UNOFFICIAL COPY

ESTATE OF,	Doc# 2323722012 Fee \$81.00					
ROSENDO TORRES) RHSP FEE:\$18.00 RPRF FEE: \$1.00) KAREN A. YARBROUGH					
) COOK COUNTY CLERK					
Deceased.) DATE: 08/25/2023 10:58 AM PG: 1 OF 4					
)					

AFFIDAVIT OF HEIRSHIP

I, LEANDRA M. TORRES, under oath to state:

- 1. I am the wife of Rosendo Torres, deceased. I am over 21 years of age, of sound mind and memory, and reside in Stickney, Cook County, Illinois.
- 2. Rosendo Torres died May 24, 2022, and at the time of his death was a resident of Stickney, Cook County, Illinois A copy of his death certificate is attached.
- 3. Rosendo Torres and I, Leandra M. Torres, were married on October 18, 1969.
- 4. Rosendo Torres and I, Leandra M. Torres, had four children, namely Michael R. Torres, Frank R. Torres, Steven J. Torres, and Kevin J. Torres.
- 5. Michael R. Torres, Frank R. Torres, Steven J. Torres, and Kevin J. Torres are all alive in reside in the United States.
- 6. Rosendo Torres and I, Leandra M. Torres, did not adopt any children.
- 7. Rosendo Torres and I, Leandra M. Torres, did not have any other children.
- 8. Rosendo Torres, individually, did not have any other children born to him, nor did he adopt any children, and did not have any other children.
- 9. Rosendo Torres' parents were Elpidio Torres and Concepcion R. Torres.

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- 10. Elpidio Torres died July 11, 1994 and Concepcion R. Torres died October 19, 2011.
- 11. Further, affiant saith not.

eandra M. Torres

Subscribed and sworn to before me this 31st day of May 2023.

OFFICIAL S'_AI.
CHRISTOPHER KOCZWARA
NOTARY PUBLIC, STATE O.F II LINGIS
MY COMMISSION EXPIRES: 7/9/2025

CHRISTOPHER S. KOCZWARA

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LEGAL DESCRIPTION

LOT 28 IN BLOCK 3 IN R.A. CEPEK'S SUBDIVISION OF BLOCKS 13 AND 14 IN NICKERSON SUBDIVISION OF EAST 1/2 OF SECTION 6, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

COMMONLY KNOWN AS: 4226 S. GUNDERSON AVE., STICKNEY, IL 60402

PERMANENT REAL ESTATE INDEX NUMBER: 19-06-222-030-0000

Mail Deed to:

Send Tax Bill:

Prepared by:

Christopher Koczwara 5838 S. Archer Avenue Chicago, IL 60638

Leandra Torres 4226 S. Gunderson Ave. Stickney, IL 60402 Christopher Koczwara 5838 S. Archer Ave. Chicago, IL 60638

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

STATE FILE NUMBER 2022 00	049573							DAT	E ISSUED	6/8/2022
DECEDENT'S LEGAL NAME ROSENDO TORRES							ALE	DATE OF DEAT		
COUNTY OF DEATH COOK		* * * * * * * * * * * * * * * * * * * *	AT LAST BIRTH 8 YEARS	IDAY	C	MARCH (i gardi
CITY OR TOWN PROVISO TWP	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				OR OTHER INS					
PLACE OF DEATH INPATIENT	- <u>- 第</u> - 選挙執、"			후을 취 (美 157 (美麗)	##### % 198 ##		er gran gar gran			1965年 (基)
BIRTHPLACE MEXICO	SOCIAL SE	CURITY NUM	BER STATUS	AT TIME OF DEATH		11.00	VIL UNION PARTN RIA GONZA	ER'S MAIDEN NAME LEZ	EVER IN U.S. AF	
RESIDENCE 4226 GUNDERSON AV				APT: NO.	CITY OR TO				INSIDE CITY LIMIT	
COOK STA	ZIP CO 60402		R/CO PARENTS ! PIDIO: TORI	AME PRIOR TO FIRST	MARRIAGE/CIVIL			S NAME PRIOR TO F	IRST MARRIAGE/CIVIL	UNION
LEANDRA M TORRES			RELATIONSHIP SPOUSE		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NG ADDRESS 6 GUNDER		STICKNEY, IL	60402	
METHOD OF DISPOSITION CREMATION			DISPOSITION AWN CREM	IATORY	1 4 5	TION CITY OF		TATE DATE OF JUNE	DISPOSITION 01, 2022	7. 整體 9. 以經濟
FUNERAL HOME RIDGE FUNERAL HOME	, 6620 W.	ARCHE	VF., CHICA	GO IL, 60638						
FUNERAL DIRECTOR'S NAME ESMERAL DA RAMIREZ						FL	JNERAL DIRECT 034015830	FOR'S ILLINOIS LIC	ENSE NUMBER	
LOCAL REGISTRAR'S NAME ANTHONY WILLIAMS						10.00	ATE FILED WITH MAY 31, 20	LOCAL REGISTR 22	AR	
CAUSE OF DEATH PART I	a .							TE VEEN ATF		
(Final disease or condition resulting in death)	b entered			Due to for as a unseque	one of)			OXIMA AL BETV AND DE		
				due to (or as a conseque	nce of).			APPR APPR STERVA		
	o.	k))						≜ U		
PART II. Enter other significant con		ibuting to de		Oue to (or as a conseque			The same	AN AUTOPSY PER	FORMEDS NO	TERE :
							WER	AUTOPSY FINDIN	VGS USED TO	
FEMALE PREGNANCY STATUS		Table and the con-				256	MAN Y	ER OF DEATH		
DATE OF INJURY		TIME	DF INJURY	PLACE OF I	NJURY				INJURY AT WO	PK?
LOCATION OF INJURY		eries Lenera Gertaer Gale Bart								
DESCRIBE HOW INJURY OCCURR	ED:							IF TRANSPOR	A) ON INJURY, SP	ECIFY:
ATTEND THE DECEASED?	DATE LAST S			DICAL EXAMINER O	75 15 15 15 15 15 15 15 15 15 15 15 15 15	DATE PROM			TIME OF DEATH	7974 24888 2887
YES	MAY 24,	2022	2.5	R CONTACTED?	YES	War in			03:20 PM	
CERTIFIER PHYSICIAN							94-9 - 1 1855 - 1 1854	MAY 25.	ED 2 022	



NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH

CARLOS LARA, MD, 2160 S 1ST AVE, MAYWOOD, ILLINOIS, 60153

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



PHYSICIAN'S LICENSE NUMBER