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Doc#: 1620429100 Fee: \$42.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 07/22/2016 04:45 PM Pg: 1 of 3

AFFIDAVIT [REDACTED]

ROBERT BATTAGLIA, being first sworn upon his oath, deposes and states that if called to testify in this matter, could, based upon his own personal knowledge, competently testify as follows:

1. That I reside at 548 Del Mar Court, Elk Grove Village, Illinois 60007.
2. That my date of birth is: 12-1-1959 in the County of Cook
in the State of ILLINOIS.
3. That I am a son of June D. Battaglia ("June").
4. That June died without a Will on July 21, 2014, in the County of Cook, in the State of Illinois.
5. That at the time of her death, June was widowed.
6. That June was married only once to Joseph A. Battaglia ("Joseph").
7. Joseph predeceased June on December 17, 1990.
8. That at the time of her death, June had an interest in the following described real estate:

Lot 3 in Ryan and Smith's Troy Avenue Subdivision of Part of the Northwest ¼ of Section 1, Township 37 North, Range 13, East of the Third Principal Meridian, according to the Plat thereof registered in the office of the registrar of titles of Cook County, Illinois on April 8, 1967, as Document No. 2318260, in Cook County, Illinois.

Common Address: 9042 S. Troy Street, Evergreen Park, Illinois 60805
Permanent Index No. 24-01-124-028-0000

Bm

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9. That the following children were born to, or adopted by, June and no others:

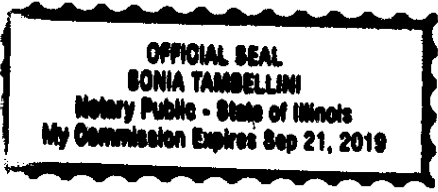
<u>Name</u>	<u>Address</u>
<u>Robert Battaglia</u>	<u>548 Del Mar Court</u> <u>Elk Grove Village, Illinois 60007</u>
<u>Paul Battaglia</u>	<u>13901 PRESTON</u> <u>ORLAND PARK, IL 60467</u>
<u>James Battaglia</u>	<u>240 YELLOW PINE</u> <u>BOLINGBROOK, IL 60440</u>
<u>[Signature]</u>	<u>[Signature]</u>

FURTHER YOUR AFFIANT SAYETH NAUGHT.

[Signature]
Robert Battaglia

SUBSCRIBED AND SWORN
to before me this 16 day of
July, 2016.

[Signature]
Notary Public



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

STATE FILE NUMBER 2014 0055389

DATE ISSUED 8/22/2014

DECEDENT'S LEGAL NAME JUNE D BATTAGLIA			SEX FEMALE	DATE OF DEATH JULY 21, 2014	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 94 YEARS	DATE OF BIRTH JUNE 04, 1920		
CITY OR TOWN OAK LAWN			HOSPITAL OR OTHER INSTITUTION NAME ADVOCATE CHRIST MEDICAL CENTER		
PLACE OF DEATH EMERGENCY ROOM / OUTPATIENT					
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER 337-16-4988	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME		EVER IN U.S. ARMED FORCES? NO
RESIDENCE 9042 SOUTH TROY		APT. NO.	CITY OR TOWN EVERGREEN PARK		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60805	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JOHN ZAJA		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ROSE WOLINSKI
INFORMANT'S NAME ROBERT BATTAGLIA		RELATIONSHIP SON	MAILING ADDRESS 548 DELMAR COURT, ELK GROVE VILLAGE, IL, 60007		
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION HOLY SEPULCHRE CEMETERY	LOCATION - CITY OR TOWN AND STATE ALSIP, IL	DATE OF DISPOSITION JULY 25, 2014	
FUNERAL HOME KOSARY FUNERAL HOME, 2837 SOUTH KEDZIE AVENUE, EVERGREEN PARK, IL, 60805					
FUNERAL DIRECTOR'S NAME LINDA K KOSARY			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014410		
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR JULY 23, 2014		
CAUSE OF DEATH PART I: ACUTE MYOCARDIAL INFARCTION					
IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>		Due to (or as a consequence of)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
b.		Due to (or as a consequence of)			
c.		Due to (or as a consequence of)			
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 HYPERLIPIDEMIA, DEMENTIA, DIABETES MELLITUS, ATRIAL FIBRILLATION, RENAL INSUFFICIENCY				WAS AN AUTOPSY PERFORMED? NO	
				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH?	
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 JULY 11, 2014	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 01:04 AM	
CERTIFIER PHYSICIAN			DATE CERTIFIED JULY 22, 2014		
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH ALBOVIAS, SUSAN MD, 6222 SOUTH PULASKI ROAD, #2, CHICAGO, ILLINOIS, 60629				PHYSICIAN'S LICENSE NUMBER 038-04340	



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



AN ALTERATION OR ERASURE VOIDS THIS CERTIFICATE