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89246297

① 355440

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

IN THE MATTER OF

89246297

EVA SHAPIRO, Deceased

AFFIDAVIT OF HEIRSHIP

SANDRA MILLER and BEVERLY GOTHELF, Affiants herein, being first duly sworn on oath, depose and state as follows:

1. That we are the daughters of the Decedent, are of legal age and reside at 225 North Serena, Chicago Heights, Illinois 60411 (SANDRA MILLER); and 8438 North Christiana, Skokie, Illinois 60076 (BEVERLY GOTHELF).

2. That the Decedent, EVA SHAPIRO, died at Chicago, Illinois, on January 7, 1989, at the age of 78 years.

3. That the Decedent was married once and only once and then to SIDNEY H. SHAPIRO, who died on March 9, 1987. SIDNEY H. SHAPIRO, similarly, was married once and once only, and then to EVA SHAPIRO.

4. That as the result of the marriage of EVA SHAPIRO to SIDNEY H. SHAPIRO, two (2) children were born, namely:

- a) SANDRA MILLER, born June 26, 1935, currently 53 years of age, married to FRED MILLER;
- b) BEVERLY GOTHELF, currently 51 years old, married to IRWIN GOTHELF.

That no other children were born to or adopted by EVA SHAPIRO and SIDNEY H. SHAPIRO as a result of said marriage. That the aforementioned children of SIDNEY AND EVA SHAPIRO, are both of legal age and under no legal disability.

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5. That EVA SHAPIRO left a will, which has not nor will be probated, but which has been filed in the Circuit Court of Cook County, Probate Division, on January 23, 1989. That under the terms of the aforementioned will of EVA SHAPIRO, all of her property, of every kind, nature and description, including real estate, was bequeathed and devised to her two (2) children, Affiants hereinabove, in equal shares, and that disposition of the estate of the Decedent would be the same under the laws of intestacy, of the State of Illinois.

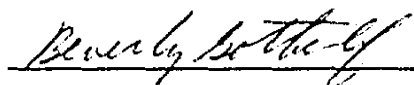
That the only surviving Heirs at Law of Decedent, EVA SHAPIRO, are:

- a) SANDRA MILLER, born June 26, 1935, currently 53 years of age, married to FRED MILLER:
- b) BEVERLY GOTHELF, currently 51 years old, married to IRWIN GOTHELF.

6. That at the time of the death of SIDNEY H. SHAPIRO, his estate consisted of property held in joint tenancy with his wife and widow, EVA SHAPIRO, except for one automobile in his own name, a 1983 Oldsmobile, worth approximately \$7,000 on March 3, 1987.

That at the time of the death of EVA SHAPIRO, on January 7, 1989, her estate consisted of approximately \$147,000 including real estate improved with family residence located at 6219 North Troy, Chicago, Illinois 60659; furniture with the approximate value of \$2,000, jewelry with the approximate value of \$15,000 and savings bonds, \$1,500 face value (but with interest, worth approximately \$3,000).


SANDRA MILLER


BEVERLY GOTHELF

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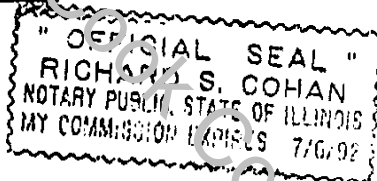
SANDRA MILLER and BEVERLY GOTHELF, Affiants, state that we have read the above and foregoing statements and the same are true and correct in substance and in fact.

Sandra Miller
SANDRA MILLER

Beverly Gothef
BEVERLY GOTHELF

Subscribed and Sworn to before me this 11th day of May, 1989.

