

# UNOFFICIAL COPY



\*2004906221\*

This Instrument was prepared by:  
CRYSTAL L. SIVER, ESQ.  
CRYSTAL SIVER LAW  
1155 Willow Lane  
Northbrook, Illinois 60062

Doc# 2004906221 Fee \$88.00

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

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 02/18/2020 02:02 PM PG: 1 OF 5

After recording, mail to:  
EDITH MARTINEZ  
2735 Highland Ave.  
Berwyn, IL 60402

200493200083

## AFFIDAVIT OF HEIRSHIP

Eduviges Godinez, Melissa Godinez, Edith Martinez and Manuel Godinez ("Affiants"), being duly sworn upon oath, depose and state:

1. That the Affiants reside at: (i) 2427 S. Drake Ave., Chicago, IL 60623, (ii) 2746 Harvey Ave., Berwyn, IL 60402, (iii) 2735 Highland Ave., Berwyn, IL 60402, and (iv) 1831 O Ave., National City, CA 91950, respectively.
2. That the Affiants are the widow (Eduviges) and only children of Samuel Godinez (the "Decedent").
3. That the Decedent died on November 24, 2017 in the City of Chicago, County of Cook, State of Illinois (Death Certificate Attached).
4. That the Decedent died as the sole owner of the property commonly known as 2735 Highland Ave., Berwyn, IL 60402 (the "Property") legally described as follows:

LOT 26 IN BLOCK 2 IN GREELEY'S ADDITION TO BERWYN, A SUBDIVISION OF IN THE SOUTHWEST 1/4 OF SECTION 29, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN: 16-29-310-015-0000

5. That the Decedent died leaving a Last Will & Testament dated September 28, 2002, attached hereto as Exhibit A, in which all property owned by the Decedent at the time of his death, both real and personal, was bequeathed to his wife, Eduviges Godinez, and that said Will had not been revoked prior to the death of the Decedent.
6. That Eduviges Godinez and the Decedent were married on February 2, 1980 and upon the Decedent's death, the Decedent and Eduviges Godinez were married to each other and no others.

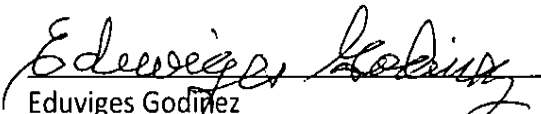
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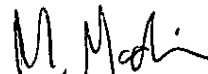
7. That the following children and no others were born to, or adopted by, the Decedent:
  - a. Manuel Godinez, Son, born April 14, 1976;
  - b. Edith Martinez (formerly known as Edith Godinez), Daughter, born April 25, 1981; and
  - c. Melissa Godinez, Daughter, born December 20, 1984;
  
8. That to the best information and belief of the Affiants, no children were born to or fathered by the Decedent out of wedlock, except as follows: None.
  
9. That the Decedent's former wife, Lucinda Maria Guerrero, the mother of Manuel Godinez, legally divorced the Decedent on December 10, 1979.
  
10. That the sole heirs of the Decedent, each of whom survived the Decedent, are Eduviges Godinez, Melissa Godinez, Edith Martinez and Manuel Godinez.
  
11. That the total value of the estate of the Decedent, including the taxable interest in the aforesaid Property, is \$245,000.
  
12. That no claims have been filed against either Decedent and that all expenses of illness and or funeral expenses have been paid in full
  
13. That ~~the Federal Estate Tax ( has / has not ) been paid, that the Illinois Estate Tax ( has / has not ) been paid;~~ that no Federal Estate Tax or Illinois Estate Tax is due.
  
14. That the Affiants make this Affidavit at the direction of Old Republic National Title Insurance Company to show title in the Heirs of Samuel Godinez, and with knowledge that Old Republic National Title Insurance Company will rely on the representations made and contained herein to insure title.
  
15. Further, Affiants sayeth naught.

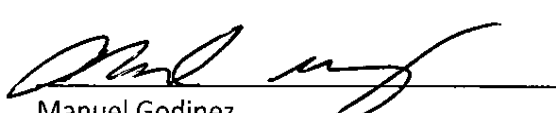
All riders and pages attached are intended to be incorporated in and to be a part of the Affidavit for the purposes stated.

