

UNOFFICIAL COPY

93989187

STATE OF ILLINOIS)
) SO.
COUNTY OF COOK)

ATTORNEY CODE #23970

ESTATE OF:

WALTER BURDEN

Deceased,

. DEED RECORDED \$27.50
. TRANSFERRED 12/03/93 11:05:00
. INDEXED *-93-989187
. COUNTY RECORDER

AFFIDAVIT OF HEIRSHIP

We, SUSAN BURDEN TOLLEY and WALTER J. BURDEN, daughter and son, respectively, of WALTER BURDEN, Deceased, hereby state as follows on oath:

1. That Veronica Burden, a resident of Palos Park, Illinois, died on May 12, 1989;
2. That Walter Burden, a resident of Orland Park, Illinois, died on May 16, 1993;
3. That Walter Burden and Veronica Burden were married, their date of marriage being June 6, 1953. This marriage was never terminated by divorce.
4. As a result of the marriage of Walter Burden and Veronica Burden, two (2) children were born, namely, Susan Burden, n/k/a Susan Burden Tolley, and Walter J. Burden. No children were adopted by Walter Burden and Veronica Burden during their marriage.
5. No other children were ever born to adopted by Walter Burden and Veronica Burden during their respective lifetimes.
6. We, your Affiant, are both residents of Cook County, Illinois, and reside, respectively as follows:

Susan Burden Tolley: 10335 West 147th Street, Orland Park, Illinois 60462

Walter J. Burden: 11517 Autobahn Drive West, Palos Park, Illinois 60464.

We are both adults and are legally competent to make this affidavit.

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7. That Walter Burden or Veronica Burden were married only once, respectively, that marriage being to each other.
8. That the real estate subject to this affidavit is legally described as follows:

Lot 3 in Wedgewood Trails, being a Subdivision of part of the Southwest 1/4 of Section 9, Township 36 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois

Property Address: 10335 West 147th Street, Orland Park, Illinois 60462

Permanent Real Estate Index Number: 27-09-312-003

Based upon the foregoing, it is our belief that the following heirs at law survive Walter Burden, deceased: Susan Burden Tolley, his daughter and Walter J. Burden, his son.

Susan Burden Tolley

SUSAN BURDEN TOLLEY

Walter J. Burden

WALTER J. BURDEN

Subscribed and Sworn to
before me this 22 day of
NOVEMBER, 1993.

Gary J. Mazian

Notary Public



This Affidavit was prepared by:
Sokol and Mazian
60 Orland Square Drive
Suite 202
Orland Park, Illinois 60462
(708) 460-2266

Mail To:
Sokol and Mazian
60 Orland Square Drive
Suite 202
Orland Park, Illinois 60462
(708) 460-2266

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745-5-89
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MEDICAL EXAMINER'S - CORONER'S
CERTIFICATE OF DEATH

93989157

At Cook County Department of Public Health Official Title Chief Deputy Registrar
1500 South Maybrook Drive, Maywood, Illinois 60153

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE RECORD AS IT APPEARS IN MY OFFICE IN ACCORDANCE WITH THE PROVISIONS OF THE ILLINOIS STATUTES RELATING TO THE REGISTRATION OF BIRTH, STILLBIRNS AND DEATHS.

MAY 16, 1989 SIGNED *[Signature]* DATE

1 DECEASED NAME Veronica	MIDDLE Mary	LAST Burden	SEX Female	DATE OF BIRTH May 12, 1989
2 COUNTY OF DEATH Cook	AGE LAST BIRTHDAY 57	UNDER 18 No	DATE OF DEATH October 20, 1989	TIME OF DEATH 10:00 A.M.
3 CITY, TOWN, VILLAGE OR ROAD DISTRICT NUMBER 60 CHRYST Hospital	MARRIED REVERMARRIED, DIVORCED, WIDOWED, SINGLE Married	NAME OF SURVIVING SPOUSE Walter Burden	LEGAL STATUS Wife	EDUCATION High School
4 HOSPITAL OR OTHER INSTITUTION TO WHICH DECEASED WAS TAKEN 60 CHRYST Hospital	USUAL OCCUPATION Housewife	CITY, TOWN OR ROAD DISTRICT 110 Own Home	EDUCATION High School	RELIGION Cook
5 BIRTHPLACE, CITY AND STATE OR FOREIGN COUNTRY Chicago, Ill.	RACE (WHITE, BLACK, AMERICAN INDIAN, NEGRO, OTHER) White	130 PALOS PARK (OFF HOSPITAL ADDRESS) Palos Park	135 YES Yes	136 YES Yes
6 SOCIAL SECURITY NUMBER 360-4-1319	140 X-RAY None	145 MOTHER'S NAME Emily	150 YES Yes	155 YES Yes
7 RESIDENCE (SEE INSTRUCTIONS) 1157 Autobahn Drive	145 ZIP CODE 60464	RELATIONSHIP Husband	160 MARRIAGE ADDRESS (STREET ADDRESS) 17, 11517 Autobahn Dr., Palos Park, Ill. 60464	165 YES Yes
8 FATHER'S NAME Joseph Rypczynski	150 FIRST MIDDLE LAST Walter Burden	170 MARRIAGE ADDRESS (STREET ADDRESS) 17, 11517 Autobahn Dr., Palos Park, Ill. 60464	180 YES Yes	185 YES Yes
9 CAUSE OF DEATH Multiple Injuries	190 DUE TO OR AS A CONSEQUENCE OF Auto - Street Accident	195 DUE TO OR AS A CONSEQUENCE OF Auto - Street Accident	200 DUE TO OR AS A CONSEQUENCE OF Auto - Street Accident	205 DUE TO OR AS A CONSEQUENCE OF Auto - Street Accident
10 NATURE OF INJURY (SPECIFY) Accident	210 DATE OF INJURY (MONTH, DAY, YEAR) 5-12-89	215 HOUR 9:00 A.M.	220 PLACE OF INJURY (THROW, FARM, STREET, FACTORY, etc.) (SPECIFY) Willow Springs, IL	225 THE DECEASED WAS PROCLAIMED DEAD ON 5-12-89
11 PLACE OF DEATH (SPECIFY) Home	230 TIME OF DEATH (SPECIFY) 10:00 A.M.	235 DATE SIGNED 5-13-89	240 SIGNATURE <i>[Signature]</i>	245 TITLE Medical Examiner
12 NAME OF FUNERAL HOME Why & Sons Funeral Home, 7020 W. 127th St., Palos Heights, Ill. 60463	250 FUNERAL HOME NUMBER Resurrection	255 STREET NUMBER AND NAME Justice, Illinois	260 CITY AND STATE Chicago, Illinois	265 DATE OF DEATH 5/17/89
13 SIGNATURE OF DECEASED <i>[Signature]</i>	270 SIGNATURE OF WITNESS <i>[Signature]</i>	275 SIGNATURE OF WITNESS <i>[Signature]</i>	280 SIGNATURE OF WITNESS <i>[Signature]</i>	285 SIGNATURE OF WITNESS <i>[Signature]</i>

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I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item I and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

Date MAY 17, 1993 signed Robert Maxwell
 At Cook County Department of Public Health Official Title Chief Deputy Registrar, 1010 Lake Street, Oak Park, Illinois 60301

