ERIKSON	Single

S yes
P 6
S ✓
M No
SC yes
E yes
INT ✓

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- 8. That to the best information and belief of the Affiant, no children were born to or fathered by the Decedent out of wedlock.

That based upon the foregoing, **HERMAN K. ERIKSON**, being of legal age and mentally competent, is the sole heir of **HERMAN G. ERIKSON**.

Herman K Erikson
HERMAN K. ERIKSON

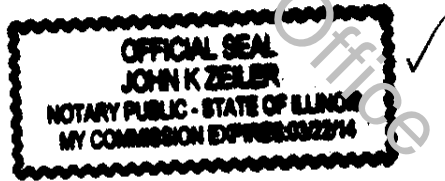
STATE OF ILLINOIS)
) SS.
 COUNTY OF COOK)

On this 18 day of OCTOBER, 2010, before me appeared HERMAN K. ERIKSON, known or proved to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official Seal the day and year first above written.

[Signature]
 Notary Public
John K. Zeller
 Printed Name of Notary

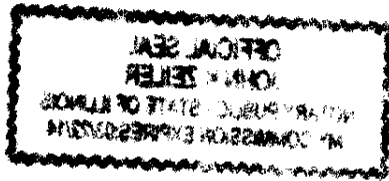
My Commission Expires:
3-22-14



Prepared by: ✓
 Karen E. Antink
 Attorney at Law
 Illinois Attorney #6242437
 10971 Seasons Pl., Suite 215
 Crown Point, IN 463074
 Tel: 219/988-2940

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Property of Cook County Clerk's Office



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EXHIBIT "A"

Attached to and made part of that certain Affidavit of Heirship of
HERMAN G. ERIKSON, Deceased

DOROTHY MACHURA, who resides at 11250 West 135th Place, Cedar Lake,
Indiana, being of lawful age, being first duly sworn on oath says:

1. That she is a niece of **HERMAN G. ERIKSON**, who died on July 2,
2010 at Chicago, Illinois and is familiar with his heirship.
2. That she has read the foregoing Affidavit of Heirship, knows the contents
thereof, and that each and every statement therein contained is true, to the best of her
knowledge and belief.

Dorothy Machura

DOROTHY MACHURA

STATE OF IL)
) SS.
 COUNTY OF COOK)

On this 18TH day of OCTOBER, 2010, before me appeared DOROTHY
 MACHURA, known or proved to me to be the person whose name is subscribed to the
 foregoing instrument and acknowledged to me that she executed the same for the
 purpose and consideration therein expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official
 Seal the day and year first above written.



Rena Frigo

 Notary Public

RENA FRIGO

 Printed Name of Notary

My Commission Expires:
5/28/2011

STATE OF ILLINOIS
County of Cook

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DAVID ORR, County Clerk

AUG 06 2010

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

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.10
REGISTERED NUMBER

DECEASED - NAME FIRST MIDDLE LAST SEX DATE OF DEATH
ANNA E ERIKSON 2. FEMALE 3. JULY 7, 1982

4a. RACE 4b. AMERICAN ORIGIN OR DESCENT 5a. AGE - LAST BIRTHDAY (YR) 5b. UNDER 1 YEAR 5c. UNDER 1 DAY
WHITE AMERICAN 74

6. DATE OF BIRTH (MO., DAY, YEAR) 7a. COUNTY OF DEATH
MARCH 9, 1908 Cook

7b. Chicago 7c. SOUTH CHICAGO COMMUNITY HOSPITAL 7d. INPATIENT

8. ILLINOIS 9. U.S.A. 10. MARRIED
SOCIAL SECURITY NUMBER USUAL OCCUPATION MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)

11. HERMAN ERIKSON
U.S. WAR VETERAN (YES/NO) WAR OR DATES OF SERVICE

12. UNKNOWN 13a. HOUSEWIFE 13b. OWN HOME 13c. NO 13d. STATE
RESIDENCE STREET AND NUMBER CITY, TOWN, VLG. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY

14a. 2001 E 93RD STREET 14b. CHICAGO 14c. YES 14d. COOK 14e. ILLINOIS

15. KARI GINKEL 16. ELIZABETH RETTLER
INFORMANT'S SIGNATURE RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)

17a. Carol Kulosa 17b. ADMIT CLK 17c. 172320 E. 93RD ST. CHICAGO, IL 60617

18. DEATH WAS CAUSED BY:
PART I. IMMEDIATE CAUSE
(a) HEPATITIS COMA 6 DAYS.
(b) CARCINOMA OF BREAST METASTATIC TO LIVER 2 MONTHS
(c) CARCINOMA OF BREAST. 1 YEAR

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT AFFECTING CAUSE GIVEN IN PART I
CACHEXIA

19a. AUTOPSY (YES/NO) 19b. WERE FUNERAL SERVICES OBSERVED IN CONNECTION WITH DEATH OF DECEASED
NO YES NONE A DECISION IN PAST THREE MONTHS
20c. YES NO UNK

20a. DATE OF OPERATION, IF ANY 20b. MAJOR FINDINGS OF OPERATION

21a. I ATTENDED THE DECEASED FROM: APRIL 1981 21b. 7.7.82 21c. 7.7.82 21d. 3:50A 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)
7.7.82

22a. SIGNATURE MAHENDRA M. SHAH (TYPE OR PRINT)
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22b. ILLINOIS LICENSE NUMBER
MAHENDRA M. SHAH, 9127 S. WESTERN AVE., CHICAGO, ILL. 36 49259

