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Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 10/01/2015 09:58 AM Pg: 1 of 5

Affidavit of Heirship for the late James E. Grow

Legal Description:

LOT 7 (EXCEPT THE SOUTHEASTERLY 16 FEET THEREOF) IN BLOCK 82 IN NORWOOD PARK IN SECTION 6, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property Address: 6128 N. Nassau Ave., Chicago, IL 60631
PIN# 13-06-223-022-0000

Prepared by:

Adam P. Czapulonis, Esq.
4738 N. Harlem Ave., Suite 9
Harwood Heights, IL 60706
847-845-4791

After Recording Mail to:

Steven Grow
8250 W. Carmen Ave
Norridge, IL 60706

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AFFIDAVIT OF HEIRSHIP

NOW COMES the undersigned, Steven Grow, on his oath and under penalties of perjury, states as follows:

1. I am the son of the late James E. Grow. My mailing address is 8250 W. Carmen Ave., Norridge, IL 60706.
2. That the deceased died intestate in Cook County, Illinois on September 3, 2014 at the age of 77 years.
3. That at the time of death the decedent was married to Nancy Grow. That the decedent had two natural children, Nadine Grow, never married, and Steven A. Grow, never married, and no adopted children.
4. That the decedent's parents were Leonard Grow and Margaret McKee and both predeceased him. Leonard and Margaret had three children: James E. Grow, Lenore J. Grow and Howard L. Grow.
5. That Howard died intestate on February 9, 2002, never married and left no children. That Lenore died on July 5, 2014, testate leaving her last will and trust, as a never married person with no children.
6. That James's only surviving heirs are his wife Nancy Grow, Steven Grow and Nadine Grow.
7. Affiant makes this affidavit for the purpose of establishing the heirship of the decedent.
8. AFFIANT FURTHER SAYETH NAUGHT.

Steven A. Grow 09-22-2015
 STEVEN A. GROW Date



Adam P. Czapulonis, Esq.
 4738 N. Harlem Ave., Ste. 9
 Harwood Heights, IL 60706
 Tel. (847) 845-4791

Sworn and subscribed to before me

This 22nd day of September, 2015

Joanna K. Kmiec
 Notary Public

Certified ~~UNOFFICIAL~~ Copy of a Death Record

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. 16.92	STATE OF ILLINOIS				STATE FILE NUMBER
		REGISTERED NUMBER 198	MEDICAL CERTIFICATE OF DEATH				
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS		DECEASED—NAME FIRST MIDDLE LAST 1. Howard L GROW		SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. February 9, 2002		
A		COUNTY OF DEATH 4. COOK	AGE—LAST BIRTHDAY (YRS) 5a. 74	UNDER 1 YEAR MOS. DAYS 5b.	UNDER 1 DAY HOURS MIN. 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. June 1, 1927	
B		CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. PROVISOR TOWNSHIP	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. VETERANS ADM. HINES, IL 60141		IF HOSP. OR INST. INDICATE D.O.A. OR EMER. RM. INPATIENT (SPECIFY) 6c. Inpatient		
C		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.		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. Yes	
D		SOCIAL SECURITY NUMBER 10. [REDACTED]	USUAL OCCUPATION 11a. Adjustor	KIND OF BUSINESS OR INDUSTRY 11b. Insurance	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) College (1-4 or 5+) 12. 4		
E		RESIDENCE (STREET AND NUMBER) 13a. 6128 North Nassau Avenue	CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. Chicago	INSIDE CITY (YES/NO) 13c. Yes	COUNTY 13d. Cook		
		STATE 13e. Illinois	ZIP CODE 13f. 60631	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. NO YES SPECIFY:		
PARENTS		FATHER—NAME FIRST MIDDLE LAST 15. Leonard Grow	MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST 16. Margaret McKee	MOTHER'S MARRIAGE STATUS (SPECIFY) 14b. NO YES SPECIFY:			
1		INFORMANT'S NAME (TYPE OR PRINT) 17a. Eve A. Burlak	RELATIONSHIP 17b. Hospital Records	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. VETERANS ADM. HINES, IL 60141			
2		18. PART I. Enter the diseases, 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.				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
3		Immediate Cause (Final disease or condition resulting in death) (a) Pneumonia.	DUE TO, OR AS A CONSEQUENCE OF				
4		CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b)	DUE TO, OR AS A CONSEQUENCE OF				
5		(c)					
N		PART II. Other significant conditions contributing to death but not resulting in the underlying cause, (over 18 PART I).				AUTOPSY (YES/NO) 19a. No	
P		DATE OF OPERATION, IF ANY 20a.	MAJOR FINDINGS OF OPERATION 20b.		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES NO		
		(DID) () ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 21a. February 9, 2002	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21c. No	HOUR OF DEATH 21c. 9:00 P. M.			
CERTIFIER		TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED (MONTH, DAY, YEAR) 22. February 11, 2002			
		22a. SIGNATURE <i>[Signature]</i>	NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. VETERANS ADM. HINES, IL 60141		ILLINOIS LICENSE NUMBER 22d. 125-042828		
		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23.		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.			
DISPOSITION		BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY—NAME 24b. All Saints Cemetery	LOCATION CITY OR TOWN STATE 24c. Des Plaines, Illinois	DATE (MONTH, DAY, YEAR) 24d. Feb. 14, 2002		
		FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. M.J. Suerth Funeral Home, 6754 N. Northwest Highway, Chicago, Illinois 60631	FUNERAL DIRECTOR'S SIGNATURE 25b. Dennis Krawzak				
		LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-011324		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. February 13, 2002		

VR200 (Rev. 5/89)

Illinois Department of Public Health—Division of Vital Records

(BASED ON 1989 U.S. STANDARD CERTIFICATE)

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 Vital Records Act.

