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IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, PROBATE DIVISION

ESTATE OF

ELENOR PLETSCH,

DECEASED

File:

Docket:

Page:

93129808

AFFIDAVIT OF HEIRSHIP

DEPT-01 RECORDING \$27.50
T#0010 TRAN 9563 02/18/93 15:28:00
#9293 # *-93-129808
COOK COUNTY RECORDER

ROY PLETSCH, on oath says:

1. The decedent, ELENOR PLETSCH, died at Chicago, Illinois on October 26, 1992, at the age of 66 years.

2. I am of legal age. I reside at 3709 South Hermitage, Chicago, Illinois 60609. I am a son of the decedent.

3. At the time of death, decedent was the owner of real estate commonly known as 908 WEST 35TH STREET, CHICAGO, ILLINOIS, and legally described as follows:

LOT 27 IN BLOCK 5 IN GAGE AND OTHERS SUBDIVISION OF THE EAST HALF OF THE SOUTH EAST QUARTER OF SECTION 32, TOWNSHIP 39 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN 17-32-406-026

4. The decedent was married only once and then to FRANCIS PLETSCH, who predeceased the decedent, having died on September 8, 1985 at Chicago, Illinois, as appears on death certificate attached hereto and made a part hereof, and the following children and no others were born to or adopted by the decedent:

- (1) ROY PLETSCH, married to SUZANNE PLETSCH, residing at 3709 South Hermitage, Chicago, Illinois
- (2) DIANE PLETSCH, a single person, residing at 908 West 36th Street, Chicago, Illinois
- (3) JAMES PLETSCH, married to RENEE PLETSCH, residing at 3100 West 44th Street, Chicago, Illinois

5. That all expenses and claims against her estate have been satisfied in full. That there are now no claims, legacies

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Handwritten signature/initials

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and Federal Estate nor State inheritance taxes due nor due in the future; that the said ELENOR PLETSCH at no time received old age assistance benefits from the State of Illinois or from any other State nor any kind from State or Federal agencies which might in any nature result in a claim or charge against her estate.

Based on the foregoing, decedent left surviving as her only heirs the following, all of whom survived the decedent, and, in the absence of an indication to the contrary, are of legal age, are mentally competent, and if children, are natural children:

ROY PLETSCH, her son,
DIANE PLETSCH, her daughter,
JAMES PLETSCH, her son,



Roy Pletsch

ROY PLETSCH

Signed and Sworn to before
me this 17TH day of
FEBRUARY, 1993.

Bernard B. Kash

Notary Public

93172508

MAIL TO:

BERNARD B. KASH & ASSOCIATES
4192 Archer Avenue
Chicago, IL 60632
(312) 247-3700
Attorney No. 05275



Document prepared by:
Bernard B. Kash
4192 Archer Avenue
Chicago, IL 60632

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OCT 27 1992

STATE FILE NUMBER 619476

STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

PRECEDENT DISTRICT NO. 16.10 REGISTERED NUMBER

1. DECEASED-NAME: ELEANOR JOY PLETSCHE; SEX: FEMALE; DATE OF DEATH: OCTOBER 26 1992

2. COUNTY OF DEATH: COOK; DATE OF BIRTH: OCTOBER 14, 1926

3. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: CHICAGO; HOSPITAL OR OTHER INSTITUTION: MERCY MEDICAL CENTER

4. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: WIDOWED; USUAL OCCUPATION: Statistician

5. PLACE OF BIRTH: CHICAGO, ILLINOIS; RACE: White

6. ZIP CODE: 60609; RELATIONSHIP: ADMITTING OFFICER

7. SIGNATURE: [Signature]

8. ILLINOIS FATHER-NAME: James; MIDDLE: Levelle; LAST: Irene

9. ADDRESS: 908 west 36th street, CHICAGO, ILLINOIS

10. RESIDENCE: 908 west 36th street, CHICAGO, ILLINOIS

11. MOTHER-NAME: [Blank]; SPECIFY: [Blank]

12. ILLINOIS RELATIONS: HOSP RECORDS; ADDRESS: STEVENSON EXPRESSWAY

13. ILLINOIS (a) BILATERAL ASPIRATION PNEUMONIA; (b) CEREBRAL VASCULAR ACCIDENT; (c) GENERALIZED ARTEROSCLEROTIC HEART DISEASE