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO <u>160</u>		STATE OF ILLINOIS		STATE ID NUMBER <u>93309157</u>	
REGISTERED NUMBER <u>160</u>	DECEASED NAME <u>NALTER</u>	FIRST <u>ALBERT</u>	MIDDLE <u>BURDEN</u>	LAST <u>VERONICA</u>	SEX <u>M</u>
COUNTY OF DEATH <u>COOK</u>	CITY/TOWN/TWP OR ROAD/DISTRICT NUMBER <u>111A</u>	AGE LAST BIRTHDAY (MM/SS) <u>68</u>	UNDERTY YEAR MONTHS DAYS <u>50</u>	UNDERTY DAY MONTH YEAR <u>11 1924</u>	DATE OF BIRTH (MONTH DAY YEAR)
CITY/TOWN/TWP OR ROAD/DISTRICT NUMBER <u>111A</u>	CITY/TOWN/TWP OR ROAD/DISTRICT NUMBER <u>111A</u>	HOSPITAL OR OTHER INSTITUTION NAME (IF KNOWN) <u>PALOS HEIGHTS COMMUNITY HOSPITAL</u>	NAME OF SURVIVING SPOUSE (IF SURVIVING) <u>NONE</u>	EDUCATION (SPECIFY ONE YEAR OF STUDY TO COLLEGE)	IF DECEASED WAS INPATIENT (SPECIFY) <u>INPATIENT</u>
<u>CHICAGO</u>	<u>CHICAGO</u>	MARRIED NEVER MARRIED, MARRIED, DIVORCED, SEPARATED, WIDOWED, DIVORCED (SPECIFY)	EDUCATION (SPECIFY ONE YEAR OF STUDY TO COLLEGE)	INSIDE CITY (YES/NO) <u>YES</u>	INSIDE COUNTY (YES/NO) <u>YES</u>
<u>CHICAGO</u>	<u>CHICAGO</u>	RESIDENT (IF STREET AND NUMBER) <u>10335 N 147TH STREET</u>	RESIDENT (IF STREET AND NUMBER) <u>10335 N 147TH STREET</u>	INSIDE CITY (YES/NO) <u>YES</u>	INSIDE COUNTY (YES/NO) <u>YES</u>
<u>ILLINOIS</u>	<u>ILLINOIS</u>	FATHER NAME <u>ALBERT BURDZINSKI</u>	MOTHER NAME <u>VERONICA VITCHOSKY</u>	INSIDE CITY (YES/NO) <u>YES</u>	INSIDE COUNTY (YES/NO) <u>YES</u>
<u>COOK</u>	<u>COOK</u>	17a PART I <u>C. YONKER</u>	17b PART II <u>LIVER AND PANCREAS CARCINOMA with metastasis to ADRENAL GLANDS</u>	INSIDE CITY (YES/NO) <u>YES</u>	INSIDE COUNTY (YES/NO) <u>YES</u>
<u>COOK</u>	<u>COOK</u>	18 PART I <u>LIVER AND PANCREAS CARCINOMA with metastasis to ADRENAL GLANDS</u>	18 PART II <u>Diagnosed lower lobe pneumonia</u>	INSIDE CITY (YES/NO) <u>YES</u>	INSIDE COUNTY (YES/NO) <u>YES</u>
<u>COOK</u>	<u>COOK</u>	19a IMMEDIATE CAUSE (Free disease or condition resulting in death) <u>LIVER AND PANCREAS CARCINOMA with metastasis to ADRENAL GLANDS</u>	19b UNDERLYING CAUSE (a) <u>CARDIOGENIC SHOCK</u>	INSIDE CITY (YES/NO) <u>YES</u>	INSIDE COUNTY (YES/NO) <u>YES</u>
<u>COOK</u>	<u>COOK</u>	19c UNDERLYING CAUSE (b) <u>Diagnosed lower lobe pneumonia</u>	19d UNDERLYING CAUSE (c) <u>Diagnosed lower lobe pneumonia</u>	INSIDE CITY (YES/NO) <u>YES</u>	INSIDE COUNTY (YES/NO) <u>YES</u>
