



Doc#: 1414047012 Fee: \$68.00  
RHSP Fee: \$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 05/20/2014 02:54 PM Pg: 1 of 4

**STEWART TITLE GUARANTY COMPANY**  
10 NORTH RIVERSIDE PLAZA, CHICAGO, ILLINOIS 60601  
STATE OF ILLINOIS

SS,

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COUNTY OF COOK

## AFFIDAVIT OF HEIRSHIP

CARLOS GONZALEZ, ADOLFO GONZALEZ, RITA DIANA GONZALEZ GREEN AND ELIZA M. MUNOZ, hereinafter referred to as the affiants, state under oath that the affiant resides at 9231 SOUTH BRANDON AVE., CHICAGO, ILLINOIS 60617, in the City of CHICAGO, State of Illinois: that the affiant was acquainted with MÁRGARITA GONZALEZ, the decedent: that at the time of death, the decedent was the Fee Simple owner in the property, by virtue of a properly recorded Deed and Affiants are surviving children of the decedent, said property, located in Cook County, Illinois, and legally described as follows:

LOT 38 IN BLOCK 17 IN THE SUBDIVISION MADE BY THE CALUMET AND CHIAGO CANAL AND DOCK COMPANY OF PARTS OF FRACTIONAL SECTIONS 5 AND 6, TOWNSHIP 37 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

**SUBJECT TO:** Covenants, conditions, restrictions of record; and utility easements, if any; Special taxes or assessments for improvements not yet completed; and general real estate taxes for 2013, and subsequent years.

Property Index Number: 26-06-413-017-0000

Property Address: 9231 SOUTH BRANDON AVE., CHICAGO, ILLINOIS 60617

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, not created any remainder interests in property by transfer with retention of a life interest therein or the creation of interest to take effect in possession or enjoyment after death:

That the decedent died on APRIL 19, M 2013, leaving NO LAST WILL AND TESTAMENT, appointing NONE as executor of her estate, and leaving all assets to her surviving spouse if alive at the time of his death and if not to his children to share and share alike. Said will has not been administered by a competent Court with jurisdiction;

That affiant are children of the deceased. That MARGARITA GONZALEZ died on APRIL 19, 2013. That MARGARITA GONZALEZ had no surviving husband at the time of her death and is survived by the below referenced children.

That the following children were the only children born to or adopted by MARGARITA GONZALEZ.:

- (1.) CARLOS GONZALEZ; 9231 S. BRANDON AVE., CHICAGO, IL.
- (2.) ADOLFO GONZALEZ 1704 W. 107<sup>TH</sup> ST. CHICAGO, IL.
- (3.) RITA DIANA GONZALEZ GREEN 1429 JOHN ST. WHITING IN.
- (4.) ELIZA M. MUNOZ 1228 E. VIRGINIA AVE., PEORIA IL.

That the only heirs at law of the Estate of MARGARITA GONZALEZ. at the time of her death, that survived her and having attained the age of majority were as follows:

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**AFFIDAVIT OF HEIRSHIP MARGARITA GONZALEZ**

# UNOFFICIAL COPY

- (1.) CARLOS GONZALEZ,
- (2.) ADOLFO GONZALEZ,
- (3.) RITA DIANA GONZALEZ GREEN,
- (4.) ELIZA M. MUNOZ.

That since the death of the MARGARITA GONZALEZ, THERE WAS NO WILL AND NO PROBATE ESTATE OPEN FOR THE ESTATE OF MARGARITA GONZALEZ. AND THERE HAVE BEEN NO CLAIMS AGASINT HER ESTATE, CARLOS GONZALEZ AND ADOLFO GONZALEZ, , RITA DIANA GONZALEZ GREEN AND ELIZA M. MUNOZ THE SOLE SURVINGING CHLDREN REMAINING ARE ENTITLED TO CONVEY ALL ESTATE ASSETS.

That the total value of decedent's estate at the time of his death, including the taxable interest in the above property was \$ less than 100,000 dollars .

and that the value of the above property individually was approximately \$ 85,000.00 .

That the Illinois inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full:

That the affiant makes this affidavit to induce STEWART TTILE GUARANTY COMPANY OR ANY TITLE COMPANY IN THE FUTURE to issue its policy of title insurance on the above described property over any exceptions or missing links in the chain of title.

The affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold STEWART TITLE GUARANTY COMPANY. harmless and to reimburse the Fund for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature which the fund may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

- 1) Claims against the estate of MARGARITA GONZALEZ., the decedent;
- 2) Illinois state inheritance Tax and Federal Estate Tax which may be charged against the estate of said decedent;
- 3) Legacies, if any, created by the will of said decedent;
- 4) Rights to contribution.

  
CARLOS GONZALEZ

  
ADOLFO GONZALEZ

  
RITA DIANA GONZALEZ GREEN

  
ELIZA M. MUNOZ

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AFFIDAVIT OF HEIRSHIP MARGARITA GONZALEZ

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STATE OF ILLINOIS )  
 ) SS.  
COUNTY OF COOK )

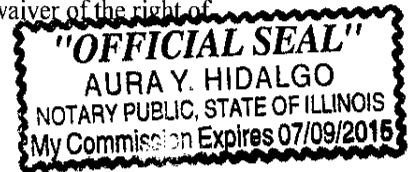
State of Illinois, County of Cook, ss. I, the undersigned, a Notary Public in and for said County, in the State aforesaid,

