

# UNOFFICIAL COPY

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Karen A. Yarbrough  
Cook County Clerk  
Date: 08/31/2021 12:54 PM Pg: 1 of 5

**Prepared & Return To:**  
**Umberto S Davi**  
**1105 Burlington Ave**  
**Western Springs IL 60558**

## Affidavit of Heirship

Property Address: 6844-6848 W 16<sup>th</sup>, Berwyn, IL

PIN: 16-19-306-001 & 16-19-306-002

### Legal

PARCEL 1: THAT PART OF LOT 7 IN BRABEC'S SUBDIVISION OF BLOCK 74 IN SUBDIVISION OF SECTION 19, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, (EXCEPT THE SOUTH 300 ACRES) LYING EAST OF A LINE DRAWN FROM A POINT IN THE NORTH LINE OF SAID LOT 7, 41 FEET 1 1/2 INCHES EAST OF THE WEST LINE THEREOF TO A POINT IN THE SOUTH LINE OF SAID LOT 7, 41 FEET 7/8 INCHES EAST OF THE WEST LINE THEREOF, IN COOK COUNTY, ILLINOIS,

PARCEL 2: THAT PART OF LOT 7 IN BRABEC'S SUBDIVISION OF BLOCK 74 LYING WEST OF A LINE DRAWN FROM A POINT IN THE NORTH LINE OF SAID LOT 7, 41 FEET 1 1/2 INCHES EAST OF THE WEST LINE THEREOF TO A POINT IN THE SOUTH LINE OF SAID LOT 7, 41 FEET 7/8 INCHES EAST OF THE WEST LINE THEREOF IN THE SUBDIVISION OF SECTION 19, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, (EXCEPT THE SOUTH 300 ACRES) IN COOK COUNTY, ILLINOIS

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STATE OF ILLINOIS     )  
  ) SS.  
COUNTY OF COOK     )

Atty No. 12569  
07/26/2021

**IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS  
COUNTY DEPARTMENT - PROBATE DIVISION**

ESTATE OF                                     )  
  ) NO.  
ELEANOR E. HEJNY,                            )  
  ) Docket:  
  ) deceased.                                     )  
  ) Page:

**AFFIDAVIT OF HEIRSHIP FOR THE ESTATE OF  
ELEANOR E. HEJNY**

I, **Craig W. Hejny**, being duly sworn and on oath say:

1. The Decedent, **Eleanor E. Hejny (Koschnik)** ("Eleanor") died a resident of Fox Lake, McHenry County, Illinois, on November 12, 2003. A copy of her death certificate is attached hereto marked as Exhibit "A".

2. I am of legal age. I reside at 26676 W. Michigan Ave., Antioch, Illinois, 60002. I am the son of the Decedent and one of her two children.

3. I believe that the Decedent left a "Last Will and Testament" at her death. However, I have been unable to locate the original and/or a copy of it.

4. The Decedent was married only once to **Irwin L. Hejny ("Irwin")** who predeceased Eleanor. She and Irwin only had two children as part of their marriage. No other children were born to Eleanor or adopted by either of them during their lifetimes.

5. The two children born to Irwin and Eleanor are:

- A. **Craig W. Hejny**, born on November 18, 1945
- B. **Paul I. Hejny**, born on June 26, 1952

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6. Both of Decedent's children are adults, alive, competent and do not suffer from any disabilities.

7. Based on the foregoing, it is believed that the Decedent, Eleanor H. Hejny, has two heirs:

- a. **Craig W. Hejny** Son/Adult/Competent/Alive
- b. **Paul I. Hejny** Son/Adult/Competent/Alive

8. The current residence(s) for both of Decedent's heirs are listed on Exhibit "B", attached hereto.

9. I have no knowledge of any claims pending against the Estate of Eleanor E. Hejny, Decedent, in the State of Illinois or any other state. To date and since Decedent's death, I have not received any notice of claims against her Estate, from anyone.

10. To the best of my current knowledge, there are no Federal or State inheritance taxes due because of the death of Eleanor E. Hejny.

11. AFFIANT SAYS NOTHING FURTHER.

*Craig W. Hejny*  
 \_\_\_\_\_  
 Craig W. Hejny

This instrument was prepared by:  
 UMBERTO S. DAVI, Attorney at Law  
 1105 W. Burlington Avenue  
 Western Springs, IL 60558  
 (708) 246-7277  
 Atty No. 12569

SUBSCRIBED AND SWORN TO  
 before me this 27th day  
 of July, 2021  
 \_\_\_\_\_  
 NOTARY PUBLIC  
 COUNTY of Cook STATE of ILLINOIS





Exhibit A

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DECEDENT'S BIRTH NO.	REGISTRAR DISTRICT NO.	STATE OF ILLINOIS	STATE FILE NUMBER
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH	
Type of Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED-NAME FIRST MIDDLE LAST		SEX
	1. Eleanor Emily Heiny		2 Female
	COUNTY OF DEATH		DATE OF DEATH (MONTH, DAY, YEAR)
	4. Lake		3. November 12, 2003
	CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER		AGE - LAST BIRTHDAY (YRS) MONTH DAYS
	6a. Grant Township		6b. 88
	HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		DATE OF BIRTH (MONTH, DAY, YEAR)
	6d. 27616 Rowe		9d. September 15, 1915
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
	7. Chicago, IL		8a. Widowed
SOCIAL SECURITY NUMBER		USUAL OCCUPATION	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.	
13a. 27616 Rowe		13b. Grant Township	
STATE		ZIP CODE	
13e. Illinois		13f. No	
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST	
15. Rudolph Koschnik		16. Johanna N/A	
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	
17a. Craig Heiny		17b. Son	
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.		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		17c. 38570 Lakeside Antioch, IL.	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		ALTOGETHER (YES/NO)	
(a) Cerebrovascular accident		19a. No	
(b) Chronic obstructive lung disease		19b. HEREIN ATTESTED PRIOR COMPLETION OF DEATH RECORD	
(c) Arteriosclerotic heart disease		20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART II. Other significant conditions contributing to death based on results in the underlying cause given in PART I.		DATE OF OPERATION, IF ANY	
20a.		MAJOR FINDINGS OF OPERATION	
20b.		20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
18. PART I. (BODY DID NOT ATTEND THE DECEASED AND LAST SAW HIM HER ALIVE ON)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	
21a. 11/11/03		21b. 7:53 P.M.	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED	
22a. SIGNATURE		22b. 11/14/03	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER	
22c. Dr. Brian Wu M.D. 6317 N.W. Hwy. Crystal Lake, IL.		22d. 036-056698	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
23.		BURIAL, CREMATION, REMOVAL (SPECIFY)	
24a. Burial		CEMETERY OR CREMATORY - NAME	
24b. Woodlawn Cemetery		LOCATION	
24c. Forest Park, IL.		DATE	
24d. 11/17/10		FUNERAL HOME	
25a. K.K. Hamsher Funeral Home 12 N. Pistakee Lk. Rd. Fox Lake, IL. 6002		FUNERAL DIRECTOR'S SIGNATURE	
25b. [Signature]		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	
25c. 034-051133		LOCAL REGISTRAR'S SIGNATURE	
26a. [Signature]		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
26b. 11-13-03			

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 11-13-03 SIGNED Candi L. Rowe AT ANTIPOCH, Illinois OFFICE TITLE SUB REGISTRAR

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