<u>COOK</u>	<u>COOK</u>	20a DATE OF OPERATION <u>5-16-93</u>	20b MAJOR FINDINGS OF OPERATION <u>Diagnosed lower lobe pneumonia</u>	INSIDE CITY (YES/NO) <u>YES</u>	INSIDE COUNTY (YES/NO) <u>YES</u>
<u>COOK</u>	<u>COOK</u>	21a TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED <u>5-16-93</u>	21b TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED <u>5-16-93</u>	INSIDE CITY (YES/NO) <u>YES</u>	INSIDE COUNTY (YES/NO) <u>YES</u>
<u>COOK</u>	<u>COOK</u>	22a SIGNATURE OF CERTIFIER <u>David A. Conzel</u>	22b SIGNATURE OF CERTIFIER <u>David A. Conzel</u>	INSIDE CITY (YES/NO) <u>YES</u>	INSIDE COUNTY (YES/NO) <u>YES</u>
<u>COOK</u>	<u>COOK</u>	22c NAME AND ADDRESS OF CERTIFIER <u>David A. Conzel, M.D., 15300 W. Ave, Oakland Park, FL 33412</u>	22d NAME AND ADDRESS OF CERTIFIER <u>David A. Conzel, M.D., 15300 W. Ave, Oakland Park, FL 33412</u>	INSIDE CITY (YES/NO) <u>YES</u>	INSIDE COUNTY (YES/NO) <u>YES</u>
<u>COOK</u>	<u>COOK</u>	23a NAME OF ATTESTING PHYSICIAN (IF OTHER THAN CERTIFIER) <u>None</u>	23b NAME OF ATTESTING PHYSICIAN (IF OTHER THAN CERTIFIER) <u>None</u>	INSIDE CITY (YES/NO) <u>YES</u>	INSIDE COUNTY (YES/NO) <u>YES</u>
<u>COOK</u>	<u>COOK</u>	24a BIRTH OF DECEASED <u>5-16-93</u>	24b BIRTH OF DECEASED <u>5-16-93</u>	INSIDE CITY (YES/NO) <u>YES</u>	INSIDE COUNTY (YES/NO) <u>YES</u>
<u>COOK</u>	<u>COOK</u>	25a BIRTH OF DECEASED <u>5-16-93</u>	25b BIRTH OF DECEASED <u>5-16-93</u>	INSIDE CITY (YES/NO) <u>YES</u>	INSIDE COUNTY (YES/NO) <u>YES</u>
<u>COOK</u>	<u>COOK</u>	26a BIRTH OF DECEASED <u>5-16-93</u>	26b BIRTH OF DECEASED <u>5-16-93</u>	INSIDE CITY (YES/NO) <u>YES</u>	INSIDE COUNTY (YES/NO) <u>YES</u>
<u>COOK</u>	<u>COOK</u>	27a BIRTH OF DECEASED <u>5-16-93</u>	27b BIRTH OF DECEASED <u>5-16-93</u>	INSIDE CITY (YES/NO) <u>YES</u>	INSIDE COUNTY (YES/NO) <u>YES</u>
<u>COOK</u>	<u>COOK</u>	28a BIRTH OF DECEASED <u>5-16-93</u>	28b BIRTH OF DECEASED <u>5-16-93</u>	INSIDE CITY (YES/NO) <u>YES</u>	INSIDE COUNTY (YES/NO) <u>YES</u>
<u>COOK</u>	<u>COOK</u>	29a BIRTH OF DECEASED <u>5-16-93</u>	29b BIRTH OF DECEASED <u>5-16-93</u>	INSIDE CITY (YES/NO) <u>YES</u>	INSIDE COUNTY (YES/NO) <u>YES</u>
<u>COOK</u>	<u>COOK</u>	30a BIRTH OF DECEASED <u>5-16-93</u>	30b BIRTH OF DECEASED <u>5-16-93</u>	INSIDE CITY (YES/NO) <u>YES</u>	INSIDE COUNTY (YES/NO) <u>YES</u>

REGISTRAR John Sheehy & Sons Funeral Home, 7020 W. 127th St. Palos Heights, IL 60463

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