

UNOFFICIAL COPY

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)



Doc# 2301757036 Fee \$88.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 01/17/2023 03:11 PM PG: 1 OF 4

IN RE ESTATE OF)
)
)
JOSEFINA M. GASCON,)
)
)
Deceased)

For recorder's use only

AFFIDAVIT OF HEIRSHIP

NOW COMES, **ELSA GASCON**, being duly sworn on oath and deposes and states as follows:

- 1) That she resides at 10644 S. Avenue B Chicago, IL 60617.
- 2) That she is the daughter of the Decedent, **JOSEFINA M. GASCON**, and is of legal age and no disability.
- 3) That the Decedent died a resident of the City of Chicago, County of Cook, State of Illinois on November 26, 2022, as evidenced by the death certificate, attached hereto as Exhibit A.
- 4) That prior to her death, the Decedent owned real estate located at **8534 S. Colfax Ave. Chicago, IL 60617** and legally described as follows:

LOT (15) IN BLOCK FIFTY-THREE (53) IN HILL'S ADDITION TO SOUTH CHICAGO, A SUBDIVISION OF THE SOUTH WEST QUARTER (1/4) OF SECTION THIRTY-ONE (31), TOWNSHIP THIRTY-EIGHT (38) NORTH, RANGE 15 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

P.I.N. 21-31-319-033-0000

- 5) That the Decedent was married only once and that was to **JAVIER GASCON**, who predeceased the Decedent on May 4, 1991 as evidenced by the death certificate, attached hereto as Exhibit B.

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6) That the following are the only children born to or adopted by the Decedent and JAVIER GASCON during their marriage or their lifetime.

- a. ROSAMARIA PEREZ
- b. JOSE M. GAZCON
- c. ELSA GASCON
- d. ARTHUR GASCON
- e. ELVIRA GASCON
- f. FRANCISCO GASCON
- g. GEORGE GASCON
- h. GUADALUPE GASCON
- i. LEONOR GASCON
- j. PATRICIA GASCON

7) That your Affiant makes this Affidavit for the sole purpose of establishing the following as the only heirs of law of the Decedent, JOSEFINA M. GASCON.

- a. ROSAMARIA PEREZ Daughter
- b. JOSE M. GAZCON Son
- c. ELSA GASCON Daughter
- d. ARTHUR GASCON Son
- e. ELVIRA GASCON Daughter
- f. FRANCISCO GASCON Son
- g. GEORGE GASCON Daughter
- h. GUADALUPE GASCON Daughter
- i. LEONOR GASCON Daughter
- j. PATRICIA GASCON Daughter

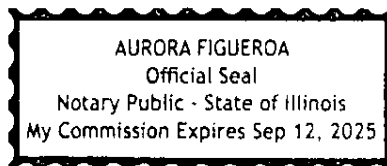
Elsa Gascon

 ELSA GASCON, AFFIANT

SUBSCRIBED AND SWORN to before me this 5 day of January, 2023.

Aurora Figueroa

 NOTARY PUBLIC



Prepared by and mail to: John F. Pelkey, Atty at Law, of 5555 S. Everett Ave. # E5 Chicago, IL 60637

CERTIFICATION OF DEATH RECORD

UNOFFICIAL COPY

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

A

STATE FILE NUMBER 2022 0105779

DATE ISSUED 11/30/2022

DECEDENT'S LEGAL NAME JOSEPHINE M GASCON		SEX FEMALE	DATE OF DEATH NOVEMBER 26, 2022	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 85 YEARS	DATE OF BIRTH OCTOBER 22, 1937		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME 10644 SOUTH AVENUE B		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE MEXICO	SOCIAL SECURITY NUMBER 349-36-0459	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 10644 SOUTH AVENUE B	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60617	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION RUBEN MORALES	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MARIA VASQUES ANDRADE
INFORMANT'S NAME ELSA GASCON		RELATIONSHIP DAUGHTER	MAILING ADDRESS 10644 SOUTH AVENUE B CHICAGO, IL, 60617	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION SAINT MARY CATHOLIC CEMETERY	LOCATION - CITY, OR TOWN AND STATE EVERGREEN PARK, IL	DATE OF DISPOSITION DECEMBER 03, 2022	
FUNERAL HOME ELMWOOD CHAPEL, 11200 S. EWING AVE., CHICAGO, IL, 60617				
FUNERAL DIRECTOR'S NAME JAMES F. BETKOWSKI			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012040	
LOCAL REGISTRAR'S NAME KAREN A. YARBROUGH			DATE FILED WITH LOCAL REGISTRAR NOVEMBER 30, 2022	
CAUSE OF DEATH PART I. DEMENTIA				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	MONTHS	
		b.	Due to (or as a consequence of)	
		c.	Due to (or as a consequence of)	
			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 04:04 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED NOVEMBER 28, 2022	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR CHARLES DRUECK, 600 WEST CERMAK ROAD, STE 3D, CHICAGO, ILLINOIS, 60616				PHYSICIAN'S LICENSE NUMBER 036045746

