

# UNOFFICIAL COPY



1504916042

Doc#: 1504916042 Fee: \$68.00  
RHSP Fee: \$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 02/18/2015 12:11 PM Pg: 1 of 4

IN RE: ESTATE OF )  
 )  
Theodore E. Engels )  
 )  
Deceased. )  
 )

01144-28033  
1/2

## AFFIDAVIT OF HEIRSHIP

Theodore A. Engels, under penalty of perjury and under oath states:

1. The decedent, Theodore E. Engels ("Decedent"), died in Munster, Indiana on May 7<sup>th</sup>, 2014. Attached is a copy of Death Certificate.
2. I am of legal age and I am the son of the Decedent. I reside at 737 South Lakeview Drive, Lowell, IN 46356.
3. Decedent was married to Irene E. Engels and said marriage ended in divorce in approximately 1977 in Cook County, Illinois.
4. The Decedent had only one (1) child born to him namely Theodore E. Engels. No other children were born to the decedent legitimately or illegitimately, and none were adopted.
5. Decedent's mother was Hazel Engels, who pre-deceased the decedent.
6. Decedent's father was Henry Engels, who have either predeceased the decedent
7. Decedent had the following brothers and sisters, who have both predeceased him or survived as indicated:

Henry Engels, Pre-deceased  
 James Engels, Pre-Deceased  
 John Engels, Pre-Deceased  
 Walter Engels, Alive  
 Paul Engels, Alive  
 Virginia Piljac, Alive

STEWART TITLE  
 800 E. DIEHL ROAD  
 SUITE 100  
 NAPERVILLE, IL 60563

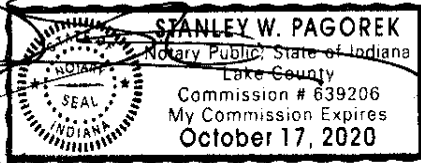
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- 8. Based on the foregoing, Decedent left surviving as his only heir, Theodore A. Engels who is of legal age and mentally competent.
- 9. I make this affidavit solely for the purpose of establishing the heirship of Theodore A. Engels.
- 10. The Decedent left a copy of his Will which is attached hereto. Said Will is filed in the Circuit Court of Cook County Probate Division and is not being probated.
- 11. If called to testify as a witness, I could competently testify to the matters contained in this affidavit.

  
 \_\_\_\_\_  
 Theodore A. Engels

Subscribed and sworn to before me this

11 day of December, 2014.



Prepared by:  
 Lawrence A. Gold  
 GOMBERG, SHARFMAN, GOLD AND OSTLER, P.C.  
 208 S. LaSalle Street, Suite 1410  
 Chicago, IL 60604  
 (312) 332-6194

mail to ↑



# INDIANA STATE DEPARTMENT OF HEALTH UNOFFICIAL COPY CERTIFICATE OF DEATH

Tracking No. 18199

Local No 001522

EDR No 000000383937

State No

1. Decedent's Legal Name (First, Middle, Last) **THEODORE E ENGELS** 1a. Maiden Name (If female) 2. Sex **MALE** 3. Time Of Death **03:10 AM** 4. Date Of Death (Month/Day/Year) **05/07/2014**

5. Social Security Number 6a. Age - Yrs **81** 6b. Under 1 Year 6c. Under 1 Month 6d. Under 1 Day 6e. Under 1 Hour 7. Date of Birth (Month/Day/Year) **07/15/1932** 8. Birthplace (City and State or Foreign Country) **CHICAGO, IL**

9. Ever in U.S. Armed Forces?  Yes  No  Unknown 10. If Death Occurred In A Hospital:  Inpatient  Emergency Department Outpatient  Dead on Arrival 10a. If Death Occurred Somewhere Other Than A Hospital:  Hospice Facility  Decedent's Home  Nursing Home/Long-term Care Facility  Other (Specify)

11. Facility Name (If Not Institution, Give Street and Number) **WILLIAM J. RILEY MEMORIAL RESIDENCE, HOSPICE**

12. City Or Town, State, And Zip Code **MUNSTER, IN, 46321** 13. County Of Death **LAKE** 14. Marital Status At Time Of Death  Married  Married, But Separated  Divorced  Widowed  Never Married  Unknown

15. Surviving Spouse's Name 15a. (If Wife) Give Maiden Last Name 16. Decedent's Usual Occupation **DISTRIBUTOR** 17. Kind Of Business/Industry **BEVERAGE**