DATE **FEB 13 2002** SIGNED *Michael C. McDermott*

AT **BROADVIEW, ILLINOIS**, 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, local registrar or county clerk shall be prima facie evidence of the facts therein stated.

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

STATE FILE NUMBER 2014 0067679

MEDICAL EXAMINER'S CASE NUMBER 0909032014

DATE ISSUED 9/9/2014

DECEDENT'S LEGAL NAME JAMES E GROW		SEX MALE	DATE OF DEATH SEPTEMBER 03, 2014	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 77 YEARS	DATE OF BIRTH JANUARY 05, 1937		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME PRESENCE RESURRECTION MEDICAL CENTER		
PLACE OF DEATH INPATIENT				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME NANCY PETRENKO	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 8250 W CARMEN		APT. NO.	CITY OR TOWN NORRIDGE	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60706	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION LEONARD GROW	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MARGARET MC KEE
INFORMANT'S NAME NANCY GROW		RELATIONSHIP WIFE	MAILING ADDRESS 8250 W CARMEN, NORRIDGE, IL, 60706	
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION MARYHILL CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE NILES, IL	DATE OF DISPOSITION SEPTEMBER 08, 2014
FUNERAL HOME CUMBERLAND CHAPELS, 8300 W LAWRENCE AVE, NORRIDGE, IL, 60706				
FUNERAL DIRECTOR'S NAME LAWRENCE FRIEL			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011420	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR SEPTEMBER 9, 2014	
CAUSE OF DEATH PART I. ACUTE RESPIRATORY FAILURE				
IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>		a. _____ <small>Due to (or as a consequence of):</small>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DAYS
		b. ASPIRATION PNEUMONIA		DAYS
		c. ADVANCED PARKINSONS DISEASE		YEARS
<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.			WAS AN AUTOPSY PERFORMED? NO	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT APPLICABLE			MANNER OF DEATH 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 SEPTEMBER 03, 2014	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 08:00 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED SEPTEMBER 04, 2014	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH HUMERA NAUSHEEN, 7435 W TALCOTT, CHICAGO, ILLINOIS, 60631				PHYSICIAN'S LICENSE NUMBER 036131494

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
David Orr
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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

STATE FILE NUMBER 2014 0051921

DATE ISSUED 3/20/2015

DECEDENT'S LEGAL NAME LENORE J GROW		SEX FEMALE	DATE OF DEATH JULY 05, 2014	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 85 YEARS	DATE OF BIRTH JULY 11, 1928		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME PRESENCE RESURRECTION MEDICAL CENTER		
PLACE OF DEATH EMERGENCY ROOM / OUTPATIENT				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH NEVER MARRIED/NEVER IN CIVIL UNION	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 6128 NORTH NASSAU AVENUE		APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60631	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION LEONARD GROW	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MARGARET MCKEE
INFORMANT'S NAME STEVEN GROW		RELATIONSHIP NEPHEW	MAILING ADDRESS 8250 WEST CARMEN AVENUE, NORRIDGE, IL, 60706	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION ALL SAINTS CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE DES PLAINES, IL	DATE OF DISPOSITION JULY 11, 2014	
FUNERAL HOME M J SUERTH FUNERAL HOME, 6754 NORTH NORTHWEST HIGHWAY, CHICAGO, IL, 60631				
FUNERAL DIRECTOR'S NAME DENNIS S KRAWZAK		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011324		
LOCAL REGISTRAR'S NAME DAVID ORR		DATE FILED WITH LOCAL REGISTRAR JULY 10, 2014		
CAUSE OF DEATH PART I. CARDIAC ARREST				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	MINUTES
Due to (or as a consequence of):		b. CHRONIC OBSTRUCTIVE PULMONARY DISEASE		YEARS
Due to (or as a consequence of):		c. LUNG CANCER HISTORY		YEARS
Due to (or as a consequence of):				
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			WAS AN AUTOPSY PERFORMED? NO	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT APPLICABLE		MANNER OF DEATH 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 MAY 22, 2014	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 04:38 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED JULY 09, 2014	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR STEVEN J PEARLMAN MD, 7447 WEST TALCOTT AVENUE, SUITE 409, CHICAGO, ILLINOIS, 60631			PHYSICIAN'S LICENSE NUMBER 036-065421	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



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David Orr
David Orr
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE