

AFFIDAVIT OF HEIRSHIP

Adalbert J. Schmuttenmaer, being first duly sworn on his oath deposes and states as follows:

1. He is of legal age, competent under no legal disability and has personal knowledge of the facts contained herein.

2. His parents, Albert Schmuttenmaer and Agnes Schmuttenmaer on November 7, 1932 purchased the property described as follows:

LOT EIGHTEEN (18) IN BLOCK ONE (1) IN MEYERHOFF'S SUBDIVISION OF THE NORTH HALF OF BLOCK THIRTEEN (13), IN THE CANAL TRUSTEES' SUBDIVISION IN THE WEST HALF OF SECTION FIVE (5), TOWNSHIP THIRTY NINE (39) NORTH, RANGE FOURTEEN (14), EAST OF THE THIRD (3RD) PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

ADDRESS: 1237 N. CLEAVER STREET, CHICAGO, ILLINOIS

PTN: 17-05-124-009 000

3. On May 8, 1973 Albert B. Schmuttenmaer died intestate, leaving no Will. A copy of his death certificate is attached here as Exhibit A.

4. On May 2, 1994 Agnes Schmuttenmaer died intestate, leaving no Will. A copy of her death certificate is attached here as Exhibit B.

5. During their lifetimes Albert and Agnes Schmuttenmaer were each married only once that being to each other, and as a result of the marriage eight children were born and none adopted. Otherwise during their lifetimes Albert and Agnes neither fathered nor gave birth to nor adopted any other children. The children born of the marriage are as follows:

- a. Adalbert Schmuttenmaer, adult and competent
- b. Robert Schmuttenmaer, adult and competent
- c. Norbert Schmuttenmaer, adult and competent
- d. Gilbert Schaer, adult and competent
- e. Hubert Schmuttenmaer, adult and competent
- f. Lambert Schaer, adult and competent
- g. Cecilia Murphy, adult and competent
- i. Agnes Horvath, who died on March 28, 1971, a copy of her death certificate is attached as Exhibit C.

Handwritten calculations: 20950 + 72650 = 93600

ii) During her lifetime Agnes Horvath was married once, that to Michael Horvath, as a result of the marriage one (1) child was born and four (4) adopted. Agnes Horvath otherwise during her lifetime gave birth to no other children, and adopted none. As a result of the marriage the following child was born and four adopted.

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- a. Matthew Horvath, adult competent
- b. Michael Horvath, adult competent
- c. Joseph Horvath, adult competent
- d. Rosanne Kramer, adult competent, and
- e. Roberta Lazarz, adult competent

6. As a result of the deaths of Albert and Agnes Schmuttenmaer and the above stated facts title to the property commonly known as 1237 North Cleaver became vested as follows:

- A) Adalbert Schmuttenmaer, a 1/8 undivided share as tenants in common
- B) Robert Schmuttenmaer, a 1/8 undivided share as tenants in common
- C) Norbert Schmuttenmaer, a 1/8 undivided share as tenants in common
- D) Gilbert Schaer, a 1/8 undivided share as tenants in common
- E) Hubert Schmuttenmaer, a 1/8 undivided share as tenants in common
- F) Lambert Schaer, a 1/8 undivided share as tenants in common
- G) Cecilia Murphy, a 1/8 undivided share as tenants in common
- H) Matthew Horvath, a 1/40 undivided share as tenants in common
- I) Michael Horvath, a 1/40 undivided share as tenants in common
- J) Joseph Horvath, a 1/40 undivided share as tenants in common
- K) Rosanne Kramer, a 1/40 undivided share as tenants in common
- L) Roberta Lazarz, a 1/40 undivided share as tenants in common

Further affiant says nothing

Adalbert J. Schmuttenmaer
 ADALBERT J. SCHMUTTENMAER

Subscribe and sworn to me before
 this 20 day of January, 1998 1997

NOTARY PUBLIC
 State of Illinois
 Edwin R. Niemira
 "OFFICIAL SEAL"

"OFFICIAL SEAL"
 Edwin R. Niemira
 Notary Public, State of Illinois
 My Commission Expires 3/13/97

DEPT-01 RECORDING \$29.50
 T#2222 TRAN 1502 01/22/97 12:52:00
 #6348 DC *-97-046571
 COOK COUNTY RECORDER
 DEPT-10 PENALTY \$26.00

This document prepared by
 and mail to:

ATTORNEY EDWIN R. NIEMIRA P.C.
 1110 North Ashland Avenue
 Chicago, Illinois 60622
 (312) 276-1322
 Attorney No.: 26498



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Starke County Board Of Health

Knox, Indiana

CERTIFICATE OF DEATH

THIS CERTIFIES

that according to the records of the Starke County Health Department

Name Of Deceased: Albert Bernard Schmattemmer

Date Of Death: May 8, 1973 at Little Company of Mary, W.F.

