

# UNOFFICIAL COPY



\*2216845015\*

Doc# 2216845015 Fee \$88.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 06/17/2022 11:28 AM PG: 1 OF 5

State of Illinois))  
County of COOK))

## Affidavit of Heirship

Julie Lee (Affiant), being first duly sworn upon oath, deposes and states:

- That the Affiant resides at 815 Hollywood Avenue  
DesPlaines, IL 60016
- That the Affiant is daughter of James A. Miller  
(Relationship) (Descent)
- That the Decedent died on 11/25/2021 in the Village of  
Arlington Heights, State of Illinois (Attach copy of Death Certificate)
- That the Decedent died owning an interest in the property legally described as follows:

### Legal Description Attached

- That the Decedent died: Testate or Interstate. (Circle one)  
(Attach copy of Will if applicable.)
- That the Decedent was married to the following individuals, and no others:

<u>Name</u>	<u>Status</u>
<u>Barbara J. Miller</u>	<u>deceased</u>
_____	_____
_____	_____

- That the following children were born to, or adopted by the Decedent and no others:

<u>Name</u>	<u>Status</u>
<u>Michael Miller</u>	<u>alive 63 years old</u>
<u>Julie Lee</u>	<u>alive 61 years old</u>
<u>Susan L. Pizzolato</u>	<u>alive 60 years old</u>
<del><u>Catherine J. Digati</u></del>	<del><u>alive 52 years old</u></del>

- That to the best information and belief of the Affiant, no children were born to or fathered by the Decedent out of wedlock, except as follows:

<u>Name</u>	<u>Status</u>
<u>none</u>	_____
_____	_____
_____	_____

22457 12630  
1-3

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9. That, in the event the Decedent died without wife or child surviving, to the Affiant's best information and belief the following represents the Decedents heirship (give in detail):

N/A

10. That the total value of the estate of the Decedent including the taxable interest in the aforesaid property \$ 405,000.00.

11. That no claims have been filed against Decedent and that all expenses of illness and/or funeral expenses have been paid in full: or, that the following claims will be paid from the proceeds of the subject property:

12. That the Federal Estate Tax (has/has not) been paid, that the Illinois Inheritance Tax (has/has not) been paid, that no (Federal Estate tax/Illinois Inheritance Tax) is due.

**(Attach copies of paid receipts/releases.)**

13. That the Affiant makes this affidavit to induce Barrister Title to issue it's policy of title insurance number 22HST12630 and with knowledge that Barrister Title, will rely on the representations made and contained herein to insure title.

Further, Affiant sayeth not.

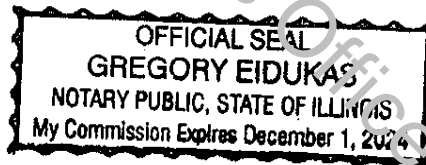
All riders and pages (numbered      to     ) attached are intended to be incorporated in and to be a part of the Affidavit for the purposes stated.

Julie Liu  
Affiant

Subscribed and Sworn to before me this  
27 day of May, 2022

(Notary Stamp below)

[Signature]  
Notary Public



### Legal Description

(See Attached)

Commonly Known as: 1506 West Lexington Drive, Arlington Heights, IL 60004

Prepared by [Signature]  
Return To:  
Hubbard Street Title  
15000 S. Cicero Ave  
Oak Forest, IL 60452

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

170-1098

STATE FILE NUMBER 2021 0108220

DATE ISSUED 12/8/2021

DECEDENT'S LEGAL NAME JAMES ARTHUR MILLER		SEX MALE	DATE OF DEATH NOVEMBER 25, 2021	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 88 YEARS	DATE OF BIRTH JUNE 03, 1933		
CITY OR TOWN ARLINGTON HEIGHTS		HOSPITAL OR OTHER INSTITUTION NAME 1506 LEXINGTON DR		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 1506 LEXINGTON DR	APT. NO.	CITY OR TOWN ARLINGTON HEIGHTS	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60004	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ARTHUR MILLER	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MARY NICHOLS
INFORMANT'S NAME JULIE LEE		RELATIONSHIP DAUGHTER	MAILING ADDRESS 815 HOLLYWOOD AVE DES PLAINES, IL 60016	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION CREMATION SERVICES INC	LOCATION - CITY OR TOWN AND STATE SCHILLER PARK, IL	DATE OF DISPOSITION DECEMBER 08, 2021	
FUNERAL HOME CHICAGOLAND CREMATION OPTIONS, 9329 W SYRON ST, SCHILLER PARK, IL, 60176				
FUNERAL DIRECTOR'S NAME DOUGLAS KLEIN			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015701	
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH			DATE FILED WITH LOCAL REGISTRAR DECEMBER 6, 2021	
CAUSE OF DEATH		PART I: SENILE DEGENERATION OF THE BRAIN		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ Due to (or as a consequence of)		
		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 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? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 04:50 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED DECEMBER 02, 2021	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH CHRISTINE SCHWARTZ-PETERSON, 405 LAKE ZURICH ROAD, BARRINGTON, ILLINOIS, 60010				PHYSICIAN'S LICENSE NUMBER 036087005

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM

1996884



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.

