



Doc#: 1430834048 Fee: \$64.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 11/04/2014 10:58 AM Pg: 1 of 3

ESTATE OF HONORE HUDSON)

Deceased)

AFFIDAVIT OF HEIRSHIP

WILLIAM HUDSON, being first duly sworn on his oath, deposes and states as follows:

1. That he is the husband of HONORE HUDSON, who died on August 10, 2010.
2. That HONORE HUDSON was married once and only once and then to WILLIAM HUDSON, who is living and is an adult.
3. That as a result of that marriage no children were born and none adopted.
4. That HONORE HUDSON never had or adopted any other children.

That the sole heir of HONORE HUDSON is:

A. WILLIAM HUDSON, her surviving spouse who is living and is an adult.

That this affidavit is to establish the ownership of the real estate located at 1033 Burnham ave.. Calumet City, IL.) (see attached legal description)

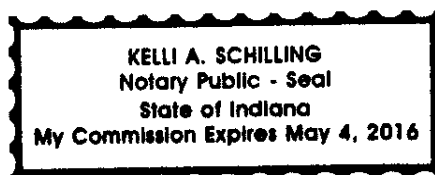
And further affiant sayeth not.

X William Hudson
WILLIAM HUDSON

Subscribed and sworn to before me this 19th day

of June, 2014

Kelli A. Schilling, Notary Public



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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No. 0956-10

State No.

| | | | | | | | | | | | |
|---|--|----------------------------|--|--|--|--|--|---|--|---|--|
| 1. Decedent's Legal Name (First, Middle, Last) Honore M. Hudson | | | | 1a. Maiden Last Name (If Female) Komosa | | 2. Sex Female | | 3. Time Of Death 6:12 PM | | 4. Date Of Death (Month/Day/Year) Aug 10, 2010 | |
| 5. Social Security Number 309-60-9057 | | 6a. Age - Yrs 57 | | 6b. Under 1 Year Months: _____ Days: _____ | | 6c. Under 1 Month Hours: _____ Minutes: _____ | | 6d. Under 1 Day Hours: _____ Minutes: _____ | | 7. Date Of Birth (Month/Day/Year) June 12, 1953 | |
| 8. Birthplace (City And State Or Foreign Country) Chicago, IL | | | | | | | | | | | |
| 9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> | | | | 10. If Death Occurred In A Hospital: <input 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 checked="" 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) William J. Riley Hospice | | | | | | | | | | | |
| 12. City Or Town, State, And Zip Code Munster, Indiana | | | | | | 13. County Of Death Lake | | | 14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown | | |
| 15. Surviving Spouse's Name William Hudson | | | | 15a. (If Wife) Give Maiden Last Name | | | | 16. Decedent's Usual Occupation Secretary | | 17. Kind Of Business/Industry Office | |
| 18. Residence - State Illinois | | | | 18a. County Cook | | | | 18b. City Or Town Glenwood | | | |
| 18c. Street And Number 6. E Main St. | | | | | | 18d. Apt. No. | | 18e. Zip Code 60425 | | 18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 19. Decedent's Education Highschool | | | | 20. Decedent Of Hispanic Origin No | | | | 21. Decedent's Race White | | | |
| 22. Father's Name (First, Middle, Last) Micheal Komosa | | | | | | 23. Mother's Name (First, Middle, Last) Sue Komosa | | | 23a. Mother's Maiden Last Name Murawski | | |
| 24. Informant's Name William Hudson | | | | 24a. Relationship To Decedent Husband | | | | 24b. Mailing Address (Street And Number, City, State, Zip Code) 6 E Main St. Glenwood, IL 60425 | | | |
| 25. Place Of Disposition | | | | | | | | | | | |
| 25a. Method Of Disposition: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify): | | | | 25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Homewood Memorial Cemetery | | | | 25c. Location - City, Town, And State Homewood, Illinois | | | |
| 26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | 27. Name And Complete Address Of Funeral Facility Castle Hill Funeral Home 1219 Sheffield Ave. Dyer, IN. 46311 | | | | | | 27a. Funeral Home License Number: 10900001 | |
| 27b. Signature Of Indiana Funeral Service Licensee: | | | | | | 27c. License Number (Of Licensee): 20700033 | | | | | |
| Cause Of Death (See Instructions And Examples) | | | | | | | | | | | |
| 28. Part I. Enter The Chain Of Events—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. Metastatic Breast Cancer | | | | | | | | | | | |
| 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. Left-Side Stroke | | | | | | | | | | | |
| 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 Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" 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 checked="" 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"/> Accidental <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: | | | | | | | | 42. Certifier (Check Only One) <input 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: Satis Patel 9108 Columbia Ave Munster, IN 46321 | | | | | | | | 44. License Number 01042343 | | 45. Date Certified 08/11/10 | |
| 46. Additional Funeral Service Provider: | | | | | | | | 47. "Akae": | | | |
| 48. Signature Of Local Health Officer: | | | | | | | | 49. For Registrar Only - Date Filed (Month/Day/Year): August 16, 2010 | | | |

