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AFFIDAVIT

STATE OF ILLINOIS)
) ss.
 COUNTY OF COOK)



Doc# 1915013084 Fee \$88.00

RHSP FEE:\$9.00 RPRF FEE: \$1.00

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 05/30/2019 02:18 PM PG: 1 OF 2

LINDA S. URBAN, being duly sworn states that she resides at 2512 North Austin Avenue, Chicago, Illinois 60639.

That LINDA S. URBAN was acquainted with DIANE M. WAGNER, deceased, who at the time of her death, was one of the owners of the land in Cook County, Illinois, described as:

Above Space for Recorder's Use Only

LOT TWENTY-FIVE (25) IN BLOCK FOUR (4) IN J.K. WHITES KELLOG PARK SUBDIVISION OF THE EAST TWENTY (20) AREAS OF THE SOUTH HALF OF THE SOUTH WEST QUARTER (1/4) OF SECTION TWENTY-NINE (29), TOWNSHIP FORTY (40) NORTH, RANGE THIRTEEN (13), EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Real Estate Index Number: 13-29-318-035-0000

Address of Real Estate: 2512 North Austin Avenue, Chicago, Illinois 60639

That the deceased died June 12, 2012, as evidenced by a copy of the death certificate of the deceased attached hereto.

That the deceased died:

Leaving no Last Will & Testament.

Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.

Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois, about _____.

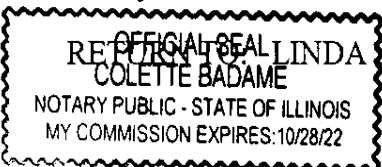
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of _____ dollars.

Subscribed and sworn to before me
 This May 29, 2019

Notary Public

LINDA S. URBAN, Affiant

S ✓
 P 2
 S —
 M —
 SC Y
 E —
 INT JH



LINDA S. URBAN, 2512 North Austin Avenue, Chicago, Illinois 60639

CERTIFICATION OF DEATH RECORD

UNOFFICIAL COPY

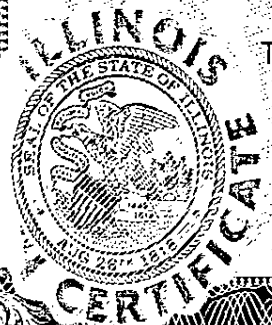
COOK COUNTY CLERK VITAL RECORDS
CHICAGO, ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2012 0045335

DATE ISSUED 06/28/2012

DECEDENT'S LEGAL NAME DIANE M WAGNER		SEX FEMALE	DATE OF DEATH JUNE 12, 2012	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 55 YEARS	DATE OF BIRTH DECEMBER 19, 1956	
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME OUR LADY OF THE RESURRECTION MEDICAL CTR		
PLACE OF DEATH INPATIENT				
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 2347 N MERRIMAC AVE	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60639	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JOSEPH A WAGNER	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION CHRISTINE S DALLAS
INFORMANT'S NAME LINDA URBAN		RELATIONSHIP SISTER	MAILING ADDRESS 2512 N AUSTIN AVE, CHICAGO, IL, 60639	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION E.M. WOOD CEMETERY	LOCATION - CITY OR TOWN AND STATE RIVER GROVE, IL	DATE OF DISPOSITION JUNE 19, 2012	
FUNERAL HOME CONBOY WESTCHESTER FUNERAL HOME 10501 CERMAK RD, WESTCHESTER, IL, 60154				
FUNERAL DIRECTOR'S NAME MATTHEW PETER CONBOY			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015476	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR JUNE 19, 2012	
CAUSE OF DEATH PART I. END STAGE CHRONIC OBSTRUCTIVE PULMONARY DISEASE				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	MONTHS	
		b.		
		c.		
		Due to (or as a consequence of):		
		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.			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 12, 2012	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED:	TIME OF DEATH 11:57 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED JUNE 14, 2012	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH KIRK JOSHI, 5214 N WESTERN AVE, CHICAGO, ILLINOIS, 60626			PHYSICIAN'S LICENSE NUMBER 036-06969	

NOTE: FACILE SECURITY HOLOGRAPHIC FOLLS 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