AFFIANTS:

  
 Eduviges Godinez

  
 Edith Martinez

  
 Melissa Godinez

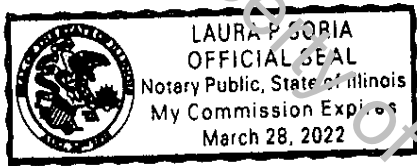
  
 Manuel Godinez

# UNOFFICIAL COPY

STATE OF ILLINOIS )  
                                  )      SS  
COUNTY OF COOK    )

I, the undersigned, a Notary Public in and for said County, the State aforesaid, DO HEREBY CERTIFY that EDUVIGES GODINEZ, MELISSA GODINEZ and EDITH MARTINEZ, personally known to me to be the same persons whose names are subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that they signed, sealed and delivered the said instrument as their free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

Given under my hand and official seal this 25<sup>TH</sup> day of October, 2019.



[Signature]  
NOTARY PUBLIC

STATE OF CALIFORNIA )  
                                  )      SS  
COUNTY OF \_\_\_\_\_ )

I, the undersigned, a Notary Public in and for said County, the State aforesaid, DO HEREBY CERTIFY that MANUEL GODINEZ, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he signed, sealed and delivered the said instrument as his free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

- attached -

Given under my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 2019.

\_\_\_\_\_  
NOTARY PUBLIC

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## ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California  
County of San Diego

On October 25 2019 before me, John McNab Notary Public  
(insert name and title of the officer)

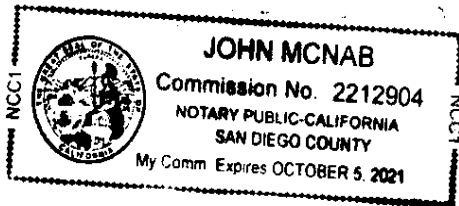
personally appeared Manuel Godinez  
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature [Handwritten Signature] (Seal)

- Affidavit of Heirship



**CERTIFICATION OF DEATH RECORD**  
**UNOFFICIAL COPY**

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

STATE FILE NUMBER 2017 0094286

DATE ISSUED 11/28/2017

DECEDENT'S LEGAL NAME SAMUEL I GODINEZ		SEX MALE	DATE OF DEATH NOVEMBER 24, 2017														
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 64 YEARS	DATE OF BIRTH OCTOBER 06, 1953															
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME HORIZON HOSPICE AND PALLIATIVE CARE															
PLACE OF DEATH HOSPICE FACILITY																	
BIRTHPLACE MEXICO	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME EDUVIGES GRADILLA		EVER IN U.S. ARMED FORCES? NO													
RESIDENCE 2427 SOUTH DRAKE AVENUE		APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES													
COUNTY COOK	STATE IL	ZIP CODE 60623	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MANUEL GODINEZ	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JUANA RAMOS													
INFORMANT'S NAME EDUVIGES GODINEZ		RELATIONSHIP WIFE	MAILING ADDRESS 2427 SOUTH DRAKE AVENUE, CHICAGO, IL 60623														
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION QUEEN OF HEAVEN CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE HILLSIDE, IL	DATE OF DISPOSITION NOVEMBER 28, 2017														
FUNERAL HOME ADOLF BERWYN FUNERAL HOME & CREMATION SERVICES LTD, 2921 S HARLEM AVENUE, BERWYN, IL 60402																	
FUNERAL DIRECTOR'S NAME MATTHEW M BOYLE			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016915														
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR NOVEMBER 28, 2017														
<table border="0"> <tr> <td>CAUSE OF DEATH</td> <td>PART I</td> <td>SEPSIS</td> <td rowspan="4" style="background-color: black; color: white; text-align: center; vertical-align: middle;">APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH</td> </tr> <tr> <td>IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small></td> <td>a</td> <td></td> </tr> <tr> <td></td> <td>b</td> <td>PANCYTOPENIA</td> </tr> <tr> <td></td> <td>c</td> <td>HODGKINS DISEASE</td> </tr> </table>					CAUSE OF DEATH	PART I	SEPSIS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	a			b	PANCYTOPENIA		c	HODGKINS DISEASE
CAUSE OF DEATH	PART I	SEPSIS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH														
IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	a																
	b	PANCYTOPENIA															
	c	HODGKINS DISEASE															
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 NOVEMBER 22, 2017	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 09:15 AM													
CERTIFIER PHYSICIAN			DATE CERTIFIED NOVEMBER 28, 2017														
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH: NEHA M. KRAMER, MD, 710 SOUTH PAULINA STREET, CHICAGO, ILLINOIS, 60612			PHYSICIAN'S LICENSE NUMBER 036-138094														

THE WORD VOID APPEARS WHEN PHOTO COPIED

NOTICE: BE POSSESSOR, STATE AND COUNTY, IN THE 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



**D00175327**