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Doc#: 1328150008 Fee: \$48.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 10/08/2013 10:06 AM Pg: 1 of 6

Affidavit of Heirship

File # : 1311066 1 of 2

Address: 97 Barr Oak Ln. #B1
Schaumburg, IL 60193

Pin # : 07-22-402-045-1147

Legal Description:

UNIT 1-5-20-L-B-1 AND GARAGE UNIT NO. G1-5-20-L-B-1 IN THE LEXINGTON VILLAGE COACH HOUSE CONDOMINIUM AS DELINEATED ON A SURVEY OF CERTAIN LOTS AND PARTS THEREOF IN SECTION 22 AND 23, TOWNSHIP 41 NORTH, RANGE 10 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS WHICH SURVEY IS ATTACHED TO THE DECLARATION OF CONDOMINIUM OWNERSHIP RECORDED AS DOCUMENT NO. 24383272 TOGETHER WITH ITS UNDIVIDED PERCENTAGE OF INTEREST IN THE COMMON ELEMENTS.

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In The Circuit Court of Cook County, Illinois
County Department, Probate Division

Estate of)	No.	2010 P 5981
)	Docket	
)	Page	
Dolores R. Solon)		
)		

8901

FILED

OCT 22 2010

DOROTHY BROWN
CLERK OF COURT

AFFIDAVIT OF HEIRSHIP

Joanne Solon, being first duly sworn on oath states as follows:

1. The Decedent, Dolores R. Solon died on June 20, 2010 at the age of eighty three (83) years,
2. Joanne Solon is of legal age. She resides at 1224 Fulton Dr. Streamwood IL 60107. She is a daughter of the Decedent.
3. The Decedent, Dolores R. Solon was born on April 25, 1927 and her maiden name was Dolores R. Griffen.
4. The decedent's father Cornelius Griffen and her mother Lillian Griffen, both predeceased her.
5. The Decedent, Dolores R. Solon was married only one time and her husband John Solon died on September 13, 1986. The marriage took place on September 16, 1950 in Chicago, Cook County, Illinois.
5. The Decedent had five children born to her and none were adopted by her; Joanne Solon, Gerard Solon, Neil Solon, Mary Patricia Hembree, and Dennis Solon.

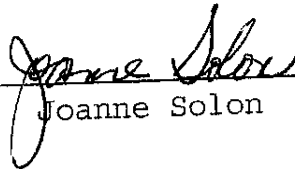
54119

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6. Neil Solon died on January 17, 1996, having been never married and having no children born or adopted.

Based on the foregoing, Dolores R. Solon, the Decedent left the following as her only heirs at law:

Joanne Solon,
Gerard Solon,
Mary Patricia Hembree,
Dennis Solon.

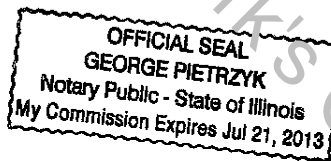


Joanne Solon

SUBSCRIBED AND SWORN TO ME
THIS 30th DAY OF September 2010



NOTARY PUBLIC



GEORGE PIETRZYK #54119
Attorney At Law
422 N. Northwest Hwy.
Park Ridge, IL 60068
847 696-0087

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CERTIFICATION OF DEATH RECORD

CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2010 0045134

DATE ISSUED 06/23/2010

DECEDENT'S LEGAL NAME DOLORES R SOLON			SEX FEMALE	DATE OF DEATH JUNE 20, 2010	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 83 YEARS		DATE OF BIRTH APRIL 25, 1927	
CITY OR TOWN SCHAUMBURG			HOSPITAL OR OTHER INSTITUTION NAME 97 BURR OAK LANE		
PLACE OF DEATH DECEDENT'S HOME					
BIRTHPLACE CHICAGO, IL		SOCIAL SECURITY NUMBER	MARITAL STATUS AT TIME OF DEATH WIDOWED		EVER IN U.S. ARMED FORCES? NO
RESIDENCE 97 BURR OAK LANE			APT. NO. B-1	CITY OR TOWN SCHAUMBURG	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60193	FATHER'S NAME CORNELIUS GRIFFEN		MOTHER'S NAME PRIOR TO FIRST MARRIAGE LILLIAN PHILLIPS
INFORMANT'S NAME JOANNE SOLON		RELATIONSHIP DAUGHTER		MAILING ADDRESS 1224 FULTON DRIVE, STREAMWOOD, IL, 60107	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION TWIN PINES CREMATORY		LOCATION - CITY OR TOWN AND STATE EAST DUNDEE, IL	DATE OF DISPOSITION JUNE 23, 2010
FUNERAL HOME AHLGRIM & SONS FUNERAL AND CREMATION SERVICES LTD, 330 WEST GOLF ROAD, SCHAUMBURG, IL, 60195					
FUNERAL DIRECTOR'S NAME HEIDI L BARNETT				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015702	
LOCAL REGISTRAR'S NAME DAVID ORR				DATE FILED WITH LOCAL REGISTRAR JUNE 23, 2010	
CAUSE OF DEATH PART I. CARCINOMATOSIS IMMEDIATE CAUSE a. _____ <small>(Final disease or condition resulting in death)</small> <small>Due to (or as a consequence of):</small> b. COLON CANCER _____ <small>Due to (or as a consequence of):</small> c. _____ _____ <small>Due to (or as a consequence of):</small>					
PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I. CONGESTIVE HEART FAILURE, RESPIRATORY FAILURE				WAS AN AUTOPSY PERFORMED? NO	
				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
DID TOBACCO USE CONTRIBUTE TO DEATH?		FEMALE PREGNANCY STATUS		MANNER OF DEATH	
		NOT APPLICABLE		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 APRIL 21, 2010	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO		DATE PRONOUNCED	TIME OF DEATH 09:07 AM
CERTIFIER PHYSICIAN				DATE CERTIFIED JUNE 21, 2010	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH EDWARD KOGAN, MD, 1555 NORTH BARRINGTON ROAD, SUITE 505, HOFFMAN ESTATES, ILLINOIS, 60169					PHYSICIAN'S LICENSE NUMBER 036-058919

 APPROXIMATE
INTERVAL BETWEEN
ONSET AND DEATH


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

David Orr
 Cook County Clerk



Certified Copy of a Death Record

UNOFFICIAL COPY

STATE OF ILLINOIS

STATE FILE NUMBER

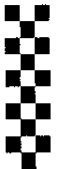
PERMANENT CERTIFICATE	REGISTRATION DISTRICT NO. 16.92	MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH			
	REGISTERED NUMBER 74			382 JAN 95	
TEMPORARY CERTIFICATE	DECEASED - NAME FIRST MIDDLE LAST NEIL J. SOLON			SEX 2 MALE	DATE OF DEATH MONTH DAY YEAR 3 JANUARY 17, 1996
Type of Final In-terment See Coroner's or Funeral Director's Handbook for INSTRUCTIONS	COUNTY OF DEATH 4 COOK	AGE - LAST BIRTHDAY (YR) MO DA 5a 40	UNDER 1 YEAR MO DA 5b	UNDER 1 DAY HO DA 5c	DATE OF BIRTH MONTH DAY YEAR 5d October 13, 1955
	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a	HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b LOYOLA MEDICAL CENTER			IF HOEP. OR INST. INDICATED DO A. OF BIRTH, PAT. (SPECIFY) 6c E.R.
FATHER'S	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7 Chicago, IL	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a Never Married	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b None		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 8c No
	SOCIAL SECURITY NUMBER 10	USUAL OCCUPATION 11a Salesman	KIND OF BUSINESS OR INDUSTRY 11b Paper Industry	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12 12	College (1-4 or 5-1)
RESIDENCE	RESIDENCE (ST. NO. AND NUMBER) 13a 2508 N. CENTRAL PARK	CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b CHICAGO	INSIDE CITY (YES/NO) 13c YES	COUNTY 13d COOK	
	STATE 13e ILLINOIS	ZIP CODE 13f	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a WHITE	OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
MOTHER'S	FATHER - NAME FIRST MIDDLE LAST 15 John D. Solon	MOTHER - NAME FIRST MIDDLE LAST 16 Dolores Griffin		INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D. CITY OR TOWN, STATE, ZIP) 17a Dolores Solon 17b Mother 17c 97 Burr Oak, Schaumburg, IL 60193	
	18. PART I. Enter the disease, injury, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.				
IMMEDIATE CAUSE (Final disease or condition resulting in death) (a) PENDING TOXICOLOGY					
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) DUE TO, OR AS A CONSEQUENCE OF					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause of death (PART I). 19a YES 19b YES					
NATURAL, ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, (SPECIFY) 20a		DATE OF INJURY (MONTH, DAY, YEAR) 20b	HOW INJURY OCCURRED (GIVEN NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18) 20c M. 20d	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20e YES <input type="checkbox"/> NO <input type="checkbox"/>	
INJURY AT WORK (YES/NO) 20a		PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY) 20f	LOCATION (CITY, VIL. OR TOWN OR TWP., ROAD, DIST. NO., COUNTY, STATE) 20g	I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INFORMATION THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT 21a	
CORONER'S - MEDICAL EXAMINER'S SIGNATURE 22a		THE DECEASED WAS PRONOUNCED DEAD ON DAY YEAR 21b JAN 19, 1996		AT 21c 12:47 P	
CORONER'S PHYSICIAN'S NAME (Type or Print) 23a		DATE SIGNED MONTH DAY YEAR 22 JANUARY 19, 1996		DATE SIGNED MONTH DAY YEAR 23b	
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a Cremation		CEMETERY OR CREMATORY - NAME 24b Acacia Park	LOCATION CITY OR TOWN STATE 24c Chicago Illinois	DATE MONTH DAY YEAR 24d Jan. 20, 1996	
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a Oehler Funeral Home, 555 Lee, Des Plaines, IL 60015		FUNERAL DIRECTOR'S SIGNATURE 25b		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c 034-010505	
LOCAL REGISTRAR'S SIGNATURE 26a		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26c January 19, 1996	

