

UNOFFICIAL COPY

STATE OF ILLINOIS)
) SS.
COUNTY OF COOK)

AFFIDAVIT OF HEIRSHIP

James Greco, on oath says:

1. He is of legal age and resides at 1607 Kensington, Westchester, Illinois and is the son of the decedent.

2. The decedent, Jean J. Greco died on November 25, 1989 at Melrose Park, Illinois at the age of 66 years.

3. The decedent was married only once and then to Dominic Frank Greco, who predeceased her.

4. Two children were born of Jean J. Greco and Dominic Frank Greco, who never had nor adopted any other children.

a. Donna Jean Imbrogno, who is living and married, her daughter.

b. James Greco, who is living and married, her son.

5. The heirs at law of Jean J. Greco are Donna Jean Imbrogno and James Greco, both of legal age and mentally competent.

6. At the time of her death, decedent was the owner of the following described property:

LOT 203 IN GEORGE F. NIXON AND COMPANY'S 22ND STREET ADDITION TO WESTCHESTER, BEING A SUBDIVISION IN THE WEST 1/2 OF THE SOUTH EAST 1/4 OF SECTION 20, TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

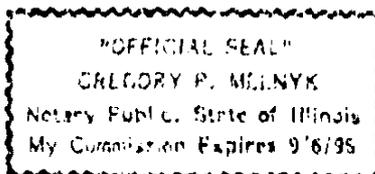
COMMONLY KNOWN AS: 1607 KENSINGTON, WESTCHESTER, ILLINOIS 60153-60154844

PERMANENT INDEX NUMBER: 15-20-402-002-0000

James Greco
James Greco

Subscribed and sworn to
before me this 31st
day of January, 1992.

Gregory P. Melnyk
NOTARY PUBLIC



15-20-402-002-0000

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92092182



GREGORY P. MANNING
CLERK OF COURT & ADMINISTRATOR, LTD.
1111 SOUTH BROAD
OAK PARK, IL 60302

27
Clerk's Office

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DECEDENT'S BIRTH AND

REGISTRATION DISTRICT NO. 1635
REGISTERED NUMBER 761

STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

03000182

Type of Area in
Reference to an
See Funeral Director,
Registrar or Physician
Member of the
Institutions

