

STATE OF ILLINOIS )  
COUNTY OF C O O K ) SS.

AFFIDAVIT OF HEIRSHIP

ESTATE OF  
GLADYS G. MAZUR,  
Deceased.

CHARLES EDWARD MAZUR, on oath says:

1. That the Decedent, GLADYS G. MAZUR, died at Chicago, Illinois on January 5, 1990, at the age of 65 years.
2. I am of legal age and reside at 4846 North Springfield Avenue, Chicago, Illinois, and I am the son of the decedent.
3. That the decedent was married once to Charles J. Mazur, who died on September 13, 1980.
4. That the following child, and no others, was born to or adopted by the decedent, namely:  
CHARLES EDWARD MAZUR, who is an adult and competent, and is married to Deborah Lynn Mazur.
5. Based on the foregoing, decedent left surviving as her only heir the following, who has survived the decedent, and is of legal age, is mentally competent, and

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is a natural child, namely: Charles Edward Mazur.

*Charles Edward Mazur*  
Charles Edward Mazur, Affiant

Signed and sworn to before me this  
13 day of April, 1990.

*Yale P. Bass*

"OFFICIAL SEAL"  
YALE P. BASS  
Notary Public, State of Illinois  
My Commission Expires Jan. 5, 1993

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850874

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YALOW BASS

188 W. RANDOLPH

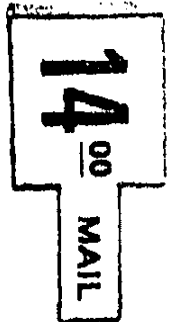
Pm 1127

CHICAGO, IL 60601



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REGISTRATION DISTRICT NO **16.10**  
 REGISTERED NUMBER  
 DECEASED NAME **GLADYS MAZUR**  
 COUNTY OF DEATH **COOK**  
 CITY, TOWN TWP OR ROAD/DISTRICT NUMBER

DATE OF DEATH **JANUARY 5, 1990**  
 SEX **FEMALE**  
 AGE LAST BIRTHDAY **65**  
 DATE OF BIRTH **AUGUST 29, 1924**  
 CITY, TOWN TWP OR ROAD/DISTRICT NUMBER **CHICAGO**

BIRTHPLACE **WASHINGTON, D.C.**  
 COUNTY OF BIRTH **DC**  
 SOCIAL SECURITY NUMBER **345-18-9019**  
 RESIDENCE STREET AND NUMBER **4216 N. BERNARD**  
 CITY, TOWN, TWP OR ROAD/DISTRICT NO **CHICAGO**

RELATIONSHIP TO DECEASED **DAUGHTER**  
 OCCUPATION **HOUSEWIFE**  
 EDUCATION **9**  
 COUNTY **COOK**  
 MARRIAGE **1**  
 SPECIFY **MARRIED**

DECEASED'S NAME **EDWARD MAZUR**  
 RELATIONSHIP **SON**  
 ADDRESS **170 45th N. SPRINGFIELD CHICAGO, IL 60625**

CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) **MYOCARDIAL INFARCT**  
 (b) **DIABETES MELITUS**  
 (c) **CRONIC VASCULAR DISEASE**  
 CAUSE LAST

DATE OF OPERATION, IF ANY  
 MAJOR PRINCIPALS OF OPERATION  
 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE INDICATED AS TO THE CAUSES STATED

22a SIGNATURE AND ADDRESS OF CERTIFIER  
 22c NAME OF ATTENDING PHYSICIAN (OTHER THAN CERTIFIER)  
 23a BIRTHPLACE AND COUNTY OF BIRTH  
 23b CITY, TOWN, TWP OR ROAD/DISTRICT NO

24a BIRTHPLACE AND COUNTY OF BIRTH  
 24b CITY, TOWN, TWP OR ROAD/DISTRICT NO  
 25a BIRTHPLACE AND COUNTY OF BIRTH  
 25b CITY, TOWN, TWP OR ROAD/DISTRICT NO

26a BIRTHPLACE AND COUNTY OF BIRTH  
 26b CITY, TOWN, TWP OR ROAD/DISTRICT NO

STATE OF ILLINOIS  
 COUNTY OF COOK  
 CITY OF CHICAGO

JAMES W. MASTERSON, M.P.H., ACTING  
 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 ACCOMPANY-  
 ING CERTIFICATE ON THIS SHEET IS A  
 TRUE COPY AS A RECORD KEPT BY ME IN  
 PURSUANCE OF SAID LAWS AND ORDI-  
 NANCES



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

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DEPT-01 RECORDING \$14.25

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COOK COUNTY RECORDER