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Parcel 1:

Unit No: "NE" 2024 Number1033 in Burnham Woods Condominium as delineated on survey of the following described parcel of real estate (hereinafter referred to as "parcel"). That part of the West 15 acres of the South West quarter of the South West quarter Section 17, Township 36 North, Range 15 East of the Third Principle Meridian described as follow:

Commencing at the intersection of Chicago and Michigan City Road and Burnham Avenue, thence South in the center line of said Burnham Avenue 360 feet to a point; thence East 296.76 feet to a point; thence North 127.2 Feet to a point in the center line of said Chicago and Michigan City Road; thence North Westerly in the center line of said Chicago and Michigan City Road; 325.25 feet to the point of beginning in Calumet City, Illinois; also lot 1 in Block 1 in Forest Ridge addition to Calumet City, a subdivision of the West three-eighths of the South West quarter of the South West quarter lying South of the center line of Chicago and Michigan City Road, in Section 17, Township 36 North, Range 15 East of the Third Principal Meridian, Cook County, Illinois. A survey of said parcel is attached as Exhibit "A" to Declaration of Condominium made by Standard Bank and Trust Company as Trustee under Trust Agreement dated March 24, 1972 and known as Trust Numbers 3738, 3739, 3740, 3741, 3742 and 3743 and by Standard Bank and Trust Company as Trustee under Trust Agreement dated August 11, 1972 and known as Trust Number 3813 recorded in the Office of the Recorder of Cook County, Illinois as Document No. 22238803; and filed with the Registrar of Titles of Cook County Illinois as LR2678114; together with an undivided percent interest in said parcel (excepting from said parcel all the property and space comprising all the units thereof as defined and set forth in said Declaration and Survey).

ALSO

Parcel 2:

Easement Appurtenant to and for the benefit of Parcel 1 as set forth in the Declaration of Condominium and as delineated on Survey attached thereto as Exhibit "A" dated January 18, 1973 and recorded March 5, 1973 as Document No. 22238803 and filed in the Office of the Registrar of Titles March 5, 1973 as Document No. LR 2678114 and as created by Deed from Standard Bank and Trust Company, a corporation of Illinois, as Trustee under Trust Agreement dated March 24, 1973 and known as Trust Numbers 3738, 3739, 3740, 3741, 3742, and 3743 and Standard Bank and Trust Company, a corporation of Illinois, as Trustee under Trust Agreement dated August 11, 1972 and known as Trust Number 3813 to EDWARD G. BULCZAK and MARTHA BULCZAK dated June 8, 1973 recorded May 13, 1974 as Document No. 22714528 and filed May 13, 1974 as Document 2752180 for parking purposes over parking area No. 43 in Cook County, Illinois.

30-17-314-035-1042