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

DATE **JAN 23 1996** SIGNED **Richard J. Billik**
AT **BROADVIEW, ILLINOIS 60153**, Illinois. OFFICIAL TITLE **LOCAL REGISTRAR OF VITAL STATISTICS**

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health or the local registrar or the county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

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STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.D

DECEASED—NAME: JOHN DUDLEY SOLOIN
 SEX: 2 MALE
 DATE OF BIRTH (MO., DAY, YEAR): 3 SEPTEMBER 13, 1986
 COUNTY OF DEATH: COOK

RACE: WHITE
 ETHNIC ORIGIN OR DESCENT: IRISH
 NO. 62
 CITY, TOWN, TWP. OR ROTE DISTRICT NUMBER: HOLY FAMILY HOSPITAL

DES PLAINES
 STATE OF BIRTH (IF NOT U.S.A.): ILLINOIS
 SOCIAL SECURITY NUMBER: DIASEL MECHANIC

CITIZEN OF WHAT COUNTRY: U.S.A.
 USUAL OCCUPATION: DIESEL MECHANIC

RESIDENCE: 2544 NORTH CENTRAL PK AVE CHICAGO
 CITY, TOWN, TWP. OR ROTE DISTRICT NO. (IF IN ILL.): CHICAGO
 COUNTY: ILLINOIS

FATHER—NAME: JOSEPH DUDLEY SOLOIN
 MOTHER—Maiden Name: GATHERINE MCAULIFFE

RELATIONSHIP: WIFE
 MARRIAGE ADDRESS: 172544 N CENTRAL PK AVE, CHICAGO, IL 60647

DEATH WAS CAUSED BY: Respiratory Arrest
 IMMEDIATE CAUSE: Metastatic carcinoma of pancreas

OTHER SIGNIFICANT CONDITIONS: None

DATE OF OPERATION: None

DATE OF NOTIFICATION TO THE CORoner AND LAST SANITARY VISIT: 9/12/86

DATE OF KNOWLEDGE OF DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE DEPARTING STATES: 9/15/86

SIGNATURE OF CERTIFIER: Shelley R. John
 ILLINOIS LICENSE NUMBER: 228 56-45457

NAME AND ADDRESS OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): 1130 N Armitage Hts Heights Ch. Armitage Heights

DATE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): 24d Sept. 15, 1986

CEMETERY OR CREMATORIUM—NAME: Montrose Cemetery
 LOCATION: 246 Chicago, Illinois

NAME: Wm. C. Smith & Sons Inc.
 ADDRESS: 2500 North Cicero Chicago, Illinois

FUNERAL DIRECTOR'S SIGNATURE: S. Solan
 ILLINOIS LICENSE NUMBER: 228 FD# 9085

LOCAL REGISTRAR'S SIGNATURE: _____
 ILLINOIS LICENSE NUMBER: _____

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in Item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

Date September 15, 1986
 at Cook County Department of Public Health

Signed Anita Augustin
 Official Title, Chief Deputy Registrar