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AFFIDAVIT OF HEIRSHIP

Doc#: 2232713216 Fee: \$98.00
Karen A. Yarbrough
Cook County Clerk
Date: 11/23/2022 12:33 PM Pg: 1 of 4

This instrument was prepared by:

Mitch Mancione
5521 N Cumberland #1120
Chicago, IL 60656

After recording mail to:

Mitch Mancione
5521 N Cumberland #1120
Chicago, IL 60656

(space above for Recorder's use only)

The undersigned DAVID COMPANIO being first duly sworn upon oath, deposes and states as follows:

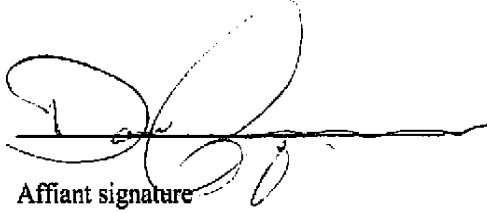
1. That she/he is the surviving SON of the decedent Alex D. Companio Jr.
2. That she/he resides at 4713 W 87TH PL HOMETOWN IL
60456
3. The attached hereto is a certified copy of the medical certificate of death of the decedent.
4. That the decedent died intestate. (Circle one)
5. That the decedent was was not married at the time of her/his death. (Circle one)
6. That only 4 child/children was/were born to or adopted by decedent, namely:
PAULA COMPANIO
LAURA COMPANIO
DEAN COMPANIO
DAVID COMPANIO
7. That the undersigned is 53 years of age and is married to _____
8. That no children other than those enumerated in paragraph seven (7) above hereof were born to or adopted by the decedent.
9. That the decedent died on October 06, 2014 and was, at the time of her/his death 74 years of age and married to N/A.
10. That the decedent was the owner of record of the property commonly known as 9001 South Komensky Ave, Hometown, IL 60456 at the time of their death, the legal description of which can be found attached as "Exhibit A" to this document.

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This affidavit is made for the purpose of inducing Alliance Title Corporation and First American Title to show ownership of the aforesaid Real Estate in the names of

_____, all of whom are competent adults.

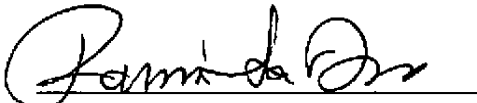
Further affiant sayeth not.

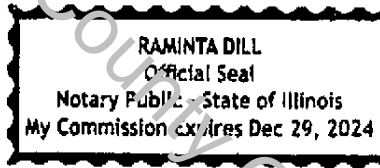

Affiant signature

STATE OF Illinois
COUNTY OF Cook SS.

I, the undersigned, a Notary Public in and for said County and State aforesaid, DO HEREBY CERTIFY that David J. Campano, 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 she signed and delivered the said instrument as her free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and seal, this 3rd day of Novem., 2022


Notary Public



Property Clerk's Office

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CERTIFICATION OF DEATH RECORD

EXHIBIT

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

STATE FILE NUMBER 2014 0075713

DATE ISSUED 1/10/2019

DECEDENT'S LEGAL NAME ALEX D COMPANIO JR		SEX MALE	DATE OF DEATH OCTOBER 06, 2014	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 74 YEARS	DATE OF BIRTH MAY 28, 1940		
CITY OR TOWN PALOS HEIGHTS		HOSPITAL OR OTHER INSTITUTION NAME PALOS COMMUNITY HOSPITAL		
PLACE OF DEATH INPATIENT				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH DIVORCED FROM MARRIAGE	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 18068 GOESEL DRIVE		APT. NO.	CITY OR TOWN TINLEY PARK	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60487	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ALEX D COMPANIO SR	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MARTHA MARGARET HOZEL
INFORMANT'S NAME SHIRLEY OBERG		RELATIONSHIP SISTER	MAILING ADDRESS 18068 GOESEL DRIVE, TINLEY PARK, IL, 60487	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION HEARTLAND MEMORIAL CENTER	LOCATION - CITY OR TOWN AND STATE TINLEY PARK, IL	DATE OF DISPOSITION OCTOBER 11, 2014
FUNERAL HOME HEARTLAND MEMORIAL CENTER, 7151 183RD STREET, TINLEY PARK, IL, 60477				
FUNERAL DIRECTOR'S NAME JAMES C HIRSCH			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011706	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR OCTOBER 8, 2014	
CAUSE OF DEATH PART I METASTASIS LUNG CANCER				
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? YES	DATE LAST SEEN ALIVE OCTOBER 06, 2014	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 03:26 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED OCTOBER 07, 2014	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DINESH JAIN, M.D., 16532 S, OAK PARK AVENUE, TINLEY PARK, ILLINOIS, 60477			PHYSICIAN'S LICENSE NUMBER 036-067036	

0833453



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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Legal Description

Lot Forty Two (42) in J.E. Merrion & Company's Hometown Unit No. 1, a subdivision of that part of the Northeast Quarter (1/4) of Section 3, lying Southeasterly of and adjoining the 66 foot right of way of the Wabash Railroad, in Township 37 North, Range 13, East of the Third Principal Meridian in Cook County Illinois.

Property Address:
9001 S Komensky Ave
Hometown, IL 60456

Pin: 24-03-205-033-0000 and

Property of Cook County Clerk's Office