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



DECEDENT ALIAS
AKA JOSEFINA M GASCON

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



2379669

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

REGISTERED NUMBER

MEDICAL CERTIFICATE OF DEATH

608697

NUMBER

61 YEARS

DECEASED-NAME: **JAVIER** FIRST **GASCON** MIDDLE **GASCON** LAST **GASCON** SEX **2 Male** DATE OF DEATH (MONTH, DAY, YEAR) **3 May 4, 1991**

CITY OF DEATH **COOK** COUNTY OF DEATH **COOK**

1. **COOK** COUNTY OF DEATH **COOK**

4. **CHICAGO** CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **CHICAGO**

5a. **60** AGE-LAST BIRTHDAY (YEARS) **60** UNDER 1 DAY **5d SEPTEMBER 26, 1930** DATE OF BIRTH (MONTH, DAY, YEAR)

5b. **LABOR** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **Northwestern Memorial Hospital**

5c. **10** HOURS **10** MIN **10** SEC

6a. **CHICAGO** BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **CHICAGO**

6b. **LABOR** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **LABOR**

6c. **NO** WAS DECEASED EVER IN US OP/EMER. RM. INPATIENT (SPECIFY)

7. **MEXICO** SOCIAL SECURITY NUMBER **MEXICO**

8a. **MARIED** NAME OF SURVIVING SPOUSE (MARRIENNAME, IF WIFE) **MARIED**

8b. **MORALES** NAME OF SURVIVING SPOUSE (MARRIENNAME, IF WIFE) **MORALES**

9. **NO** WAS DECEASED EVER IN US OP/EMER. RM. INPATIENT (SPECIFY)

10. **34-28-6711** RESIDENCE (STREET AND NUMBER) **34-28-6711**

11a. **LABOR** KIND OF BUSINESS OR INDUSTRY **LABOR**

11b. **STEEL** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) **STEEL**

11c. **10** ELEMENTARY SECONDARY (10-12) **10** COLLEGE (1-4 or 5-1)

12. **CHICAGO** CITY, TOWN, TWP. OR ROAD DISTRICT NO. **CHICAGO**

13a. **8534 so. COLFAX** RESIDENCE (STREET AND NUMBER) **8534 so. COLFAX**

13b. **CHICAGO** CITY, TOWN, TWP. OR ROAD DISTRICT NO. **CHICAGO**

13c. **YES** OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) **YES**

14. **ILLINOIS** STATE **ILLINOIS**

14a. **WHITE** RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) **WHITE**

14b. **NO** YES SPECIFY: **MEXICANO**

14c. **YES** SPECIFY: **MEXICANO**

15. **JOSE** FATHER-NAME FIRST **JOSE** MIDDLE **GASCON** LAST **GASCON**

16. **SOLEDA** MOTHER-NAME FIRST **SOLEDA** MIDDLE **GASCON** LAST **GASCON**

17. **Medical Records** RELATIONSHIP **Medical Records**

17a. **Shirley Jackson** MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) **Shirley Jackson, 303 E. Superior, Chicago, IL 60611**

18. **PART I** Enter the diseases or complications that caused the death. Do not tent the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

(a) **Left ventricular hypertrophy** DUE TO, OR AS A CONSEQUENCE OF **Years**

(b) **Aortic stenosis** DUE TO, OR AS A CONSEQUENCE OF **Years**

(c) **PART II** Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

20a. **DATE OF OPERATION, IF ANY** MAJOR FINDINGS OF OPERATION

20b. **DATE OF OPERATION, IF ANY** MAJOR FINDINGS OF OPERATION

20c. **DATE OF OPERATION, IF ANY** MAJOR FINDINGS OF OPERATION

21a. **I did last attend alive May 4, 1991** TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

21b. **NO** W. S. PRISONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)

22a. **James W. Frederick MD** SIGNATURE (TYPE OR PRINT) **James W. Frederick MD**

22b. **May 4, 1991** DATE SIGNED (MONTH, DAY, YEAR)

22c. **57651** ILLINOIS LICENSE NUMBER

23. **James Frederick, M.D.** NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER **James Frederick, M.D.**

23a. **303 E. Chicago Ave. Chicago, IL** ADDRESS (TYPE OR PRINT) **303 E. Chicago Ave. Chicago, IL**

24. **BURIAL** URINAL, CREMATION, EMBOL (SPECIFY) **BURIAL**

24a. **ST. MARY** CEMETERY OR CREMATORY-NAME **ST. MARY**

24b. **EVERGREEN PARK, ILLINOIS** LOCATION **EVERGREEN PARK, ILLINOIS**

24c. **CHICAGO** CITY OR TOWN **CHICAGO**

24d. **ILLINOIS** STATE **ILLINOIS**

24e. **81991** ZIP **81991**

25. **318547** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **318547**

26. **DATE FILED: MAY 6 1991** DATE FILED: **MAY 6 1991**

26a. **Charles A. Spanghoffer** FUNERAL DIRECTOR'S SIGNATURE **Charles A. Spanghoffer**

26b. **James W. Frederick, M.D.** SIGNATURE **James W. Frederick, M.D.**

DEPARTMENT OF HEALTH - CITY OF CHICAGO UNOFFICIAL COPY

I, VIRGINIA L. PARRER, M.B.A. LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.