



Doc#: 1236341057 Fee: \$40.00  
Karen A. Yarbrough RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 12/28/2012 12:08 PM Pg: 1 of 2

STATE OF ILLINOIS)  
) SS  
COUNTY OF COOK )

**AFFIDAVIT OF HEIRSHIP**

DARLENE H. SZKLARSKI,  
being first duly sworn on  
oath, deposes and says:

1. That she resides at a 635 Muskegon, Calumet City, IL 60409.
2. That she is the daughter of EILEEN H. DROLEN who died testate on May 12, 2012.
3. That EILEEN H. DROLEN was married once and only once and that was to ROY E. DROLEN who died on November 4, 1996. There were two children born as a result of said marriage; namely, SHARON LEE PAGER and DARLENE H. SZKLARSKI. There were no other children born to or adopted by either EILEEN H. DROLEN or ROY E. DROLEN.
4. That EILEEN H. DROLEN in her Will devised her real estate to her daughter, SHARON LEE PAGER, and her daughter, DARLENE H. SZKLARSKI.
5. At the time of her death, the decedent owned the real estate located at 12925 S. Muskegon Ave., Calumet City, IL 60409 which is legally described as follows:

Lot 26 in Block 5 in Ford City Subdivision No. 2, being a subdivision of the West Half of the South East Quarter of the South West Quarter and that part lying Southwesterly of the 100 foot right of way of the Calumet Western Railway of the North East Quarter of the South East Quarter of the South West Quarter of Section 30, Township 37 North, Range 15, East of the Third Principal Meridian, in Cook County, Illinois.

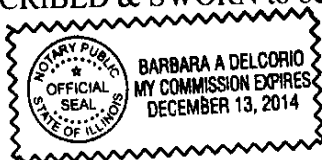
Permanent Index Number: 26-30-328-007-0000

ACE, INC.

6. That the above real estate is now owned by SHARON LEE PAGER and DARLENE H. SZKLARSKI as tenants in common. Both SHARON LEE PAGER and DARLENE H. SZKLARSKI are living and of legal age.

*Darlene H. Szklarski*  
DARLENE H. SZKLARSKI

SUBSCRIBED & SWORN to before me this 4th day of December, 2012.



*Barbara A. Delcorio*  
NOTARY PUBLIC

S Y  
P 2  
S N  
SC Y  
INT AB

THIS DOCUMENT PREPARED BY AND MAIL TO: DARRYL R. LEM,  
ATTORNEY AT LAW, 850 Burnham Ave., Calumet City, IL 60409.

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**UNOFFICIAL COPY****INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH**

Local No 001525

EDR No 00000260272

State No 022036

1. Decedent's Legal Name (First, Middle, Last) <b>EILEEN H DROLEN</b>				1a. Maiden Name (If female) <b>MANNING</b>		2. Sex <b>FEMALE</b>	3. Time Of Death <b>08:29 AM</b>	4. Date Of Death (Month/Day/Year) <b>05/12/2012</b>	
5. Social Security Number <b>330-46-8815</b>		6a. Age - Yrs <b>89</b>	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) <b>05/13/1922</b>		8. Birthplace (City and State or Foreign Country) <b>CHICAGO, IL</b>
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival				10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)			
11. Facility Name (If Not Institution, Give Street and Number) <b>COMMUNITY HOSPITAL</b>									
12. City Or Town, State, And Zip Code <b>MUNSTER, IN, 46321</b>					13. County Of Death <b>LAKE</b>			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name				15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation <b>HOMEMAKER</b>		17. Kind Of Business/Industry <b>OWN HOME</b>	
18. Residence - State <b>ILLINOIS</b>			18a. County <b>COOK</b>		18b. City Or Town <b>CHICAGO</b>				
18c. Street And Number <b>12925 MUSKEGON AVENUE</b>						18d. Apt. No.	18e. Zip Code <b>60633</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>			20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>White</b>				
22. Father's Name (First, Middle, Last) <b>WILLIAM MANNING</b>				23. Mother's Name (First, Middle, Last) <b>HELEN MANNING</b>			23a. Mother's Maiden Last Name <b>FLYNN</b>		
24. Informant's Name <b>DARLENE SZKLARSKI</b>		24a. Relationship To Decedent <b>DAUGHTER</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>635 MUSKEGON AVENUE, CALUMET CITY, IL 60409</b>					
25a. Method Of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>HOLY CROSS CEMETERY</b>			25c. Location - City, Town, And State <b>CALUMET CITY, IL</b>			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>ANTHONY &amp; DZIADOWICZ FUNERAL HOME, INC - MUNSTER, 9445 CALUMET AVE, MUNSTER, IN 46321</b>					27a. Funeral Home License Number: <b>FH83002916</b>		
27b. Signature Of Indiana Funeral Service Licensee: <b>HENRY J BLAKE, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD01019400</b>			
28. Part I. Enter The <u>Chain Of Events</u> - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. <b>CONGESTIVE CARDIOMYOPATHY</b> Due to (Or As A Consequence Of) _____ Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last B. _____ Due to (Or As A Consequence Of) _____ C. _____ Due to (Or As A Consequence Of) _____ D. _____									Approximate Interval: Onset To Death <b>2 YEARS</b>
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I							29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year				33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined			
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
38. Location Of Injury - State			38a. City Or Town		38b. Street & Number		38c. Apt. No.	38d. Zip Code	
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41. Signature, Of Person Certifying Cause Of Death: <b>JAMES BERNARD WALSH, BY ELECTRONIC SIGNATURE</b>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>JAMES BERNARD WALSH, 9122 COLUMBIA AVENUE, MUNSTER, IN 46321</b>						44. License Number <b>01027487A</b>		45. Date Certified <b>05/16/2012</b>	
46. Additional Funeral Service Provider: <b>OPYT FUNERAL HOME</b>						47. *Akas:			
48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>MAY 18 2012</b>			

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)