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Doc#: 1206834015 Fee: \$46.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 03/08/2012 08:54 AM Pg: 1 of 5

Affidavit of Heirship

Ann Marie Reed (Affiant) being duly sworn upon oath, deposes and states:

1. That the Affiant resides at: 4227 Hampton Ave., Western Springs, IL 60558.
2. That the Affiant is the daughter (Relationship) of Joseph Walsh (Decedent).
3. That the Decedent died on 09 / 21 / 1992 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:

THE NORTH 40 FEET OF LOT 10 (EXCEPT THE EAST 125 FEET) IN J.S. HOVLAND'S CENTRAL PARK AVENUE SUBDIVISION OF THE WEST 20 ACRES OF THE SOUTH 60 ACRES OF THE NORTHEAST ¼ OF SECTION 14, TOWNSHIP 37 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

5. That the Decedent died leaving (a) no will. (Copy of Will Attached)

6. That the Decedent was married to the following individuals, and no others:

Name	Status
Nora Walsh	Widowed

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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.)

Name	Status	Age
Mary Margaret Brew	<u>living</u>	<u>57</u>
Ann Marie Reed	<u>living</u>	<u>56</u>
Kevin J. Walsh	<u>living</u>	<u>55</u>
Patrick M. Walsh	<u>living</u>	<u>53</u>
Sheila M. Lehr	<u>living</u>	<u>52</u>

THE NORTH 40 FEET OF LOT 10 (EXCEPT THE EAST 125 FEET) IN J.S. HOVLAND'S CENTRAL PARK AVENUE SUBDIVISION OF THE WEST 20 ACRES OF THE SOUTH 60 ACRES OF THE NORTH EAST 1/4 OF SECTION 14, TOWNSHIP 37 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN # 24-14-213-185-0000

PROPERTY ADDRESS: 10605 SOUTH DRAKE AVENUE
CHICAGO IL 60655

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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.

9. The following represents the Decedent's heirship (give in detail):

The Decedent's will provides that all assets of the estate pass to Norah Walsh, the decedent's wife. If such will were not to be valid, the laws of intestate succession would control.

Under the terms of the Decedent's will and under the laws of intestate succession, the only possible heirs and legatees of the Decedent are:

Norah Walsh, Mary Margaret Brew, Ann Marie Reed, Kevin J. Walsh, Patrick M. Walsh, and Sheila M. Lehr

10. That the total value of the estate of the Decedent including the taxable interest in the aforesaid property was under \$ 600,000.00.

11. That no claims have been filed against Decedent and that all expenses of illness and or funeral expenses have been paid in full; or, that the following claims will be paid from the proceeds of the subject property:

12. That the Federal Estate Tax (has / has not) been paid, that the Illinois Estate Tax (has / has not) been paid; that no (Federal Estate Tax / Illinois Estate Tax) is due.

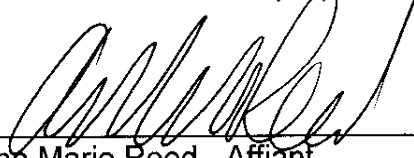
13. That the Affiant makes this Affidavit to induce Alliance Title Corporation to issue its policy of Title Insurance number A12-0123 and show title in:

The Norah Walsh Trust, under the provisions of a trust agreement dated the 16th day of January, 1999, and with knowledge that Alliance Title Corporation will rely on the representations made and contained herein to insure title.

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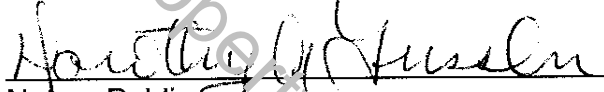
Further Affiant sayeth not.

All riders and pages attached are intended to be incorporated in and to be a part of the Affidavit for the purposes stated.

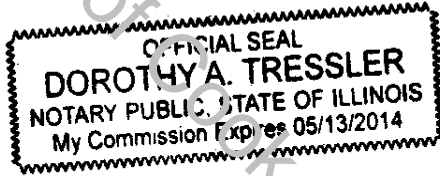


Ann Marie Reed - Affiant

Subscribed and sworn to before me this 14 day of February, 2012.



Notary Public



Property of Cook County Clerk's Office

REGISTRATION NO. 1610
 DISTRICT NO. 1610
 REGISTERED NUMBER

STATE OF ILLINOIS
 MEDICAL CERTIFICATE OF DEATH
 STATE FILE NUMBER 617231

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
 1. JOSEPH A/K/A KEVIN K. WALSH MALE 3. SEPTEMBER 21, 1992

COUNTY OF DEATH AGE-LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)
 4. COOK 58. 71 58. 71 59. 59. 54. NOVEMBER 12, 1920

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
 5. CHICAGO 66. 10605 SOUTH DRAKE

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
 7. IRELAND 8a. MARRIED 8b. NORA MEER

SOCIAL SECURITY NUMBER USUAL OCCUPATION 11a. SELF-EMPLOYED 11b. CONTRACTOR
 10. 11a. SELF-EMPLOYED 11b. CONTRACTOR

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. RESIDE CITY COUNTY
 13a. 10605 SOUTH DRAKE 13b. CHICAGO 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, OR OTHER)
 13a. ILLINOIS 13b. 60655 13c. WHITE 13d. NO 13e. YES 13f. COOK

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE LAST
 15. WILLIAM WALSH MARY GAVIN

INFORMANT'S NAME (TYPE OR PRINT) MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
 17a. KEVIN WALSH 17b. SON 17c. 179626 S. CLAREMONT, CHICAGO, IL 60643

18. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory, if not shock, or heart failure. List only one cause on each line.
 (a) ADENOCARCINOMA OF THE STOMACH
 (b) DUE TO OR AS A CONSEQUENCE OF
 (c) DUE TO OR AS A CONSEQUENCE OF

Immediate Cause (Final disease or condition resulting in death)
 CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

PART II. Other identifiable conditions contributing to death but not resulting in the underlying cause given in PART I.

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

(FOID) (DO NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON) (MONTH, DAY, YEAR)
 21a. 21b. NO

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
 22a. SIGNATURE Wanda K. Ruess DATE SIGNED (MONTH, DAY, YEAR)
 22b. DR. MERRILL S. KIES, 233 E. ERIE, CHICAGO, ILLINOIS 60611 22c. SEPT. 22, 1992

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER
 22a. DR. MERRILL S. KIES, 233 E. ERIE, CHICAGO, ILLINOIS 60611 22c. 036-054880

NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT) ILLINOIS LICENSE NUMBER
 22d. 036-054880

BURIAL CREATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
 24a. BURIAL 24b. HOLY SEPULCHRE 24c. WORTH ILLINOIS 24d. SEPT. 25, 1992

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
 25a. ANDREW J. MCGANN & SON FUNERAL HOME, 10727 S. PULASKI RD., CHICAGO, IL 60655

FUNERAL DIRECTOR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
 25b. Andrew J. McGann 25c. 034-009514 26a. Wanda K. Ruess 26b. SEP. 23 1992

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

SEP 23 1992
 STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO

VIRGINIA L. PARKER, M.P.A. ACTING LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.