

UNOFFICIAL COPY
Affidavit of Heirship

Donald Sheldon Cohen (Affiant) being duly sworn upon oath, deposes and states:

1. That the Affiant resides at: 1950 W. Fargo Avenue, Unit 3-B, Chicago, Illinois
2. That the Affiant is the son (Relationship) of Ruth Gottlieb Cohen (Decedent).
3. That the Decedent died on 4 / 7 / 99 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:

- 1) 1950 W. Fargo Avenue, Unit 3-B
Chicago, Illinois
See Exhibit A for legal description



Doc#: 1120910070 Fee: \$66.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 07/28/2011 02:55 PM Pg: 1 of 4

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:

<u>Name</u>	<u>Status</u>
William E. Cohen	Deceased - 1988

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.)

<u>Name</u>	<u>Status</u>	<u>Age</u>
Donald Sheldon Cohen	Living	69 - DOB 10/1/41

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: Donald Sheldon Cohen

9. That in the event the Decedent died ~~with~~ ^{without husband} ~~or child~~ ^{without wife} surviving, to the Affiant's best information and belief, the following represents the Decedent's heirship (give in detail):

Donald Sheldon Cohen (Son) (Living)

UNOFFICIAL COPY

Exhibit "A"
Affidavit Of Heirship
William E. Cohen

Property

1950 W. Fargo Avenue
Unit 3-B
Chicago, Illinois

PIN: 11-30 406-026-1006

Legal Description:

Unit No. 3-B as delineated on a survey of the following described parcel of real estate (hereinafter referred to as "Parcel"): the west 60 feet of lots 15 and 16 in block 6 in Murphy's addition to Rogers Park, a subdivision in the southeast $\frac{1}{4}$ of section 30, township 41 north, range 14 east of the third principal meridian, in Cook County, Illinois, which survey is attached as Exhibit "A" to Declaration of Condominium made by LaSalle National bank as Trustee under Trust No. 20820 and recorded in the Office of Recorder of Deeds of Cook County, Illinois, as document no. 19768222, together with an undivided 16.666% interest in said parcel (excepting from said parcel the property and space comprising all the units thereof as defined and set forth in said Declaration and survey).

UNOFFICIAL COPY

DECEDENT'S BIRTH NO. REGISTRATION DISTRICT NO. U.D. 28 STATE OF ILLINOIS REGISTERED NUMBER 498 STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED

1. **DECEASED—NAME** FIRST MIDDLE LAST Ruth Cohen SEX Female DATE OF DEATH (MONTH, DAY, YEAR) 3 April 7, 1999

2. **COUNTY OF DEATH** Cook

3. **AGE—LAST BIRTHDAY (YRS)** 85 **UNDER 1 YEAR** **UNDER 1 DAY** **DATE OF BIRTH (MONTH, DAY, YEAR)** January 10, 1914

4. **CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER** 6a. Evanston **HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)** 6b. St. Francis **IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)** 6c. Inpatient

5. **BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)** 7. Chicago Illinois **MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)** 8a. Widowed **NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)** 8b. None **WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)** 9. No

6. **SOCIAL SECURITY NUMBER** 10. 318-07-4875 **USUAL OCCUPATION** 11a. Homemaker **KIND OF BUSINESS OR INDUSTRY** 11b. At Home **EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)** 12. College (1-4 or 5-)

7. **RESIDENCE (STREET AND NUMBER)** 13a. 1950 W. Fargo **CITY, TOWN, TWP. OR ROAD DISTRICT NO.** 13b. Chicago **INSIDE CITY (YES/NO)** 13c. Yes **COUNTY** 13d. Cook

8. **STATE** 13e. Illinois **ZIP CODE** 13f. 60626 **RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)** 14a. White **OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)** 14b. X NO

9. **FATHER—NAME** FIRST MIDDLE LAST 15. Max Gottlieb **MOTHER—NAME** FIRST MIDDLE LAST (MAIDEN) 16. Fannie Robinson

10. **INFORMANT'S NAME (TYPE OR PRINT)** 17a. Donald Cohen **RELATIONSHIP** 17b. Son **MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)** 17c. 1655 Lake Cook Rd. Highland Park IL 60035

11. **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) (a) Sepsis **DUE TO, OR AS A CONSEQUENCE OF** (b) Pneumonia

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (c) Advanced Dementia

12. **PART II.** Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. Advanced Dementia

13. **DATE OF OPERATION, IF ANY** 20a. **MAJOR FINDINGS OF OPERATION** 20b. **AUTOPSY (YES/NO)** No **WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)** 19a. 19b.

14. **IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?** 20c. YES NO

15. **(DID/DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON** (MONTH, DAY, YEAR) 21a. 4-7-99 **WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)** No **HOUR OF DEATH** 21c. 4:03 P. M.

16. **TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.** 21b. **DATE SIGNED** (MONTH, DAY, YEAR) 22c. April 8, 1999

17. **22a. SIGNATURE** Dr. M. Amin Gillan **NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)** 22c. Dr. M. Amin Gillan 7380 N. Lincoln Ave. Lincolnwood IL **ILLINOIS LICENSE NUMBER** 22d. 036041511

18. **23.** **NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.**

19. **DISPOSITION**

20. **BURIAL, CREMATION, REMOVAL (SPECIFY)** 24a. Burial **CEMETERY OR CREMATORY—NAME** 24b. Waldheim Cemetery **LOCATION** CITY OR TOWN STATE DATE (MONTH, DAY, YEAR) 24c. Forest Park Illinois 24d. April 9 1999

21. **FUNERAL HOME** NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. Weinstein Family Services 111 Skokie Blvd. Wilmette Illinois 60091

22. **FUNERAL DIRECTOR'S SIGNATURE** 25b. [Signature] **FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER** 25c. 034014715

23. **LOCAL REGISTRAR'S SIGNATURE** 26a. [Signature] **DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)** 26b. [Signature]

VR200 (Rev. 5/89) Illinois Department of Public Health—Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at Item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE APR 09 1999 SIGNED [Signature] LOCAL REGISTRAR AT EVANSTON, Illinois OFFICIAL TITLE

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.