Richard S. Cohan
NOTARY PUBLIC



PREPARED BY:

RICHARD S. COHAN
221 N. LaSalle St.
Suite 826
Chicago, IL 60601
Attorney No. 62151

MAIL TO:
JOHN PAPADIA
8303 W. Higgins, #220
Chicago, IL 60631

LEGAL DESCRIPTION:

Lot 126 in Krenn & Dato's Devon-Kedzie Addition to North Edgewater being a subdivision of the NW 1/4 of NW 1/4 of Section 1 Township 40 North, Range 13, E of the TPM in Cook County, IL, commonly known as 6219 N. Troy, Chicago, IL 60659-1411
PIN # 13-01-109-013

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DECEDENT'S BIRTH NO	REGISTRATION DISTRICT NO 16.23	STATE OF ILLINOIS	STATE FILE NUMBER			
	REGISTERED NUMBER 35	MEDICAL CERTIFICATE OF DEATH				
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH DAY YEAR)	
	1 Eva Shapiro			2 Female	3 January 7, 1989	
A	COUNTY OF DEATH	AGE - LAST BIRTHDAY (MM/YY)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH DAY YEAR)	
	4 Cook	5a 78	5b	5c	5d April 6, 1910	
B	CITY, TOWN, TWP OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION NAME (TYPE OF OTHER CARE STREET ADDRESS ZIP)		IF DECEASED IN CARE OF A HOSPITAL OR OTHER INSTITUTION (YES/NO)	
	6a Evanston		6b Saint Francis Hospital		6c Inpatient	
C	BIRTHPLACE (CITY AND STATE OF BIRTH)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MARRIAGE DATE)		WAS DECEASED A FELLOW MEMBER OF THE SPOUSE'S RELIGIOUS CHURCH?	
	7 Chicago, Illinois	8a Widowed	8b None		9 No	
D	SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIAL COURSE, HIGHEST GRADE COMPLETED)		
	10 323-22-1156	11a Secretary	11b Association	12 12		
E	RESIDENCE (STREET AND NUMBER)		CITY, TOWN, OR ROAD DISTRICT NO	INSIDE CITY (YES/NO)	COUNTY	
	13a 6219 N. Troy		13b Chicago	13c Yes	13d Cook	
F	STATE	ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, OR HISPANIC ORIGIN)	OF HISPANIC ORIGIN (SPELLO, MEXICAN, PORTUGUESE, SPANISH, CUBAN, MEXICAN, PUERTO RICAN, ETC)		
	13e Illinois	13f 60659	14a White	14b K: NO YES SPECIFY		
G	FATHER NAME FIRST MIDDLE LAST	MOTHER NAME FIRST MIDDLE LAST				
	15 Joseph Cohen	16 Sarah Pupkin				
H	INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO OR R.F.D. CITY OR TOWN, STATE ZIP)		
	17a M. Walz (clerk)		17b Records	17c 355 Ridge Ave., Evanston, IL 60202		
I	18 PART I Enter the diseases, injuries, or conditions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Immediate Cause (Final disease or condition resulting in death) (a) Myocardial Infarction					4 days
	CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) Severe Coronary Artery Disease					Years
	CAUSE LAST (c)					
J	PART II Other significant conditions contributing to death but not resulting in the underlying cause given in PART I				AUTOPSY (YES/NO)	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?
					19a No	20c YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
K	DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION			IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?	
	20a 1/3 and 1/7/89	20b Calcified Aortic Stenosis and Severe Coronary Artery Disease			20c YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
L	(I) (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	HOUR OF DEATH		
	21a January 7, 1989		21b Yes	21c 6:20 P.M.		
M	TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED					DATE SIGNED (MONTH DAY YEAR)
	22a SIGNATURE <i>Ralph E. Otto</i>					22b January 7, 1989
	22c Ralph E. Otto; 800 Austin, #204; Evanston, Illinois					ILLINOIS LICENSE NUMBER
N	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)					NOTE: IF AN ANATOMY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
	22d					22e 036-41713
O	BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY - NAME	LOCATION CITY OR TOWN STATE	DATE (MONTH DAY YEAR)		
	24 Burial	24b Westlawn Cemetery	24c Norridge, Illinois	24d Jan. 10, 1989		
P	FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP					
	25a Piser Weinstein Menorah Chapel; 9200 N. Skokie Boulevard; Skokie, Illinois 60077					
Q	FUNERAL DIRECTOR'S SIGNATURE				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	
	25b <i>Joseph A. Rath</i>				25c 6132	
R	LOCAL REGISTRAR'S SIGNATURE				DATE FILED BY LOCAL REGISTRAR - MONTH DAY YEAR	
	26a <i>Louise Brown</i>				26b January 10, 1989	

