



Doc#: 1222948016 Fee: \$64.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 08/16/2012 03:13 PM Pg: 1 of 3

State of Illinois     )  
                                  )  
County of Cook     )

## AFFIDAVIT OF HEIRSHIP

Stuart Levin (Affiant), on his oath states as follows:

1. That the Affiant resides at: 151 Conestoga Road, Malvern, PA 19355.
2. That the Affiant is the nephew of Samuel S. Levin and named Executor by Will of Samuel S. Levin.
3. That the decedent, Samuel S. Levin, died on January 2, 2012 in Punta Gorda, Charlotte County, Florida as evidenced by the Death Certificate attached hereto.
4. That the decedent died owning an interest in the property legally described as follows:

Lot 34 and 35 in block 18 in Hollywood subdivision of the southwest ¼ of section 35, township 39 north, range 12, east of the Third Principal Meridian, (except the west 100 acres thereof and except the right of way of the Chicago Burlington and Quincy Railroad), in Cook County, Illinois.
5. That the decedent died leaving a Will which has been filed in Charlotte County, Florida.
6. That decedent's Will specifically bequeathed all of his interest in the real property and improvements thereto located at 3831 Hollywood Avenue, Brookfield, IL to his daughter Bonnie Levin Powell.
7. That decedent was married to Alice Levin on February 16, 1958, said marriage being to each other and that said marriage ended in dissolution June 1976.
8. That of said marriage only two (2) children were born, that no other children were ever born to, adopted, or acknowledged by Samuel S. and Alice, that said children were decedent's daughter, Bonnie Levin Powell, and son, Neil H. Levin.
9. That the decedent's son, Neil H. Levin, predeceased Samuel S. Levin on July 8, 2008.

# UNOFFICIAL COPY

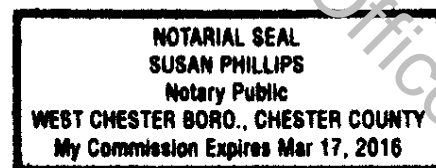
10. Decedent was married to Barbara W. Levin, said marriage ended at the death of Barbara W. Levin on April 9, 1985.
11. That no children were ever born to, adopted, or acknowledged by Samuel S. Levin during his marriage to Barbara W. Levin.
12. That the fair market value of the aforesaid property is estimated to be \$ 177,000.00.
13. That all debts of the decedent have been paid in full.
14. That there is no Federal Estate Tax or State Inheritance or Generation Skipping tax, as a result of decedent's death and subsequent property transfer.
15. The following documents attached hereto are hereby incorporated by reference as part of this Affidavit:  
 Death Certificate of Decedent  
 Last will of Decedent

IN WITNESS WHEREOF, the Affiant has affixed his signature hereto this 21 day of July, 2012.

  
 Stuart Levin - Affiant

Subscribed and sworn to before me  
 this 21 day of July, 2012.

  
 Notary Public



UNOFFICIAL COPY

STATE OF FLORIDA  
OFFICE OF VITAL STATISTICS

CERTIFIED COPY

## FLORIDA CERTIFICATE OF DEATH

TYPE IN  
PERMANENT  
BLACK INK

LOCAL FILE NO.

