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Doc#: 2401746027 Fee: \$107.00
Karen A. Yarbrough
Cook County Clerk
Date: 01/17/2024 11:44 AM Pg: 1 of 5

RECORDING COVER SHEET

Mail to:

The Law Offices of Galanopoulos and Galgan
Robert J. Galgan, Jr.
340 W. Butterfield Road, #1A
Elmhurst, IL 60126

Prepared by:

The Law Offices of Galanopoulos and Galgan
Robert J. Galgan, Jr.
340 W. Butterfield Road, #1A
Elmhurst, IL 60126

Mail tax bill to:

Patrick Brandt
18838 Cherry Lane
Lansing, IL 60438

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AFFIDAVIT OF HEIRSHIP

Michael Brandt after being first duly sworn under oath deposes and states as follows:

1. He is the son of the decedent, Anne T. Brandt, and has personal knowledge of the facts herein.
2. Anne T. Brandt died testate/intestate on November 22, 2021.
3. That Anne T. Brandt was married only once and then to Michael W. Brandt, who predeceased the decedent. That Anne T. Brandt never had or adopted any other children. That Michael W. Brandt never had or adopted any other children. That of said marriage 4 children were born and none adopted, namely:

- A. Michael, living, of legal age and mentally competent.
 1. Patrick, living, of legal age and mentally competent.
 2. Kevin, living, of legal age and mentally competent.
 3. Steven, living, of legal age and mentally competent.
 4. _____, living, of legal age and mentally competent.

4. That the affiant makes this affidavit for the purpose of establishing the Heirship of Anne T. Brandt, Deceased as follows:

- A. N/A, (Surviving Spouse, if any)
- B. Michael, child of Decedent.
- C. Patrick, child of Decedent.
- D. Kevin, child of Decedent.
- E. Steven, child of Decedent.

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Dated this 28th day of December, 2023

Michael Brandt
Michael Brandt (Affiant)

Subscribed and Sworn to this 28th day of
December 2023
Angela M. Winker
Notary Public



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LEGAL DESCRIPTION

LOT 120 IN THOMAS TOEPFER'S OAKWOOD ESTATES UNIT NO. 3, BEING A SUBDIVISION OF PART OF THE SOUTHEAST $\frac{1}{4}$ OF THE NORTHEAST $\frac{1}{4}$ OF SECTION 6, TOWNSHIP 35 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index Number(s): 33-06-203-030-0000

Address of Real Estate: 18838 Cherry Lane, Lansing, IL 60438

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EXHIBIT A
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**INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**

Tracking No. **301859**

Local No 004751

EDR No 000011200750

State No 2021-067316

1. Decedent's Legal Name (First, Middle, Last) Anne T. Brandt		1a. Maiden Name (If Female) Markovich		2. Gender Female	3. Time Of Death 07:10 PM	4. Date Of Death (Month/Day/Year) 11/22/2021	
5. Social Security Number [REDACTED]	6a. Age - Yrs 87	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 06/22/1934	8. Birthplace (City and State or Foreign Country) East Chicago, Indiana
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department/Outpatient <input type="checkbox"/> Dead on Arrival		10a. If Death Occurred Somewhere Other Than A Hospital: <input checked="" type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)			
11. Facility Name (If Not Institution, Give Street and Number) William J. Riley Memorial Residence, Hospice							
12. City Or Town, State, And Zip Code Munster, Indiana 46321				13. County Of Death Lake		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name		15a. Last Name Before First Marriage		16. Decedent's Usual Occupation Homemaker		17. Kind Of Business/Industry Own home	
18. Residence - State IL		18a. County Cook		18b. City Or Town Lansing		18c. Street And Number 18838 Cherry Lane	
18d. Apt. No.		18e. Zip Code 60438		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education High School graduate or GED completed		20. Decedent Of Hispanic Origin <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		21. Decedent's Race White			
22. Parent's Name (First, Middle, Last) Stephen Markovich		23. Parent's Name (First, Middle, Last) Josephine Markovich		23a. Parent's Last Name Before First Marriage Segina			
24. Informant's Name Michael Brandt		24a. Relationship To Decedent Son		24b. Mailing Address (Street And Number, City, State, Zip Code) 4560 Woodland Avenue, Western Springs, IL, 60558			
25a. Method Of Disposition: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) St. John - St. Joseph Catholic Cemetery		25c. Location - City, Town, And State Hammond, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Elmwood Chapel Ltd 11300 W 97th Lane, Saint John, Indiana, 46373				27a. Funeral Home License Number: FH19900052	
27b. Signature Of Indiana Funeral Service Licensee: Donald F. Sciacitano		27c. License Number (Of Licensee): FD20900052		27d. Electronically Signed			
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter On/ Or A Cause On A Line. Add Additional Lines If Necessary. Approximate Interval: Onset To Death							
Immediate Cause (Final Disease Or Condition Resulting In Death)		A. ENCEPHALOPATHY AND JAUNDICE DUE TO LIVER				2 WEEKS	
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last		B. METASTASIS FROM RIGHT BREAST CANCER				MONTHS	
		C.					
		D.					
Part II. Enter Other Significant Conditions Contributing In Death But Not Resulting In The Underlying Cause Given In Part I						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
						30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant After Post Year: <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death: <input type="checkbox"/> Unknown If Pregnant Within The Past Year		33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined			
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)		37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.	
						38d. Zip Code	
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
41. Signature, Of Person Certifying Cause Of Death: Lyle R Munn		42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Lyle R Munn 600 Superior Avenue, Munster, IN 46321			
44. License Number 01031582A		45. Date Certified 11/25/2021		46. Additional Funeral Service Provider: Schroeder-Lauer Funeral Home 3227 Ridge Road, Lansing, IL 60438			
47. Tax(es)		48. Signature of Local Health Officer: Chandana Vavilala		49. For Registrar Only - Date Filed (Month/Day/Year): NOV 29 2021		11/29/2021	
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)							
LAKE COUNTY HEALTH OFFICER							