Sex	Race	Marital Status	Age	If < 1 Yr Mo. Days	If < 24 Hr Hours Min.
M	White	Married	75		

Primary Cause Of Death: Congestive Heart Failure

Contributing Cause: Gen. Arteriosclerosis, Chronic Brain Syn

Certified By: James Ogle, DO Of LaCrosse, IN

Place Of Burial Or Removal: St. Adalbert Cemetery, Niles, Illinois

Date Of Burial: May 12, 1973 Funeral Director: Kosanke Funeral Home

Record Was Filed: 05/14/73 Local No: 73 095

Walt Fair, MD
Health Officer

Seal

Issued On: March 29, 1996

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Exhibit A.

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MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.10

608311

37046571

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STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

MAY 03 1994

I, JOYCE A. BRAWNER, MVA, LULAM, 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 MULTICOLOR SIGNATURE SEAL IS APPLIED.

DECEASED - NAME FIRST MIDDLE LAST: AGNES ROSIE SCHUTTENMAER. DATE OF DEATH: MAY 2, 1994. SEX: FEMALE. COUNTY OF DEATH: COOK. COUNTY OF BIRTH: COOK. DATE OF BIRTH: JAN. 7, 1898. HOSPITAL OR OTHER INSTITUTION: ST. MARY HOSPITAL. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: WIDOWED. USUAL OCCUPATION: 11a. HOME-MAKER. RACE: WHITE. RELATIONSHIP: SON. CAUSE OF DEATH: (a) ARTERIO SCLEROTIC HEART DISEASE. (b) DUE TO, OR AS A CONSEQUENCE OF: CHOLERA, OBSTRUCTIVE LUNG DISEASE. (c) DUE TO, OR AS A CONSEQUENCE OF: MAJOR FIBROSIS OF OPERATION. SIGNATURE: DR. J. PRZYBYLSKY.

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MAR 29 1971

STATE OF ILLINOIS }
County of Cook, } ss. DAVID D. ORR, County Clerk

I, DAVID D. ORR, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David D. Orr
County Clerk

0706571

REGISTRATION DISTRICT NO. 16.0		STATE OF ILLINOIS 01681		MEDICAL CERTIFICATE OF DEATH	
DECEASED—NAME		SEX		DATE OF DEATH	
1. Agnes Mary Horvath		2. Female		3. March 28, 1971	
RACE		AGE—LAST BIRTHDAY		DATE OF BIRTH	
4. White		5. 40		6. February 11, 1931	
CITY, TOWN, TWP. OR ROAD		CITY		COUNTY	
7a. Arlington Heights		7c. Yes		7d. Northwest Community Hospital	
BIRTHPLACE		CITIZENSHIP		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED	
8. Illinois		9. U.S.A.		10. Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR OCCUPATION	
12. 360 727-9079		13a. Nurse		13b. Nursing	
RESIDENCE—STATE		CITY, TOWN, TWP. OR ROAD		DISTRICT NO.	
14a. Illinois		14b. Cook		14c. Mount Prospect	
FATHER—NAME		MOTHER—MAIDEN NAME		NAME OF SURVIVING SPOUSE	
15. Adelbert Schmutz		16. Agnes Tarkowski		11. Michael Horvath	
INFORMANT'S SIGNATURE		RELATIONSHIP		MAILING ADDRESS	
17a. [Signature]		17b. Med. Recs.		800 W. Central, Arlington Heights, Illinois 60095	
18. DEATH WAS CAUSED BY. [Within Only of 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60]					
PART I. IMMEDIATE CAUSE					
19a. Bilobed Pleural Effusions 3 wks.					
19b. Metastatic Ca. 1 yr.					
19c. Ca. of Breast 2 wks.					
PART II. OTHER SIGNIFICANT CONDITIONS: (List conditions contributing to death but not related to cause given in Part I.)					
DATE OF OPERATION, IF ANY					
20. [Blank]					
I ATTENDED THE DECEASED FROM:		AND LAST SAW HIM/HER ALIVE ON:		HOURS OF DEATH	
21a. 1969 to 21b. 3/28/71		21c. 3/28/71		21d. 2:40 p.m.	
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE, AND FROM THE CAUSE(S) STATED				NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED.	
SIGNATURE		DATE SIGNED		ILLINOIS LICENSE NUMBER	
22a. Miles W. Lynch, M.D.		22b. 3/29/71		22c. 36-39055	
MAILING ADDRESS—CERTIFIER					
23. 601 West Central Road, Mount Prospect, Illinois 60056					
BURIAL CEMETERY		LOCATION		DATE	
24a. Burial		24b. St. Joseph		24c. River Grove, Ill.	
FUNERAL HOME		NAME		CITY OR TOWN	
25a. Friedrichs Funeral Home		320 W. Central Road, Mt. Prospect, Ill.		60056	
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		DATE RECD. BY LOCAL REGISTRAR	
25b. [Signature]		25c. 108		25d. March 29-1971	
LOCAL REGISTRAR'S SIGNATURE		COUNTY DEPT. OF PUBLIC HEALTH - CHICAGO, ILL.		DATE RECD. BY LOCAL REGISTRAR	
26a. [Signature]		JOHN E. HALL, M.D.		26b. March 29-1971	
ILLINOIS DEPARTMENT OF PUBLIC HEALTH - BUREAU OF VITAL RECORDS					

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Exhibit C

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