DO HEREBY CERTIFY that

**CARLOS GONZALEZ, a bachelor, ADOLFO GONZALEZ, married; AND RITA DIANA GONZALEZ GREEN**

personally known to me to be the same person(s) whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that they signed, sealed and delivered the said instrument as their free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

Given under my hand and official seal, this 09 day of APRIL ~~MARCH~~ 2014



Commission expires 20 15 Aura Y. Hidalgo  
Notary Public

STATE OF ILLINOIS )  
 ) SS.  
COUNTY OF COOK )

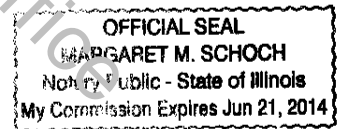
State of Illinois, County of Cook, ss. I, the undersigned, a Notary Public in and for said County, in the State aforesaid,

DO HEREBY CERTIFY that

**ELIZA M. MUNOZ, married.**

personally known to me to be the same person(s) whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that they signed, sealed and delivered the said instrument as their free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

Given under my hand and official seal, this 25 day of MARCH 2014



Commission expires 20 14 Margaret M. Schoch  
Notary Public

Note: If the decedent left a will, it will be necessary that the original or a certified copy thereof be presented to us for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this Affidavit.

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AFFIDAVIT OF HEIRSHIP MARGARITA GONZALEZ

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

STATE FILE NUMBER 2013 003496

DATE ISSUED 4/26/13

DECEASED PERSON'S NAME <b>MARGARITA GONZALEZ</b>		SEX <b>FEMALE</b>	DATE OF DEATH <b>APRIL 19, 2013</b>
CITY OF DEATH <b>CHICAGO</b>		AGE AT LAST BIRTHDAY <b>77 YEARS</b>	DATE OF BIRTH <b>MAY 12, 1935</b>
CITY OF TOWN <b>CHICAGO</b>		HOSPITAL, LIC. UNDER MEDICAL BOARD <b>ADVOCATE CHRIST MEDICAL CENTER</b>	
PLACE OF DEATH <b>HOSPITAL</b>	MARITAL STATUS <b>WIDOWED</b>	EDUCATIONAL ATTAINMENT <b>GRADUATE</b>	POSSIBLE RACE <b>POSSIBLE</b>
RESIDENCE <b>8231 SOUTH BRANDON</b>	APR NO <b>0829</b>	CITY IN WHICH <b>CHICAGO</b>	PREVIOUS MARRIAGE <b>YES</b>
COUNTY <b>COOK</b>	STATE <b>IL</b>	ZIP CODE <b>60617</b>	DECEASED PERSON'S NAME <b>ADOLFO GONZALEZ</b>
DECEASED PERSON'S NAME <b>ADOLFO GONZALEZ</b>		RELATIONSHIP <b>SON</b>	DECEASED PERSON'S ADDRESS <b>154 WEST 17TH STREET, CHICAGO, IL 60604</b>
METHOD OF DISPOSITION <b>BURIAL</b>	PLACE OF DISPOSITION <b>SANT MARY CATHOLIC CEMETERY</b>	ICM OR ICM - LIST IN NUMBER PREVIOUS	DATE OF BURIAL <b>APRIL 24, 2013</b>
FUNERAL HOME <b>DOUGHER FUNERAL HOME, 2700 N. MARIETTA AVENUE, HAMMOND, IL 74000</b>			
PLACER (DAVID) TOWN NAME <b>JOSE DI GIOVANNI</b>		PLACER (DAVID) TOWN'S BIRTHDAY DATE FROM PLACER <b>UNKNOWN</b>	
PLACER (DAVID) TOWN'S NAME <b>DAVID ORR</b>		PLACER (DAVID) TOWN'S BIRTHDAY DATE FROM PLACER <b>APRIL 28, 2013</b>	
CAUSE OF DEATH <b>UNKNOWN</b>	ICM NO. 1 <b>ICM NO. 2 ICM NO. 3</b>	ICM NO. 4 <b>UNKNOWN DATE</b>	
ICM NO. 5 <b>UNKNOWN DATE</b>		ICM NO. 6 <b>UNKNOWN UNKNOWN</b>	
PART I Cause of death: significant conditions contributing to death but not resulting in the underlying cause of death		PART II Cause of death: significant conditions contributing to death but not resulting in the underlying cause of death	
FEDERAL IDENTIFICATION NUMBER <b>NOT APPLICABLE</b>		WAS AN AUTOPSY PERFORMED? <b>NO</b>	
DATE OF BIRTH		WAS AN AUTOPSY PERFORMED USING THE COMPLETE CAUSE OF DEATH? <b>NO</b>	
TIME OF BIRTH		NATURAL	
PLACE OF BIRTH		PLACER NO. 100000	
LOCATION OF BIRTH		IF THE DECEASED WAS A U.S. RESIDENT	
US RESIDENT - YES (PLEASE CHECK)		IF THE DECEASED WAS A U.S. RESIDENT	
RETURNED TO DONOR? <b>YES</b>	DATE LAST RECEIVED <b>APRIL 19, 2013</b>	DOES MEDICAL EXAMINATION EXAMINATION CERTIFICATE? <b>NO</b>	DATE PREPARED <b>09:14 PM</b>
CERTIFYING PHYSICIAN		DATE CERTIFIED <b>APRIL 26, 2013</b>	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH <b>MARLEN TORRES MD, 8401 SOUTH PULASKI, EVERGREEN PARK, ILLINOIS 60825</b>		PHYSICIAN LICENSE NUMBER <b>036-096136</b>	

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 VOID. THIS CERTIFICATE