*Karen A. Yarbrough*  
Karen A. Yarbrough  
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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

STATE FILE NUMBER 2013-0083656

DATE ISSUED 5/27/2022

DECEDENT'S LEGAL NAME: BARBARA J MILLER		SEX: FEMALE	DATE OF DEATH: NOVEMBER 01, 2013																		
COUNTY OF DEATH: COOK	AGE AT LAST BIRTHDAY: 75 YEARS	DATE OF BIRTH: JULY 21, 1938																			
CITY OR TOWN: PARK RIDGE		HOSPITAL OR OTHER INSTITUTION NAME: ADVOCATE LUTHERAN GENERAL HOSPITAL																			
PLACE OF DEATH: INPATIENT																					
BIRTHPLACE: DETROIT, MI	SOCIAL SECURITY NUMBER: [REDACTED]	STATUS AT TIME OF DEATH: MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME: JAMES MILLER	EVER IN U.S. ARMED FORCES?: NO																	
RESIDENCE: 1506 LEXINGTON DRIVE	APT. NO.:	CITY OR TOWN: ARLINGTON HEIGHTS	INSIDE CITY LIMITS?: YES																		
COUNTY: COOK	STATE: IL	ZIP CODE: 60004	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION: GEORGE BLEASE	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION: FLORENCE SCHOLZ																	
INFORMANT'S NAME: MICHAEL J MILLER		RELATIONSHIP: SON	MAILING ADDRESS: 608 MANOR AVENUE, GRAYSLAKE, IL, 60030																		
METHOD OF DISPOSITION: DONATION		PLACE OF DISPOSITION: ANATOMICAL GIFT ASSOCIATION OF ILLINOIS	LOCATION - CITY OR TOWN AND STATE: CHICAGO, IL	DATE OF DISPOSITION: NOVEMBER 07, 2013																	
FUNERAL HOME: CASEY LASKOWSKI & SONS FUNERAL HOME, 540 WEST DIVERSEY, CHICAGO, IL, 60639																					
FUNERAL DIRECTOR'S NAME: BRIAN J KOSKIEWICZ			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 034015255																		
LOCAL REGISTRAR'S NAME: DAVID ORR			DATE FILED WITH LOCAL REGISTRAR: NOVEMBER 6, 2013																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="4" style="width: 15%; vertical-align: top;"> <b>CAUSE OF DEATH</b> IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small> </td> <td style="width: 5%; text-align: center;">PART I</td> <td style="width: 60%;">RESPIRATORY FAILURE</td> <td rowspan="4" style="width: 10%; text-align: center; vertical-align: middle;">APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH</td> <td style="width: 10%;"></td> </tr> <tr> <td style="text-align: center;">a.</td> <td></td> <td style="text-align: center;">Due to (or as a consequence of):</td> <td></td> </tr> <tr> <td style="text-align: center;">b.</td> <td>ACUTE KIDNEY INJURY</td> <td style="text-align: center;">Due to (or as a consequence of):</td> <td></td> </tr> <tr> <td style="text-align: center;">c.</td> <td>SEPSIS</td> <td style="text-align: center;">Due to (or as a consequence of):</td> <td></td> </tr> </table>					<b>CAUSE OF DEATH</b> IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	PART I	RESPIRATORY FAILURE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		a.		Due to (or as a consequence of):		b.	ACUTE KIDNEY INJURY	Due to (or as a consequence of):		c.	SEPSIS	Due to (or as a consequence of):	
<b>CAUSE OF DEATH</b> IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	PART I	RESPIRATORY FAILURE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH																		
	a.			Due to (or as a consequence of):																	
	b.	ACUTE KIDNEY INJURY		Due to (or as a consequence of):																	
	c.	SEPSIS		Due to (or as a consequence of):																	
PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I: PROTEIN CALORIE MALNUTRITION			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?: NO	DATE LAST SEEN ALIVE: UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED?: NO	DATE PRONOUNCED:	TIME OF DEATH: 02:30 PM																	
CERTIFIER: PHYSICIAN				DATE CERTIFIED: NOVEMBER 05, 2013																	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH: NICHOLAS PAPANOS, 7447 W TALCOTT AVE, CHICAGO, ILLINOIS, 60631				PHYSICIAN'S LICENSE NUMBER: 036091974																	

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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.

Karen A. Yarbrough  
 Cook County Clerk



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## EXHIBIT A

### LEGAL DESCRIPTION

LOT 169 IN GREENBRIER IN THE VILLAGE GREEN UNIT NO. 4, BEING A SUBDIVISION OF PART OF THE EAST 1/2 OF THE NORTHWEST 1/4 OF SECTION 18, TOWNSHIP 42 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, AND A RESUBDIVISION OF PARTS OF LOTS 10 AND 11 IN GEORGE KIRCHOFF ESTATE SUBDIVISION OF PART OF SECTIONS 12 AND 15, TOWNSHIP 42 NORTH, RANGE 10, EAST OF THE THIRD PRINCIPAL MERIDIAN, AND PART OF SECTIONS 7 AND 18, TOWNSHIP 42 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

FOR INFORMATIONAL PURPOSES ONLY:

Common Address: 1506 West Lexington Dr, Arlington Heights, IL 60004  
PIN # 03-18-104-009-0000

Property of Cook County Clerk's Office