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**AFFIDAVIT** 

Doc# 2203922030 Fee \$88.00

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KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 02/08/2022 12:17 PM PG: 1 OF 4

Mail to:

Nisconsin Ave

ney, 11 60462

above space for recorder's use only

## **AFFIDAVIT OF HEIRSHIP**

### Juan Pena

#### **LEGAL DESCRIPTION**

LOT 3 IN BLOCK 4 IN WALTER G. MCINTOSH, FOREST VIEW GARDENS, BEING A SUBDIVISION OF BLOCKS 14, 15, 20, 21, 22, 23 AND 28, IN CIRCUIT COURT PARTITION OF PART OF SECTION 6, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIPD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED OF SAID FOREST VIEW CARDENS RECORDED JUNE 7, 1922 AS DOCUMENT NUMBER 753229, IN COOK COUNTY, ILLINO'S

PERMANENT REAL ESTATE IDENTIFICATION NUMBER: 19-05-309-003-0000

ADDRESS OF REAL ESTATE: 4411 South Wisconsin Ave, Stickney, Ilimois 60402 750/Fice

Prepared by:

Koch & Associates, P.C.

5947 West 35th Street

Cicero, IL 60804

## UNO FETE AUT DAILIRS (IIB OPY

Martin Pena, being duly sworn on oath, states:

- 1. That he is the surviving son of Juan Pena, decedent herein, and is of legal age.
- That the decedent died on December 04, 2021 and at the time of his death was a resident of Mt.
   Prospect in Cook County, IL.
- 3. That the decedent was never married.
- 4. That the decedent had children out of wedlock with Catalina Jimenez. That as a result, five children were born and none adopted, namely:
  - a. Mirria Pena, living, of age and competent
  - b. Nicolasa Comez, living, of age and competent
  - c. Teresa Pena, living, of age and competent
  - d. Margarita Pena, living, of age and competent
  - e. Martin Pena, living, of age and competent
- 5. That the decedent never had or adopted any other children.

Based on the foregoing, the decedent left as his only surviving heirs the following: Maria Pena, Nicolasa Gomez, Teresa Pena, Margarita Pena and Martin Pena.

Martin I ena Affiant

OFFICIAL SEAL
JESICA ZAMARRON
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:10/15/23

SUBSCRIBED and SWORN TO

Before Me This 871

\_Day \_2022

NOTARY PUBLIC

Attorney No.: 32692 Koch & Associates, P.C 5947 West 35<sup>th</sup> Street Cicero, IL 60804 (708) 656-9900

## CERTIFICATION OF DEATH RECORD

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

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2021 010	09163					DATE ISSUED	12/9/2021
DECEDENT'S LEGAL NAME JUAN PENA MARTINEZ					SEX MALE	DECEMBER 04, 2021	
COUNTY OF DEATH		AGE AT LAST BIF 81 YEARS	RTHDAY	DATE OF BI JUNE 2	ктн 14, 1940		
CITY OR TOWN ELK GROVE VILLAGE				OTHER INSTITUTION I			
PLACE OF DEATH HOSPICE FACILITY							
BIRTHPLACE MEXICO	SOCIAL SECUR	武  427    安禄	IS AT TIME OF DEATH R MARRIED/NEVER IN CIVIL	SURVIVING SPOUS	EJCIVIL UNION PARTNET	RS MAIDEN NAME   EVER IN U FORCES?	S. ARMED NO
RESIDENCE 1 1ST AVENUE LOT 5.			APT. NO.	CITY OR TOWN ARLINGTON HE	EIGHTS	INSIDE CITY YES	LIMITS?
COUNTY STAT	ZIP CODE 0 30005	FATHER/CO-PARENT	'S NAME PRIOR TO FIRST MAI	RRIAGE/CIVIL UNION	MOTHER/CO PARENTS VICTORIA MA	NAME PRIOR TO FIRST MARRIAGI RTINEZ	CIVIL UNION
INFORMANT'S NAME NICOLASA GOMEZ		RELATIONS DAUGI		MAILING ADDRES 1 1ST AVENUE	and the second of the second o	V HEIGHTS, IL, 80005	
METHOD OF DISPOSITION BURIAL		AF OF DISPOSITION		LOCATION CITY	OR TOWN AND ST	DECEMBER 11,	
FUNERAL HOME GROVE MEMORIAL CHA	PEL, 1199 S	ARLINGZC VHT	S ROAD, ELK GROV	/E VILLAGE, IL, 6	0007		
FUNERAL DIRECTOR'S NAME ALBERTO D'LINDSTROE	M. Jak				FUNERAL DIRECTO 034016722	OR'S ILLINOIS LICENSE NUMB	ER
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH					DATE FILED WITH I		
CAUSE OF DEATH PART I	SENILE DEC	SENERATION OF T	HE:BRAIN			E S T UNKNOWN	
(Final disease or condition resulting in death)			Due to (or as a c. hernyenne	of)		OXIMA AND DE	
			Due to (or as a consequence	of)		APPF INTERV ONSET	
·							
PART II: Enter other significant cond	ditions contribut		Due to (or as a consequence suiting in the underlying ca		WAS A	N AUTOPSY PERFORMED?	10
METABOLIC ENCEPHALOP	ATHY PNEUM	ONIA, URINARY TR	ACT INFECTION, CHR	ONIC KIDNEY DISE	WERE	AUTOPSY FINDINGS USED TO ETE CAUSE OF DEATH? N//	
FEMALE PREGNANCY STATUS NOT APPLICABLE						R OF DEATH	
DATE OF INJURY:		TIME OF INJURY	PLACE OF INJU	JRY .		INJURY A	T WORK?
LOCATION OF INJURY							
DESCRIBE HOW INJURY OCCURRE	D					IF TRANSPURY TION INJUR	Y, SPECIFY:
	ATE LAST SEEN		MEDICAL EXAMINER OR		ONOUNCED	TIME OF DI	
YES CERTIFIER	DECEMBER	₹ 03, 2021 CORO	NER CONTACTED? N	<u> </u>		12:10 F	M
PHYSICIAN						DECEMBER 07, 20:	
NAME, ADDRESS AND ZIP CODE OF		ter a training and the contract of the contrac		E. ILLINOIS 6000	7	PHYSICIAN'S LICENSE N 036067806	UMBER



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.





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