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Doc#: 1227949156 Fee: \$42.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 10/05/2012 04:11 PM Pg: 1 of 3

After Recording Mail

To:

Attorney David Schlueter
401 West Irving Park Road
Itasca, IL 60143

AFFIDAVIT OF HEIRSHIP AS TO LAWRENCE G. SITTER

Affiant, Justine M. Lupa, being first duly sworn on oath, deposes and states as follows:

1. Affiant resides at 261 Ironwood Drive, Bloomingdale, Illinois And is a daughter of the decedent.
2. The Decedent, Lawrence G. Sitter, died AUG 1, 2012.
3. The Decedent was married one (1) time during Decedent's lifetime. The following is the information with respect thereto:

<u>Name of Spouse</u>	<u>Marriage Terminated (by death or divorce)</u>	<u>Predeceased Decedent-P</u>
Christina Sitter	Divorce	n/a

4. Three children were born as a result of the Decedent's marriage to Christina Sitter all of whom survived the Decedent and all of whom are adult and competent namely MATHEW L. SITTER, TAREN A. HEINDL (nee Sitter) and JUSTINE M. LUPA (nee Sitter).
5. The Decedent never had any other children and never adopted any children during his lifetime.
6. Affiant makes this Affidavit for purposes of establishing the heirship of Lawrence G. Sitter.

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Based on the foregoing, Decedent left surviving as Decedent's only heirs the following, all of whom survived the Decedent, and, in the absence of an indication to the contrary, are of legal age, are mentally competent and, if children, are natural children:

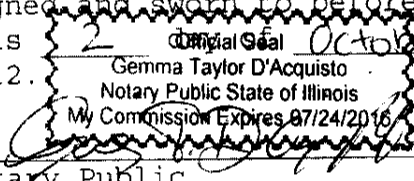
MATHEW L. SITTER, son

TAREN A. HEINDL, daughter

JUSTINE M. LUPA, daughter

Justine M. Lupa
Affiant

Signed and sworn to before me
this 2 day of October,
2012.



Notary Public

Prepared by:

Law Offices of David R. Schlueter Ltd.
401 West Irving Park Road
Itasca, IL 60143
(630) 285-5300

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UNOFFICIAL COPY**CERTIFICATION OF VITAL RECORD****STATE OF ARIZONA**STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
CERTIFICATE OF DEATH

State File NO. 102-2012-030903

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST) LAWRENCE GRANT SITTER		2. AKA'S (IF ANY)			3. DATE OF DEATH AUGUST 01, 2012	
4. SEX MALE	5. SOCIAL SECURITY NUMBER 339-46-6565	6. DATE OF BIRTH 05-20-1956	7. AGE 56	8. UNDER 1 YEAR 8. MONTHS 9. DAYS 10. HOURS 11. MINUTES		
12. PLACE OF DEATH - HOSPITAL: <input checked="" type="checkbox"/> INPATIENT <input type="checkbox"/> E.R./OUTPATIENT <input type="checkbox"/> DEAD ON ARRIVAL			13. PLACE OF DEATH - OTHER THAN HOSPITAL: <input type="checkbox"/> NURSING HOME OR LONG TERM CARE FACILITY <input type="checkbox"/> RESIDENCE <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER			
14. FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY): BANNER GOOD SAMARITAN MEDICAL CENTER			15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH: PHOENIX 85006		16. COUNTY OF DEATH: MARICOPA	
17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): CHICAGO, ILLINOIS		18. MARITAL STATUS AT TIME OF DEATH DIVORCED		19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)		
20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS: 1862 FOX RUN DR, UNIT B		21. CITY AND COUNTY: ELK GROVE VILLAGE, COOK		22. STATE ILLINOIS	23. ZIP CODE 60007	
25. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> NO, NOT SPANISH, HISPANIC OR LATINO <input type="checkbox"/> YES, MEXICAN, MEXICAN AMERICAN, CHICANO <input type="checkbox"/> YES, PUERTO RICAN <input type="checkbox"/> YES, CUBAN <input type="checkbox"/> YES, OTHER (SPECIFY)		26. DECEDENT'S RACE(S): <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK, AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> JAPANESE <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> KOREAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> SAMOAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE		27. IF AMERICAN INDIAN OR ALASKA NATIVE SPECIFY UP TO 4 TRIBES, PRIMARY OR ENROLLED TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE:		
28. OCCUPATION: VEHICLE MECHANIC		29. FATHER'S NAME (FIRST, MIDDLE, LAST): OTTO SITTER				
31. INFORMANT'S NAME: MATHEW L. SITTER		32. RELATIONSHIP: SON		33. INFORMANT'S MAILING ADDRESS: 205 OAKTON ST. ELK GROVE VILLAGE, ILLINOIS 60007		
34. NAME AND ADDRESS OF FUNERAL FACILITY: REGENCY MORTUARY 9850 W. THUNDERBIRD RD SUN CITY, AZ			35. FUNERAL DIRECTOR: LAWRENCE GOLDBERG, FUNERAL DIRECTOR		36. LICENSE NUMBER: F0898	
37. METHOD(S) OF DISPOSITION: ENTOMBMENT		38. NAME AND LOCATION OF 1st DISPOSITION FACILITY: ST. MICHAEL CEMETERY, PALATINE, ILLINOIS		39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY: NONE		
MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I						
IMMEDIATE CAUSE OF DEATH	40. A BLUNT FORCE HEAD TRAUMA				41. APPROXIMATE INTERVAL: UNKNOWN	
DUE TO OR AS A CONSEQUENCE OF:	42. B A FALL				43. APPROXIMATE INTERVAL: UNKNOWN	
DUE TO OR AS A CONSEQUENCE OF:	44. C				45. APPROXIMATE INTERVAL:	
DUE TO OR AS A CONSEQUENCE OF:	46. D				47. APPROXIMATE INTERVAL:	
CAUSE OF DEATH PART II						
48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE: CHRONIC ALCOHOLISM WITH ACUTE ALCOHOL INTOXICATION			49. INJURY? YES	50. INJURY AT WORK? NO	51. MANNER OF DEATH ACCIDENT	
			52. TIME OF DEATH 0048	53. WAS AN AUTOPSY PERFORMED? NO		
			54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
CAUSE AND MANNER OF DEATH CERTIFICATION						
<input type="checkbox"/> Certifying Physician/Nurse Practitioner/Physician's Assistant - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Medical Examiner/Tribal Law Enforcement Authority - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.			55. NAME OF PERSON COMPLETING CAUSE OF DEATH: JOHN HU, M.D.		56. DATE CERTIFIED: 08-07-2012	
57. CERTIFIER'S ADDRESS: 701 WEST JEFFERSON STREET PHOENIX, AZ 85007			58. NAME OF REGISTRAR: MICHELE CASTANEDA-MARTINEZ		59. DATE REGISTERED: 08-20-2012	

Date Issued: 08-29-2012

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS,
ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA.
Revised 04/2010

Patricia Adams
PATRICIA ADAMS
ASSISTANT STATE REGISTRAR

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR TAMPERING INVALIDATES THIS DOCUMENT

Arizona
Department of
Health Services

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