UNOFFICIAL COPY

State of Illinois)
County of Cook)

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

AFFIDAVIT OF HEIRSHIP

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

- 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 Jecedent, Samuel S. Levin, died on January 2, 2012 in Punta Gorda, Charlotte County, Florida as evidenced by the Death Certificate attached he etc.
- 4. That the decedert 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, townshiµ 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.
- That decedents 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.

1222948016 Page: 2 of 3

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- 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 ransfer.
- 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 Affician has affixed his signature hereto this <u>O 1</u> day of <u>Cally</u>, 2012.

Stuart Levin - Affiant

Subscribed and sworn to before me this <u>S1</u> day of <u>Sulv.</u>, 2012.

Notary Public

NOTARIAL SEAL SUSAN PHILLIPS Notary Public

WEBT CHESTER BORO., CHESTER COUNTY
My Commission Expires Mar 17, 2016

UNOFFICE OF VITAL STATISTICS

CERTIFIED COPY

TYPE IN

FLORIDA CERTIFICATE OF DEATH

DECEDENT'S NAME (First, Middle, Last, Suffix)									
	. 5	Samue	el S Lev	/in					2 SEX Male
3. DATE OF BIRTH (Month, Day, Year)	4a. AGE-Lest E		46. UNDER 1 YE	Devs Devs	4c. UNDE		5. DATE OF I	DEATH (Month,	
February 10, 1932	(Years)	79		Days	Hours	Minutes		January	2, 2012
	LACE (City and				}'	B. COUNTY OF DE			
9. PLACE OF DEATH HOSPITAL: Impath			, Pennsylv Room/Outpaties		Para	on Arrivat	Ch	ariotte	
(Check only one)	ice Facility		me/Long Term C		_	on Arrivat dent's Home	Other (Specif)	ej	
10. FACILITY NAME (If not institution, give street address	is)				a. CITY, TO	OWN, OR LOCATIO			11b. INSIDE CITY LIMITS?
Charlotte Region	al Medic	al Cent	er			Punta (orda		_X Yes No
12. MARITAL STATUS (Specify)					13. SURV	VING SPOUSE'S N	AME (II wife, g	ve maiden nam	e)
MarriedMarried, but Separated 14e. RESIDENCE - STATE	XWidowed		rarged	Never Mamed	14c CITY	TOWN, OR LOCAT	ION		
Florida		C	harlotte				Punta	Gorda	
14d. STREET ADDRESS						14s. APT. NO.	14f. ZIP COD		14g. INSIDE CITY LIMITS?
3640 [Bal Harbo	r Blvd		······································		132	339	50	_X Yes No
15a. DECEDENT'S USUAL OCCUPATION (Indicate type Do not use "Retired"			worlding life.)		15b. KIND	OF BUSINESSAND			
16 A CEDENT'S RACE (Specify the recolraces to indice	Sales ale what decede	man Int considered	d himsell/herself	to be. More the	n one moe	nev be specified.)	Boo)ks	
/ White Black or African Am			an Indian or Alas						
ChineseChinese	Filipino	Japane			Vietnames	aOth	r Asian (Speci	5 /	
N vs tawailan Gusmarikan or Char	м	Samoai	nO#n	er Pacific isi. (S	pecify)		Othe	(Specify)	
17. DECE JENT OF HISPANIC OR HAITIAN ORIGIN? (Specify in " Jd" "as of Hispanic or Haitian Origin.)	Yes (# Ye	ps, specify)	_X No		exican	Puerto Rican	Cuban	Central/S	outh American
18. DECEDE AT REY UP TION (Specify the decedent's	highest degree o	or level of sch	rool completed a	t time of death.)	her Hispani	c (Specify)		19, WAS D	Heitlen
Bith or less filigh school but i			school diploma					U.S. AR	MED FORCES?
College but no degr_a College degree	•		ociate	Bechelor's	Mester		torate	_x, Ye	
20. FATHER'S NAME (First, Mir' .e, t ist, Suffix)			21. W	OTHER'S NAM		ddle, Maiden Sume			
Harry Nathan	Levin			RELATIONSHIP	TO 0500		h Hamov	itz Mailing - st	475
Sturrt levi	n		220.		phew	230.	INFOHMANTS	Pennsyh	
23b. CITY OR TOWN		23c. STREET	ADDRESS		priot				R3d ZIP CODE
Malvern						oga Road			19355
24. PLACE OF DISPOSITION (Name of cametary, crem			25a. LOC	ATION - STATE		25b. L.O.	ATION - CITY	OR TOWN	
Greene County Memo				Pennsy				Vaynesbı	irg
28b. IF CREMATION, DONATION OR BURIAL AT SEA.	Ento ibmer	Crema	etian <u>Dor</u> ER <i>(of Licenses)</i>	nationR	emovel tron	State OI	er (Specify) CE LICENSEE	OR PERSON A	CTING AS SUCH
WAS MEDICAL EXAMINER APPROVAL GRANTED? Yes No		1 4	2170	 	_9	me			
28. NAME OF FUNERAL FACILITY		7				29a. FAC	HLITY'S MAILI	G - STATE	
	Myers Mo							Florid	
296. CITY OR TOWN Fort Myers	2	29c. STREET		10090 1-4-	room l	Drive Unit A		ľ	29d. ZIP GODE 33913
30. CERTIFIER:Certifying Physician - To the	a hest of my know	Itsah anhalw						tori	94919
(Check one) Medical Examiner - Ootho b	-	tion, and/or in				it the time, date and			menmer stated.
31a. (Signatura and Tule of Cartifler)	10	316	DATE SIG (E)	/ im/dd/yyyy)	32. TIME (F DEATH (24 hr.)	33. MEDICAL	EXAMINER'S	CASE NUMBER
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Christine J. mashintonio, Deputy

January 9, 2012

CHARLOTTE COUNTY HEALTH DEPT, 1100 LOVELAND BLVD., PT CHARLOTTE, FL 33986

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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 VEHIFYING THE PRESCOC OF THE WATERMARK THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACKGROUND SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC IN.

DH FORM 1947 (08/04)

37920668 CERTIFICATION OF VITAL RECORD

