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EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 04/12/2019 09:23 AM PG: 1 OF 3

AFFIDAVIT OF HEIRSHIP

LOT 245 IN SUMMERHILL UNIT IV, A SUBDIVISION OF PART OF SECTION 19, TOWNSHIP 41 NORTH, RANGE 9, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN THE CITY OF ELGIN, COOK COUNTY, ILLINOIS, ACCORDING TO THE PLAT THEREOF RECORDED MAY 27, 1987, AS DOCUMENT NUMBER 87-284677 IN COOK COUNTY, ILLINOIS.

Permanent Index Number(s): 06-19-406-009

Property Address: 683 Packard Drive, Elgin, Illinois 60120

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AFFIDAVIT OF HEIRSHIP

The undersigned, William Thomas ("William") first being sworn on oath deposes and states that he was the son of Barbara A. Thomas ("Barbara") and he has actual knowledge of the matters contained herein.

1. Barbara was married to Michael Thomas ("Michael"). Barbara and Michael had one son, William Thomas. The marriage between Barbara and Michael was terminated by the death of Barbara on June 14, 2014.

2. Barbara and Michael were only married to each other and neither were ever married to anyone else. No children other than the one child named above were born or adopted by Barbara and Michael outside their marriage.

3. Barbara thereafter never remarried. No other children born to Barbara and Michael, nor were any children adopted by them. Barbara predeceased Michael having died on June 14, 2014. A copy of Barbara's death certificate is attached hereto designated as Exhibit "A".

4. William Thomas and Michael Thomas are adults and are competent.

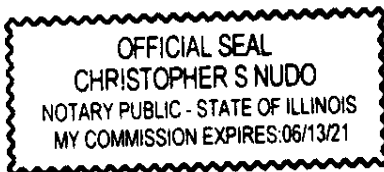
As of January 18, 2019.

William A. Thomas
William Thomas

State of Illinois)
) S.S.
County of Kane)

Subscribed and sworn to before me
this 18th day of January, 2019.

Christopher S. Nudo
Notary Public



CERTIFICATION OF DEATH RECORD

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**VILLAGE OF MELROSE PARK
MELROSE PARK, ILLINOIS
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2014 0047568

DATE ISSUED 6/27/2014

DECEDENT'S LEGAL NAME BARBARA ANN THOMAS			SEX FEMALE	DATE OF DEATH JUNE 14, 2014	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 61 YEARS	DATE OF BIRTH JUNE 07, 1953		
CITY OR TOWN MELROSE PARK		HOSPITAL OR OTHER INSTITUTION NAME GOTTLIEB MEMORIAL HOSPITAL			
PLACE OF DEATH INPATIENT					
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER 329-48-0713	STATUS AT TIME OF DEATH MARRIED BUT SEPARATED		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME MICHAEL THOMAS	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 683 PACKARD DR		APT. NO.	CITY OR TOWN ELGIN		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60120	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JAMES BELL		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MARTHA DIANE
INFORMANT'S NAME MICHAEL THOMAS		RELATIONSHIP HUSBAND	MAILING ADDRESS 683 PACKARD DRIVE, ELGIN, IL, 60120		
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION HEIGHTS CREMATORY	LOCATION - CITY OR TOWN AND STATE CHICAGO HEIGHTS, IL	DATE OF DISPOSITION JUNE 25, 2014	
FUNERAL HOME TAYLOR FUNERAL HOME LTD, 63 E 79TH STREET, CHICAGO, IL, 60619					
FUNERAL DIRECTOR'S NAME CHARLES B TAYLOR			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034010097		
LOCAL REGISTRAR'S NAME MARYANN PAOLANTONIO			DATE FILED WITH LOCAL REGISTRAR JUNE 24, 2014		
CAUSE OF DEATH PART I. MYOCARDIAL INFARCTION					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. 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)			
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 PREGNANT WITHIN LAST YEAR				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 JUNE 14, 2014	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 01:57 PM	
CERTIFIER PHYSICIAN				DATE CERTIFIED JUNE 20, 2014	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH HARESH B SAWLANI, 344 N CENTRAL AVENUE, CHICAGO, ILLINOIS, 60634				PHYSICIAN'S LICENSE NUMBER 036091782	

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.

Maryann Paolantonio
Mary Ann Paolantonio
Village Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

HOLD UP TO LIGHT TO VERIFY TRUE WATERMARK