DECEASED

PARENTS

CAUSE

CERTIFIER

DISPOSITION

1 DECEASED NAME: **JEAN** MIDDLE NAME: **GRECO** LAST: **JEAN** DATE OF BIRTH: **13 NOVEMBER 25, 1989**

2 COUNTY OF DEATH: **COOK** AGE LAST BIRTHDAY: **66** SEX: **F** DATE OF DEATH: **25 MAY 1993**

3 CITY/TOWNSHIP: **CHICAGO, ILL.** HOSPITAL OR OTHER INSTITUTION: **GOTTlieb MEMORIAL HOSPITAL**

4 REGISTERED NUMBER: **761** SOCIAL SECURITY NUMBER: **30-10154** MARITAL STATUS: **W** IN-PATIENT: **Y**

5 SEX: **F** RACE: **WHITE** ETHNICITY: **MARK**

6 FATHER NAME: **JOHN** MIDDLE NAME: **VITELLO** LAST: **WHITE**

7 MOTHER NAME: **NETTIE** MIDDLE NAME: **WEST** LAST: **SCHAVORE**

8 REGISTERED NUMBER: **160154** SOCIAL SECURITY NUMBER: **30-10154**

9 CITY/TOWNSHIP: **CHICAGO, ILL.** HOSPITAL OR OTHER INSTITUTION: **GOTTlieb MEMORIAL HOSPITAL**

10 REGISTERED NUMBER: **1607** SOCIAL SECURITY NUMBER: **30-10154**

11 CITY/TOWNSHIP: **CHICAGO, ILL.** HOSPITAL OR OTHER INSTITUTION: **GOTTlieb MEMORIAL HOSPITAL**

12 PART I: **ANNA SZOSTAK** (17a) REGISTERED NUMBER: **160154** SOCIAL SECURITY NUMBER: **30-10154**

13 PART II: **ANNALS OF THE DECEASED** (18a) **Heart failure** (18b) **Heart failure** (18c) **Heart failure**

14 CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) **Heart failure** (b) **Heart failure** (c) **Heart failure**

15 DATE OF OPERATION IF ANY: **NO** PLACE AND ADDRESS OF OPERATION: **NO**

16 SIGNATURE OF CERTIFIER: **John Stacey** (19a) REGISTERED NUMBER: **8597** SOCIAL SECURITY NUMBER: **30-10154**

17 SIGNATURE OF ATENDING PHYSICIAN OR OTHER HEALTH CENTER: **WILLIAM T. HENCO M.D.**

18 SIGNATURE OF REGISTERAR: **John Stacey**

19 SIGNATURE OF DECEASED: **JEAN GRECO**

20 SIGNATURE OF WITNESSES: **John Stacey**

21 BIRTHAL CREMATION REMOVAL SERVICE: **MR. CARROLL**

22 FUNERAL HOME: **HILSDALE, ILLINOIS**

23 FUNERAL DIRECTOR'S SIGNATURE: **John Stacey**

24 LOCAL REGISTRAR'S SIGNATURE: **John Stacey**

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named as 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: **MAY 27 1993** SIGNED: **John Stacey** REGISTERAR

AT: **MELROSE PARK**, Illinois OFFICIAL TITLE: **REGISTERAR**

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.

92092152

LAST WILL AND TESTAMENT

OF

JEAN J. GRECO

I, JEAN J. GRECO, now residing in the Village of Bellwood, County of Cook and State of Illinois, being of sound and disposing mind and memory, do hereby make, publish and declare this my Last Will and Testament.

ARTICLE I

I hereby expressly revoke any and all other and former wills and testamentary instruments heretofore made by me, and particularly declare this to be my Last Will and Testament.

ARTICLE II

I hereby direct and provide that all my just debts and all obligations of my estate arising in the course of administration thereof or otherwise shall be first paid or provided for before any other distribution under the terms of this Will. All charges in the nature of inheritance, estate or succession taxes or death duties, whether against my estate or against the succession or interest of any beneficiary hereunder or assessed in any way by reason of my death, shall be paid by my Executor from the principal of my estate as an expense of administration chargeable against my estate generally.

ARTICLE III

I give, devise and bequeath all the estate and effects whatsoever and wheresoever real, personal and mixed to which I may be entitled or which I may have power to dispose of at my decease, to my lawful descendants who survive me, per stirpes. My only children now living are my son, JAMES GRECO and my daughter DONNA JEAN IMBROGNO.

ARTICLE IV

I hereby nominate and appoint my son, JAMES GRECO, or if he dies resigns or refuses or is unable to act, my daughter, DONNA JEAN IMBROGNO, to be Executor of this my Last Will and Testament. I direct that my Executor shall not be required to give any security or surety on his or her bond as Executor.

Handwritten signature: Jean J. Greco

Property of Cook County Clerk's Office

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I give my Executor the following powers and discretions, in each case to be exercisable without court order:

- (a) To sell at public or private sale, to retain, to lease, to borrow money and for that purpose to mortgage or to pledge, all or part of the real or personal property of my estate:
- (b) To settle claims in favor of or against my estate:
- (c) To distribute the residue of my estate in cash or in kind or partly in each, and for this purpose the determination of the Executor as to the value of any property distributed in kind shall be conclusive, and
- (d) To execute and deliver any deeds, contracts, mortgages, bills of sale or other instruments necessary or desirable for the exercise of his or her powers and discretions as Executor.

IN WITNESS WHEREOF, I have hereunto set my hand and seal to this, my Last will and Testament, consisting of two typewritten pages, on the margin of the first page I have attached my signature for greater security and better identification, at Bellwood, Illinois, this 22nd day of July, in the year of our Lord, One Thousand Nine Hundred Seventy five (A.D. 1975).

Jean J. Greco (SEAL)

The above and foregoing instrument as on the day of the date thereof, signed, sealed, and published and declared by JEAN J. GRECO, the Testatrix, and for her Last Will and Testament, in the presence of us, the undersigned, who at her request, in her presence and in the presence of each other, have hereunto subscribed our names as witnesses, this 22nd day of July, A.D. 1975, believing at the time of subscribing our names that the Testatrix, JEAN J. GRECO, was at the time she signed, sealed, published and declared the above as and for her Last Will and Testament, of sound and disposing mind and memory.

<u>Michael Simpanano</u> Name	<u>3411 Butterfield Rd. Bellwood Ill. 6010</u>
<u>Theresa Simpanano</u> Name	<u>3411 Butterfield Rd. Bellwood Ill. 6010</u>
<u>Dorothy H. Stroup</u> Name	<u>1500 Spruvelley, Berkeley, Cal.</u>