14. ILLINOIS RESPIRATORY FAILURE: HYPERTENSION; RENAL ARTERY DISEASE

15. ILLINOIS DATE OF OPERATION: OCTOBER 26, 1992

16. ILLINOIS SIGNATURE: [Signature]; NAME AND ADDRESS OF CERTIFIER: DR LUIS F GUTIERREZ M.D. 450 EAST ONTO STREET CHICAGO ILL

17. ILLINOIS DATE OF DEATH: OCTOBER 26, 1992

18. ILLINOIS TIME OF DEATH: 12:26 am

19. ILLINOIS DATE SIGNED: OCTOBER 27 1992

20. ILLINOIS REGISTERED NUMBER: 36 46145

21. ILLINOIS NAME OF ATTENDING PHYSICIAN: DR LUIS F GUTIERREZ

22. ILLINOIS LOCAL CEMETERY: Beverly Cemetery; LOCATION: Blue Island, Illinois

23. ILLINOIS FUNERAL HOME: Blake-Lamb/Bridgeport Funeral Home, 544 W. 31st Street, Chicago, Illinois 60616

24. ILLINOIS LOCAL HEALTH OFFICER'S SIGNATURE: [Signature]

25. ILLINOIS LOCAL HEALTH OFFICER'S NAME: Virginia L. Parker, M.B.A.

26. ILLINOIS LOCAL HEALTH OFFICER'S ADDRESS: 544 W. 31st Street, Chicago, Illinois 60616

27. ILLINOIS LOCAL HEALTH OFFICER'S PHONE: 034-011832

28. ILLINOIS DATE OF DEATH: OCT 27 1992

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

I, VIRGINIA L. PARKER, M.B.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 FOR 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 OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

THIS CERTIFIED COPY VALID WHEN MULTICOLORED SIGNATURE SEAL IS AFFIXED.

004135008

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617875

Sept 11, 1985

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

I, LORNE 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.



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

90129808

REGISTRATION DISTRICT NO. 16.10
REGISTERS NUMBER

REGISTRATION NUMBER: Francis E. Pletsch, Male, 2, September 8, 1985, Cook County, Illinois

1. NAME (LAST, FIRST, MIDDLE): Francis E. Pletsch
 2. SEX: Male
 3. DATE OF BIRTH: September 8, 1985
 4. COUNTY OF BIRTH: Cook
 5. DATE OF DEATH: December 19, 1985
 6. CITY OF DEATH: Chicago

7. PLACE OF BIRTH: Chicago, Illinois
 8. CITIZENSHIP: U.S.A.
 9. OCCUPATION: Mechanic
 10. SOCIAL SECURITY NUMBER: 32618-1297
 11. RESIDENCE: 908 W. 35th St., Chicago, Ill.

12. PLACE OF DEATH: Northwestern Memorial Hospital, Chicago, Ill.
 13. CAUSE OF DEATH: Respiratory Arrest
 14. MANNER OF DEATH: Natural

15. RELATIONSHIP: MARY (Mother)

16. DEATH CAUSED BY: Lung Cancer

17. SIGNATURE: Steven T. Rosen M.D., 710 N. Fairbanks Court, Chicago, Illinois

18. ADDRESS OF REGISTRAR: 303 E. Superior, Chicago, Illinois

19. DATE OF OPERATION: 9-8-85

20. MAJOR FINDINGS OF OPERATION: Respiratory Arrest, Lung Cancer

21. SIGNATURE OF REGISTRAR: Lorne C. Edwards M.D.

22. ADDRESS OF REGISTRAR: 303 E. Superior, Chicago, Illinois

23. NAME OF ATTENDING PHYSICIAN: Steven T. Rosen M.D., 710 N. Fairbanks Court, Chicago, Illinois

24. NAME OF CEMETERY: BLUE ISLAND

25. NAME OF FUNERAL HOME: BEVERLY & SONS FUNERAL HOME, INC., 5040 S. WESTERN AVE., CHICAGO, ILL. 60609

26. SIGNATURE OF DIRECTOR: Lorne C. Edwards M.D.

27. DATE OF BIRTH: 8/8/85

28. DATE OF DEATH: 9/11/85

29. DATE OF REGISTRATION: 9/11/85

30. REGISTERED BY: Lorne C. Edwards M.D.

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