1. DECEDENT'S NAME (First, Middle, Last, Suffix) <b>Samuel S Levin</b>				2. SEX <b>Male</b>	
3. DATE OF BIRTH (Month, Day, Year) <b>February 10, 1932</b>		4a. AGE-Last Birthday (Years) <b>79</b>		4b. UNDER 1 YEAR Months Days Hours Minutes	
5. DATE OF DEATH (Month, Day, Year) <b>January 2, 2012</b>		6. SOCIAL SECURITY NUMBER <b>2700</b>		7. BIRTHPLACE (City and State or Foreign Country) <b>Philadelphia, Pennsylvania</b>	
8. COUNTY OF DEATH <b>Charlotte</b>		9. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival NON-HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		10. FACILITY NAME (If not institution, give street address) <b>Charlotte Regional Medical Center</b>	
11a. CITY, TOWN, OR LOCATION OF DEATH <b>Punta Gorda</b>		11b. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		12. MARITAL STATUS (Specify) <input type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married	
13. SURVIVING SPOUSE'S NAME (If wife, give maiden name)		14a. RESIDENCE - STATE <b>Florida</b>		14b. COUNTY <b>Charlotte</b>	
14c. CITY, TOWN, OR LOCATION <b>Punta Gorda</b>		14d. STREET ADDRESS <b>3640 Bal Harbor Blvd</b>		14e. APT. NO. <b>132</b>	
14f. ZIP CODE <b>33950</b>		14g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) <b>Salesman</b>	
15b. KIND OF BUSINESS/INDUSTRY <b>Books</b>		16. DECEDENT'S RACE (Specify the race/ethnicity to indicate what decedent considered himself/herself to be. More than one race may be specified.) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Specify tribe) <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Is. (Specify) <input type="checkbox"/> Other (Specify)		17. DECEDENT OF HISPANIC OR LATIN ORIGIN? (Specify if of mixed race of Hispanic or Latin Origin.) <input type="checkbox"/> Yes (If Yes, specify) <input checked="" type="checkbox"/> No <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central/South American <input type="checkbox"/> Other Hispanic (Specify)	
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) <input type="checkbox"/> 8th or less <input type="checkbox"/> High school but no diploma <input type="checkbox"/> High school diploma or GED <input type="checkbox"/> College but no degree <input type="checkbox"/> College degree (Specify): <input type="checkbox"/> Associate <input checked="" type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate		19. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		20. FATHER'S NAME (First, Middle, Last, Suffix) <b>Harry Nathan Levin</b>	
21. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Sarah Hamovitz</b>		22a. INFORMANT'S NAME <b>Stuart Levin</b>		22b. RELATIONSHIP TO DECEDENT <b>Nephew</b>	
22c. CITY OR TOWN <b>Malvern</b>		22d. STREET ADDRESS <b>151 Conestoga Road</b>		22e. ZIP CODE <b>19355</b>	
23a. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Greene County Memorial Park</b>		23b. LOCATION - STATE <b>Pennsylvania</b>		23c. LOCATION - CITY OR TOWN <b>Waynesburg</b>	
24a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)		24b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		24c. LICENSE NUMBER (of Licensee) <b>042170</b>	
24d. NAME OF FUNERAL FACILITY <b>Fort Myers Mortuary Services</b>		24e. FACILITY'S MAILING - STATE <b>Florida</b>		24f. CITY OR TOWN <b>Fort Myers</b>	
24g. STREET ADDRESS <b>10080 Intercom Drive Unit A-6</b>		24h. ZIP CODE <b>33913</b>		25. CERTIFIER: <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check one) <input type="checkbox"/> Medical Examiner - Death based on examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.	
25a. SIGNATURE AND Title of Certifier <b>PHYSICIAN'S SIGNATURE</b>		25b. DATE SIG (MM/DD/YYYY) <b>1/3/12</b>		25c. TIME OF DEATH (24 hr.) <b>1529</b>	
25d. LICENSE NUMBER (of Certifier) <b>ME 48819</b>		25e. CERTIFIER'S NAME <b>Timothy Allen Janz, MD</b>		25f. NAME OF ATTENDING PHYSICIAN (If other than Certifier)	
25g. CERTIFIER'S STATE <b>Florida</b>		25h. CITY OR TOWN <b>Punta Gorda</b>		25i. STREET ADDRESS <b>527 Eas Marion Ave</b>	
25j. ZIP CODE <b>33950</b>		26. SUBREGISTRAR - Signature and Date <b>Tommy E. Smith, Deputy</b>		26a. DATE FILED BY REGISTRAR (Mo., Day, Yr.) <b>January 9, 2012</b>	
27. PROBABLE MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined		28. REPORTED TO MEDICAL EXAMINER DUE TO CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		29. APPROXIMATE INTERVAL: Onset to Death	
30. CAUSE OF DEATH - PART I (See instructions on back) IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <b>Hepatocellular carcinoma</b> b. <b>metastatic</b> c. <b>HTN</b>		31. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		32. 42a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
33. 42b. WERE ALL OPS. FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		34. 43a. IF SURGERY MENTIONED IN PART I OR II, ENTER REASON FOR SURGERY		34b. DATE OF SURGERY (Mo., Day, Yr.)	
34c. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		35. IF FEMALE, WAS SHE PREGNANT WITHIN THE PAST YEAR: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		36. If Yes, specify timeframe: <input type="checkbox"/> at time of death <input type="checkbox"/> within 1 to 42 days of death <input type="checkbox"/> within 43 days to 1 year of death	
37. 46. DATE OF INJURY (Month, Day, Year)		37b. TIME OF INJURY (24 hr.)		37c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37d. LOCATION OF INJURY - STATE		37e. CITY OR TOWN		37f. STREET ADDRESS	
37g. APT. NO.		37h. ZIP CODE		38. 50. DESCRIBE HOW INJURY OCCURRED	
38a. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)		39. IF TRANSPORTATION INJURY, 52a. Status of Decedent <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		39b. Type of Vehicle <input type="checkbox"/> Car/Minivan <input type="checkbox"/> S.U.V. <input type="checkbox"/> Motorcycle <input type="checkbox"/> Pickup Truck/Cargo Van <input type="checkbox"/> Bus <input type="checkbox"/> Heavy Transport <input type="checkbox"/> Other (Specify)	

Christine J. Washington, Deputy

January 9, 2012

CHARLOTTE COUNTY HEALTH DEPT, 1100 LOVELAND BLVD., FT CHARLOTTE, FL 33980

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

DH FORM 1947 (08/04)

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CERTIFICATION OF VITAL RECORD



\* 3 7 9 2 0 6 6 8 \*

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