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at Item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE January 10, 1989 SIGNED *Louise Brown*

AT Evanston, Illinois OFFICIAL TITLE Local Registrar **89246297**

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

REGISTRATION DISTRICT NO. 16.10 REGISTERED NUMBER

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 604790

DECEASED - NAME: SIDNEY SHAPIRO

1. RACE - WHITE, BLACK, AMERICAN ORIGIN OR DESCENT: SHAPIRO

2. SEX: MALE

3. DATE OF DEATH - (MONTH, DAY, YEAR): MARCH 9, 1987

4. AGE - LAST BIRTHDAY (MONTH, DAY, YEAR): 77

5. UNDER 1 YEAR: 0

6. UNDER 1 YEAR: 0

7. COUNTY OF DEATH: COOK

8. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: CHICAGO

9. CITIZEN OF WHAT COUNTRY: USA

10. MARRIED: MARRIED

11. NAME OF SURVIVING SPOUSE - (FULL NAME, IF ANY): EVA SHAPIRO

12. SOCIAL SECURITY NUMBER: 322-16-0800

13. ARCHITECTURE: ARCHITECT

14. CITY, TOWN, TWP. OR ROAD DISTRICT NO.: CHICAGO

15. MOTHER - MARRIED: YES

16. COUNTY: COOK

17. FATHER - NAME: PHILLIP SHAPIRO

18. RELATIONSHIP: WIFE

19. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 6219 N. TRACY, CHICAGO, ILL.

20. DEATH WAS CAUSED BY: INANITION & STARVATION

21. IMMEDIATE CAUSE: (a) DUE TO OR AS A CONSEQUENCE OF: INANITION & STARVATION

(b) FAR ADVANCED SQUAMOUS CELL CARCINOMA

(c) PALATE GUNTS BUCCAL HULCOSA

22. OTHER SIGNIFICANT CONDITIONS: COMPTONS CONTINUING TO DEATH BUT NOT RELATED TO CAUSE OF DEATH IN PART 11A

23. DATE OF OPERATION, IF ANY: NONE

24. (1) DID (YOU NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: MARCH 6, 1987

25. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE (S) STATED: 11:30 P.M.

26. SIGNATURE: Myrtle K. Cunningham M.D.

27. NAME AND ADDRESS OF CERTIFIER: MYRTLE K. CUNNINGHAM M.D., 800 AUSTIN #501, EVANSTON, ILL. 60202

28. ILLINOIS LICENSE NUMBER: 36-36129

29. BURIAL, CREMATION, REMOVAL (SPECIFY): WESTLAWN

30. CEMETERY OR CREMATORY - NAME: WESTLAWN

31. CITY OR TOWN: PEARLWOOD Pk. ILL.

32. STATE: ILL.

33. DATE: MARCH 11, 1987

34. FUNERAL HOME: Piser Weinstein Memorial Chapel, 5206 N. Broadway, Chi. Ill. 60640

35. FUNERAL DIRECTOR'S SIGNATURE: Piser Weinstein Memorial Chapel

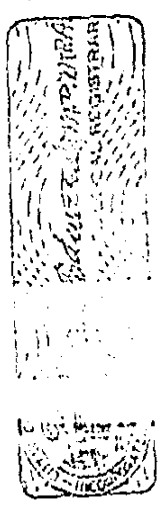
36. LOCAL REGISTRAR'S SIGNATURE: Myrtle K. Cunningham M.D.

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THIS CERTIFIED COPY VALID WHEN MULTICOLOR SEAL AND BLUE SIGNATURE ARE AFFIXED

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

JENNIE C. EDWARDS M.D. M.P.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 OF 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 AS A
RECORD KEPT BY ME IN PURSUANCE OF
SAID LAWS AND ORDINANCES.



March 11, 1987.

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TJVV 00 915
\$16.00 MAIL

Property of Cook County Clerk's Office

DEPT-01 916.25
T#4444 TRAN 7293 05/31/87 15:20:00
#8917 # D #--89--246297
COOK COUNTY RECORDER

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