22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INJURY HAS INVOLVED IN THIS DEATH THE MEDICAL EXAMINER MUST BE NOTIFIED.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY - NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
24a. BURIAL 24b. OAK HILL 24c. CHICAGO, ILLINOIS 24d. JULY 10, 1982

25a. BROWN FUNERAL HOME 2939 E. 95th. Street Chicago, Illinois 60617
FUNERAL DIRECTOR'S SIGNATURE NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
James E. Brown 25c. 6832
FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

25b. LOCAL REGISTRAR'S SIGNATURE CHICAGO DEPT. OF HEALTH RICHARD J. DALEY CENTER, ROOM 111 CONDUIT LEVEL, CHICAGO 60607 DATE REC'D BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
25d. JUL 9 1982

26a. ILLINOIS DEPARTMENT OF PUBLIC HEALTH - OFFICE OF VITAL RECORDS (BASED ON 1971 U.S. STANDARD CERTIFICATE)

4

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1-046
DECEASED
4802
700
DECEASED
1749
2572
CAUSE
CERTIFIED
CREMATION

200

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CERTIFICATE OF DEATH RECORD
COOK COUNTY CLERK VITAL RECORDS

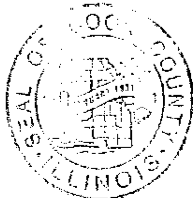
CHICAGO, ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2010 0048423

DATE ISSUED 07/07/2010

DECEDENT'S LEGAL NAME HERMAN G ERIKSON		SEX MALE	DATE OF DEATH JULY 02, 2010	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 95 YEARS	DATE OF BIRTH OCTOBER 01, 1914		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME TRINITY HOSPITAL ADVOCATE		
PLACE OF DEATH INPATIENT				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED] 3826	MARITAL STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE'S NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 2001 E 93RD ST	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60617	FATHER'S NAME HERMAN T ERIKSON	MOTHER'S NAME PRIOR TO FIRST MARRIAGE ELLA M SCHICHNER
INFORMANT'S NAME HERMAN K ERIKSON		RELATIONSHIP SON	MAILING ADDRESS 2001 E 93RD ST, CHICAGO, IL, 60617	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION OAK HILL CEMETERY	LOCATION - CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION JULY 09, 2010	
FUNERAL HOME TEWS FUNERAL HOME, 18230 DIXIE HWY., HOMewood, IL, 60430				
FUNERAL DIRECTOR'S NAME MICHAEL J SCHASSBURGER			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011635	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR JULY 7, 2010	
CAUSE OF DEATH PART I. PNEUMONIA IMMEDIATE CAUSE (Final disease or condition resulting in death)				
a.		Due to (or as a consequence of):		
b.		Due to (or as a consequence of):		
c.		Due to (or as a consequence of):		
PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I.				
DID TOBACCO USE CONTRIBUTE TO DEATH?			WAS AN AUTOPSY PERFORMED? NO	
FEMALE PREGNANCY STATUS NOT APPLICABLE			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
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 JULY 02, 2010	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 01:58 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED JULY 06, 2010	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR PATRICIA DIANE DAMPER, 2315 E 93RD ST, SUITE 440, CHICAGO, ILLINOIS, 60617				PHYSICIAN'S LICENSE NUMBER 036082881

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

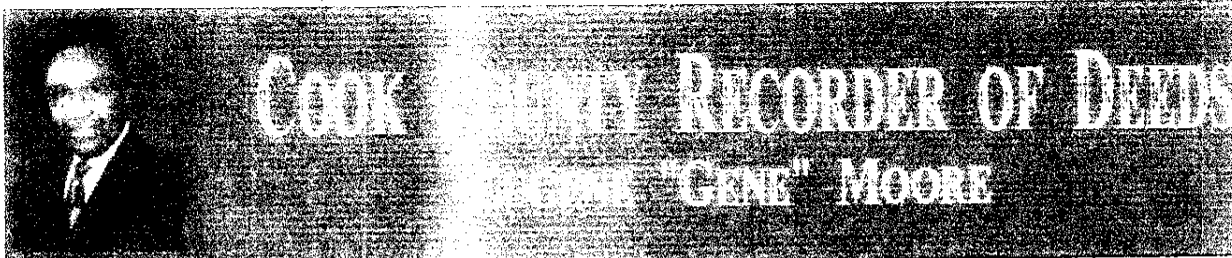


David Orr
 David Orr
 Cook County Clerk



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http://www.ccrd.net/CRD/Controller?commandflag=getDetails&optf..



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Search for: [00773577]

Document No.	Executed	Recorded	Document Type	Case No.
00773577	02/10/1970	10/03/2000	CERTIFICATE OF TITLE	

Legal Description
 Section Township: 01-37-14 SubDiv-Condo: GROSSECHASC
 Lot #: 10 Block #: 25 Part of Lot:

Property Description
 25-01-417-001-001 UPTN

- [Grantor / Grantee](#)
- [Document Number](#)
- [Legal Search](#)
- [PIN Search](#)
- [Trust Number](#)
- [Subdivision Search](#)
- [Forms](#)
- [View Purchased Documents](#)

Grantor(s)	Name: <u>COOK COUNTY REGISTRAR OF TITLES</u> Trust Number:-
Grantee(s)	Name: <u>ERIKSON ANNA G</u> Trust Number:- Name: <u>ERIKSON HERMAN G</u> Trust Number:-
Prior Document	

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