18. Residence - State **ILLINOIS** 18a. County **COOK** 18b. City Or Town **LANSING**

18c. Street And Number **17502 BERNADINE STREET** 18d. Apt. No. 18e. Zip Code **60438** 18f. Inside City Limits?  Yes  No

19. Decedent's Education **HIGH SCHOOL GRADUATE OR GED COMPLETED** 20. Decedent Of Hispanic Origin **NOT HISPANIC** 21. Decedent's Race **White**

22. Father's Name (First, Middle, Last) **HENRY ENGELS** 23. Mother's Name (First, Middle, Last) **HAZEL ENGELS** 23a. Mother's Maiden Last Name **ANDERSON**

24. Informant's Name **THEODORE A ENGELS** 24a. Relationship To Decedent **SON** 24b. Mailing Address (Street And Number, City, State, Zip Code) **737 SOUTH LAKEVIEW DRIVE, LOWELL, IN 46356**

25a. Method Of Disposition  Burial  Cremation  Donation  Entombment  Removal From State  Other (Specify): 25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) **HEIGHTS CREMATORY** 25c. Location - City, Town, And State **CHICAGO HEIGHTS, IL**

26. Was Coroner Contacted?  Yes  No 27. Name And Complete Address Of Funeral Facility **CASTLE HILL FUNERAL HOME, 1219 SHEFFIELD AVE, DYER, IN 46311** 27a. Funeral Home License Number **FH10900001**

27b. Signature Of Indiana Funeral Service Licensee: **CHRISTOPHER CHELBANA, BY ELECTRONIC SIGNATURE** 27c. License Number (Of Licensee): **FD20700033**

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. **ACUTE SUBARACHNOID HEMORRHAGIC CEREBROVASCULAR ACCIDENT** Approximate Interval: Onset To Death **DAYS**

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

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?  Yes  No 30. Were Autopsy Findings Available To Complete The Cause Of Death?  Yes  No

31. Did Tobacco Use Contribute To Death?  Yes  Probably  No  Unknown 32. If Female:  Not Pregnant Within Past Year  Pregnant At Time Of Death  Not Pregnant, But Pregnant Within 42 Days Of Death  Not Pregnant, But Pregnant 43 Days To 1 Year Before Death  Unknown If Pregnant Within The Past Year

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?  Yes  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:  Driver/Operator  Passenger  Pedestrian  Other (Specify)

41. Signature, Of Person Certifying Cause Of Death: **LYLE R MUNN, BY ELECTRONIC SIGNATURE** 42. Certifier (Check Only One)  Certifying Physician  Coroner  Health Officer

43. Name, Address And Zip Code Of Person Certifying Cause Of Death: **LYLE R MUNN, 85 E. US HIGHWAY 6, MEDICAL PLAZA, STE 235, VALPARAISO, IN 46383** 44. License Number **01031582A** 45. Date Certified **05/09/2014**

46. Additional Funeral Service Provider: 47. IAKas: 48. Signature of Local Health Officer: **SUSAN W. BEST, VIA ELECTRONIC SIGNATURE** 49. For Registrar Only: Date Filed (Month/Day/Year): **MAY 15 2014**

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

# UNOFFICIAL COPY

LOT TWO (EXCEPT THE SOUTH 10 FEET THEREOF) AND THAT PART OF LOT ONE, LYING SOUTH A LINE DESCRIBED AS FOLLOWS: BEGINNING AT A POINT ON THE WEST LINE OF LOT ONE (1 ), AFORESAID, 2.5 FEET SOUTH OF THE NORTHWEST CORNER OF LOT 1, AFORESAID, THENCE IN AN EASTERLY DIRECTION IN A STRAIGHT LINE TO A POINT ON THE EAST LINE OF LOT 1, AFORESAID, SAID POINT BEING 7.5 FEET SOUTH OF THE NORTHEAST CORNER OF LOT 1 AFORESAID (1) IN BLOCK THREE (3), IN FIRST ADDITION TO RIVER VIEW MANOR, BEING A SUBDIVISION OF THAT PART OF THE EAST HALF (1/2) OF THE EAST HALF (1/2) OF THE SOUTHWEST QUARTER (1/4) OF FRACTIONAL SECTION 29, TOWNSHIP 36 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING NORTH OF THE SOUTH 28.6724 ACRES THEREOF (EXCEPT THE NORTH 323.0 FEET OF THE EAST 323.0 FEET THEREOF). IN COOK COUNTY, ILLINOIS.

The common address of the property is 17502 Bernadine Street, Lansing, IL 60438.  
P.I.N.: 30-29-311/054

Property of Cook County Clerk's Office