UNOFFICIAL COPY

1236341257

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:

M

- 1. That she resides at a 635 Muskegon, Calumet City, IL $6\overline{04}09$.
- 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 adop a d 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

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

SUBSCRIBED & SWORN to before me this Haday of December, 2012.

BARBARA A DELCORIO
OFFICIAL
MY COMMISSION DIPIRES
DECEMBER 13, 2014

Barbara a. Delevir NOTARY PUBLIC

S N SC Y

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

1236341057 Page: 2 of 2

UNOFFICIAL CO INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No 0015	25	ED		<u>0002602</u>	12		state i	40 U4	<u>2203</u>	Data C	f Death (Month/Day/Ye
Decedent's Legal Name (First, Middle, Last)			1a. Malden Na	ame (If female)		2. Sex		ne Of Dea			
ILEEN H DROLEN			MANNING		7 045 4	FEMALE Birth (Month/Da		8:29 A	M (City an		05/12/2012 r Foreign Country)
Social Security Number 6a. Age - Yrs 6b.	Under 1 Year	6c. Under 1 Mont	th 6d. Under 1 Day	6e. Under 1 Hour	4		n toal)				,
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Yes 🖾 No 🗀 Unknown 🖾 Inpatient 🗀		epartment Outpatie	nt Dead on Arriv	/al Other (Specify)							
Facility Name (If Not Institution, Give Street and	Number)		_								·
OMMUNITY HOSPITAL City Or Town, State, And Zip Code			<u> </u>	13. County	Of Death				larital Status		
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VILLIAM MANNING		•		HELEN MAN	NING				FLYN!	N	
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□ Removal From State □ Other (Specify): 6: Was Coroner Contacted? □ Yes ☑ No □ Signature Of Indiana Funeral Service License □ IENRY J BLAKE , BY ELECTRO 28. Part I. Enter The Chain Of Events - Dises Such As Cardiac Arrest, Respiratory Arrest. C A Line. Add Additinal Lines If Necessary. Immediate Cause (Final Disease Or Condition Sequentially List Conditions, If Any, Leading Line A. Enter The Underlying Cause (Disease The Events Resulting In Death) Last Part II. Enter Other Significant Conditions Contribut 31. Did Tobacco Use Contribute To Death? □ Yes □ Probably ☑ No □ Unknown 34. Date Of Injury (Month/Day/Year) 38. Location Of Injury - State 41. Signature, Of Person Certifying Cause Of De JAMES BERNARD WALSH, BY 43. Name, Address And Zip Code Of Person Cert	HOLT The And Complete STER, IN 4 et. STER, IN 4 et. NIC SIGN Bases, Injuries, or Ventricular For Neutricular For Neutricula	Death Address Of Fune ZIADOWICZ 46321 IATURE Or Complications Fibrillation Without Death) B Listed On let Initiated C D Lut Not Resulting In T male: Separat Witten Past Year Separat But Program 43 Di e Of Injury YOT TOWN ONIC SIGNA Fibratics ONIC SIGNA Fibratics	Cause Of Death (- That Directly Cause Showing The Etiols CONGESTIVE (The Underlying Cause Progrant At Time of D. Layr To 1 year Before Death 36.	See Instructions And Sed The Death. Do No Not Abbreviat CARDIOMYOPATHY Discrete CARDIOMYOPATHY	NSTER, I Evplea R Enter Ter Due to (Or A Due to (Or A 29. Was 30. Wer Let Writin The Peak	9445 CALL 27c. L FDO ACOTE OF THE CONTROL OF THE CALLED	OFFICE OFFI	a To Comport of Death of Coulombian Coulombi	Licensee): 1. [A] [] [[A] [] [A] [A] [A] [A]	No Not Jent Premined	DO2916 Approximate Interval: One To Death 2 YEARS Pending Investigat 7. Injury At Work? Yes N 36d. Zip Code
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