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WOSZ and PATRICIA ANNORENO. No other children were born to or adopted by WALTER WOSZ and FLORENCE WOSZ.

5. RICHARD WOSZ, LARRY WOSZ, ROBERT WOSZ, ALAN WOSZ, GERALD WOSZ and PATRICIA ANNORENO are all living and are all competent adults.

6. Based on the foregoing, CAROL A. WOSZ, left as her only heirs at law:

RICHARD WOSZ, brother
LARRY WOSZ, brother
ROBERT WOSZ, brother
ALAN WOSZ, brother
GERALD WOSZ, brother
PATRICIA ANNORENO, sister

7. The Decedent died intestate. No letters of office are now outstanding on the decedent's estate and no petition for letters is contemplated or pending in Illinois or in any other jurisdiction, to my knowledge.

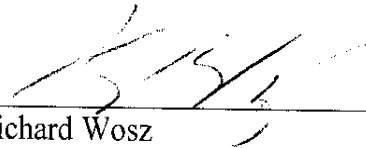
8. At the time of his death, the Decedent was the sole owner of the an undivided one-half (1/2) interest in the real estate commonly known as 3300 N. Orange, Chicago, IL 60634. The legal description of the property is as follows:

The South 40 feet of Lot 18 in Block 5 in John J. Rutherford's Fourth Addition to Mont Clare, being a Subdivision of the West 1/2 of the West 1/2 of the Southwest fractional 1/4 of Fractional Section 24, South of the Indian Boundary Line, in Township 40 North, Range 12 East of the Third Principal Meridian, in Cook County, Illinois.
P.I.N.: 12-24-317-038-0000

9. The value of the Decedent's estate for federal or state estate tax purposes is less than the applicable exemption. No estate tax is due or payable. All debts of the Decedent are paid in full, including but not limited to funeral and medical expenses.

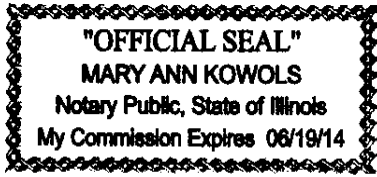
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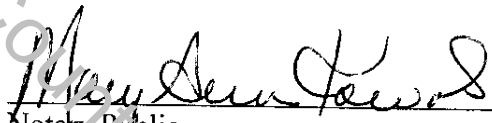
10. This Affidavit of Heirship is made in lieu of the probate of his estate and acknowledge title of the subject property in equal shares to RICHARD WOSZ, LARRY WOSZ, ROBERT WOSZ, ALAN WOSZ, GERALD WOSZ and PATRICIA ANNORENO as Tenants in Common.


Richard Wosz

The undersigned, a Notary Public in and for the above county and state, certify that RICHARD WOSZ is personally known to me to the same person whose name is subscribed to the foregoing Affidavit, appeared before me in person and acknowledged that he signed, sealed and delivered the said Affidavit as his free and voluntary act for the uses and purposes therein set forth.

On this 20 day of August, 2012




Notary Public

PROPERTY OF COOK COUNTY Clerk's Office

UNOFFICIAL COPY

COOK COUNTY CLERK VITAL RECORDS
CHICAGO, ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2011 0093431

DATE ISSUED 12/20/2011

DECEDENT'S LEGAL NAME CAROL A WOSZ			SEX FEMALE	DATE OF DEATH DECEMBER 14, 2011	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 59 YEARS		DATE OF BIRTH JANUARY 21, 1952	
CITY OR TOWN PARK RIDGE			HOSPITAL OR OTHER INSTITUTION NAME ADVOCATE LUTHERAN GENERAL HOSPITAL		
PLACE OF DEATH INPATIENT					
BIRTHPLACE CHICAGO, IL		SOCIAL SECURITY NUMBER [REDACTED]-8950	STATUS AT TIME OF DEATH NEVER MARRIED/NEVER IN CIVIL UNION		EVER IN U.S. ARMED FORCES? NO
RESIDENCE 3300 N ORANGE		APT. NO.	CITY OR TOWN CHICAGO		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60634	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION WALTER WOSZ		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION FLORENCE CISZCZON
INFORMANT'S NAME RICHARD WOSZ		RELATIONSHIP BROTHER		MAILING ADDRESS 3300 N ORANGE, CHICAGO, IL, 60634	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION MONARCH CREMATORIUM		LOCATION - CITY OR TOWN AND STATE FRANKLIN PARK, IL	DATE OF DISPOSITION DECEMBER 15, 2011
FUNERAL HOME SAX-TIEDEMANN FUNERAL HOME AND CREMATORIUM, 9568 BELMONT AVE., FRANKLIN PARK, IL, 60131					
FUNERAL DIRECTOR'S NAME STEPHEN C DAWSON			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012097		
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR DECEMBER 16, 2011		
CAUSE OF DEATH PART I. PNEUMONIA					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.		DAYS	
		b. SEPTIC SHOCK		5 DAYS	
		c.			
PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I.					
			WAS AN AUTOPSY PERFORMED? NO		
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A		
FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR			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 DECEMBER 13, 2011	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 03:57 PM	
CERTIFIER PHYSICIAN			DATE CERTIFIED DECEMBER 16, 2011		
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH CHARLES BROY MD, 3880 SALEM LAKE DRIVE SUITE F, LONG GROVE, ILLINOIS, 60047				PHYSICIAN'S LICENSE NUMBER 036126406	

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

David Orr
David Orr
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: FACILE SECURITY HOLOGRAPHIC FOLDS AT BOTTOM