

# UNOFFICIAL COPY

Attorney Code No. 00404

## IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS COUNTY DIVISION - PROBATE DIVISION

Estate of

MARTIN W. STROCCHIO,

Deceased.

) No.

) Docket

) Page



Doc#: 1432816043 Fee: \$64.00  
RHSP Fee: \$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 11/24/2014 12:32 PM Pg: 1 of 3

### AFFIDAVIT OF HEIRSHIP

MICHAEL GENTILE, a/ka MICHAEL STROCCHIO, being duly sworn on oath, depose and says as follows:

1. That the Decedent, MARTIN W. STROCCHIO, died on July 12, 2013, at Chicago, Illinois.
2. That he is of legal age and resides at 5544 S. Christiana, Chicago, Illinois 60629 and he is a surviving son of the decedent.
3. That the Decedent was married only once and then to Bonnie Anderson Gentile, which marriage was terminated by divorce in 1980, pursuant to proceeding in the Circuit Court of Cook County, Illinois. The following children were born of the marriage between the Decedent and Bonnie Anderson Gentile and no other children were born to or adopted by the Decedent:
  - A. MICHAEL GENTILE, a/k/a MICHAEL STROCCHIO.
4. That, by virtue of the aforesaid, Decedent left as his only heirs, the following, all of whom survived the Decedent and who are of legal age and mentally competent:
  - A. MICHAEL GENTILE, a/k/a MICHAEL STROCCHIO (son).
5. That the undersigned has been unable to locate any Will of the Decedent and the undersigned has no knowledge that any Will was ever executed.
6. That by virtue of this Affidavit of Heirship, MICHAEL GENTILE, a/k/a, MICHAEL STROCCHIO as sole heir of MARTIN W. STROCCHIO, is recognized as the titleholder of the following real estate which was in the sole name of the Decedent at his death.

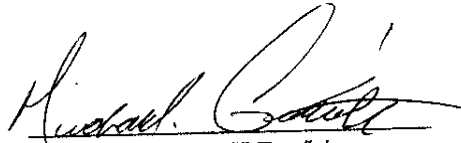
UNIT 305 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN CAGO MANOR CONDOMINIUM AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NUMBER 22 788 882, IN THE SOUTHWEST 1/4 OF SECTION 6, TOWNSHIP 37 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Common Address: 7100 W. 95<sup>TH</sup> Street, Unit 305, Oak Lawn, IL 60453

PIN: 24-06-301-045-1033


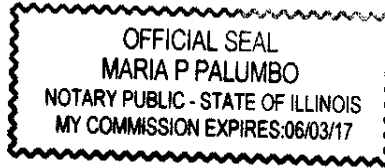
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7. Further, your affiant sayeth naught.



MICHAEL GENTILE, a/k/a  
MICHAEL STROCCHIO

SUBSCRIBED AND SWORN TO  
before me this 19<sup>th</sup> day  
of November, 2014

  
Notary Public

Prepared by and mail to:  
Thomas P. Russian  
GOLDSTINE, SKRODZKI, RUSSIAN  
NEMEC AND HOFF, LTD.  
835 McClintock Drive, Second Floor  
Burr Ridge, IL 60527  
Attorney Code No. 00404  
Email: TPR@GSRNH.com

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COOK COUNTY CLERK VITAL RECORDS  
CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

DATE ISSUED 7/16/2013

STATE FILE NUMBER 2013 0053478

DECEDENT'S LEGAL NAME MARTIN W STROCCHIO JR		SEX MALE	DATE OF DEATH JULY 12, 2013	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 64 YEARS	DATE OF BIRTH JULY 27, 1948		
CITY OR TOWN CHICAGO	HOSPITAL OR OTHER INSTITUTION NAME HOLY CROSS HOSPITAL			
PLACE OF DEATH INPATIENT	STATUS AT TIME OF DEATH DIVORCED FROM MARRIAGE		SURVIVORS (SPOUSE/CIVIL UNION PARTNER'S WHOLE NAME) EVER IN U.S. ARMED FORCES? NO	
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER	RESIDENCE 5544 SOUTH CHRISTIANA		INSIDE CITY LIMITS? YES
CITY COOK	STATE IL	ZIP CODE 60629	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MARTIN E STROCCHIO SR	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MARIAN BRANDT
INFORMANT'S NAME MICHAEL GENTILE STROCCHIO		RELATIONSHIP SON	MAILING ADDRESS 5424 WEST 138TH PLACE, CRESTWOOD, IL 60445	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION SAINT MARY CATHOLIC CEMETERY		LOCATION - CITY OR TOWN AND STATE EVERGREEN PARK, IL	DATE OF DISPOSITION JULY 15, 2013
FUNERAL HOME R J MODELL F/H CHICAGO, 5725 S. PULASKI ROAD, CHICAGO, IL 60629				
FUNERAL DIRECTOR'S NAME RICHARD JAMES MODELSKI			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011510	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR JULY 15, 2013	
CAUSE OF DEATH - PART I: SEVERE CHRONIC OBSTRUCTIVE PULMONARY DISEASE				
IMMEDIATE CAUSE (Final disease or condition resulting in death)				
Date to (or 24 hours preceding) onset of				
Due to (or 24 hours preceding) onset of				
PART II: State other significant conditions contributing to death but not resulting in the underlying cause (See in PART I)				
FEMALE PREGNANCY STATUS NOT APPLICABLE			WAS AN AUTOPSY PERFORMED? NO	
DATE OF INJURY			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
TIME OF INJURY			MANNER OF DEATH NATURAL	
PLACE OF INJURY			INJURY AT WORK?	
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED				
TRANSPORTATION INJURY, SPECIFY				
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE JULY 11, 2013	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 03:29 AM
CERTIFIER PHYSICIAN				DATE OF CERTIFICATE JULY 12, 2013
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH SMAIN, SADOK MD, 6942 SOUTH PULASKI ROAD, CHICAGO, ILLINOIS, 60629				PHYSICIAN'S LICENSE NUMBER 036117726

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM

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  
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE