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**AFFIDAVIT OF HEIRSHIP
SURVIVING SPOUSE OR DESCENDANT**

. DEPT-01 RECORDING \$27.00
. T40012 TRAN 3963 02/06/97 10:27:00
. \$9586 # CG # -97-086723
. COOK COUNTY RECORDER
. DEPT-10 PENALTY \$24.00

Estate of)
Joseph M. Camardo)
Deceased)

App. No. _____ LR

2700
2400

Margaret M. Camardo on oath says:

- (1) The decedent, Joseph M. Camardo, died at Berwyn, IL, on October 28, 1995, at the age of 58 years.
- (2) I am of legal age. I reside at 3225 S. 49th Avenue, Cicero, IL. I am the surviving Spouse of the decedent. (I am not related to the decedent, but I have knowledge of the decedent's heirship as a result of the following:)

(3) Marital status

A The decedent was married once.

The following is the information with respect thereto:

Name of spouse	Marriage terminated (By death or divorce)	Predeceased Decedent-P
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- 1. Margaret M. Camardo (marriage terminated by death of decedent)

(4) Children of the decedent.

A The following children and no others were born to or adopted by decedent:

Name of child	minor-M incompetent-I Adopted-A	Spouse's Predeceased name if Decedent-P
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married

- 1. Joseph M. Camardo, Jr.
- 2. Deborah Ann Camardo
- 3. John A. Camardo

(5) The following is the information with respect to each of the above children who predeceased the decedent: No children predeceased the decedent.

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BOX 333-671

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Name of each child of Deceased child (grandchild)	By Spouse Number	Minor-M Incompetent-I Adopted-A	Grandchild's spouse's Predeceased name if Decedent-P married
--	------------------------	---------------------------------------	---

- 1.
- 2.
- 3.

(6) The following is the information with respect to each grandchild of the decedent named in paragraph 5 who predeceased the decedent: No grandchildren predeceased the decedent.

Name of each child of Deceased grandchild	By Spouse Number	Minor-M Incompetent-I Adopted-A	Grandchild's spouse's Predeceased name if Decedent-P married
--	------------------------	---------------------------------------	---

- 1.
- 2.
- 3.

Based on the foregoing, decedent left surviving as his (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: Margaret M. Camardo, Joseph M. Camardo, Jr., Deborah Ann Camardo, John A. Camardo.

Affiant further states that she makes this affidavit in support of her application for a Registrar's Finding of Title to induce the Registrar of Titles, Cook County, Illinois, to issue his Certificate of Title Free and clear of all objections arising from the death of the decedent named herein and find title in the heirs or devisees.

Margaret M. Camardo

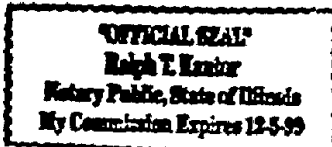
State of Illinois |
County of Cook | SS.

Subscribed to and sworn before me this

31st day of 1, 1997

Ralph T. Kantor

NOTARY PUBLIC
Commission expires:



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I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the record for the person named 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: OCT 30 1995
AT: Berwyn, Illinois

SIGNED: Robert C. Beckhaus
OFFICIAL TITLE: REGISTRAR

The original record is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. Local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of this record by the Department of Public Health or the local registrar shall be prima facie evidence in all courts and places of the facts therein.

PRINTED BY AUTHORITY OF THE STATE OF ILLINOIS

REGISTRATION DISTRICT NO 16.21
REGISTERED NUMBER 1601

97046723 STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

Type of Birth in this Record: <input type="checkbox"/> Stillborn, <input type="checkbox"/> Fetal Death, <input type="checkbox"/> Aborted, or <input type="checkbox"/> Spontaneous Miscarriage, or <input type="checkbox"/> Other: _____		DECEASED-NAME: <u>Joseph</u> FIRST: <u>Joseph</u> MIDDLE: _____ LAST: <u>Camardo</u> SEX: <u>Male</u> DATE OF BIRTH: <u>14 April 1937</u> MONTH: <u>April</u> DAY: <u>14</u> YEAR: <u>1937</u>	
1. COUNTY OR TERRITORY: <u>Cook</u>		2. MARRIAGE: <u>Married</u> MARRIAGE DATE: _____	
3. CITY, TOWN, OR VILLAGE: <u>Berwyn</u>		4. HOSPITAL OR OTHER INSTITUTION: <u>Mac Neal Hospital</u>	
5. DISTRICT: _____		6. PLACE OF SURVIVING SPouse: <u>Margaret Marzullo</u>	
7. SOCIAL SECURITY NUMBER: <u>328-28-9714</u>		8. OCCUPATION: <u>Driver</u>	
8. RESIDENCE (STREET, APARTMENT, OR BOX NUMBER): <u>3225 S. 49th Ave.</u>		9. CITY, TOWN, OR VILLAGE: <u>Cicero</u>	
9. STATE: <u>Illinois</u>		10. RACE: <u>White</u>	
11. FATHER-NAME: <u>Mateo Camardo</u>		12. MOTHER-NAME: <u>Fedela</u>	
12. DECEASED'S STATUS (TYPE OF DEATH): <u>17a Margaret Camardo</u>		13. MAILING ADDRESS (STREET AND OR OTHER ADDRESS): <u>17c 3225 S. 49th Ave. Cicero, IL, 60650</u>	
13. IMMEDIATE CAUSE OF DEATH: <u>Myocardial Infarction</u>		14. UNDERLYING CAUSE (LIST IN ORDER OF SEQUENCE): <u>Myocardial Infarction</u>	
14. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> (b) <u>Coronary Artery Disease</u> (c) <u>Myocardial Infarction</u>		15. DATE OF DEATH: <u>29 July 1995</u>	
15. DATE OF DEATH: _____		16. PLACE OF DEATH: <u>Home</u>	
16. PLACE OF DEATH: _____		17. TIME OF DEATH: _____	
17. TIME OF DEATH: _____		18. SEX: _____	
18. SEX: _____		19. RACE: _____	
19. RACE: _____		20. OCCUPATION: _____	
20. OCCUPATION: _____		21. MARRIAGE: _____	
21. MARRIAGE: _____		22. PLACE OF BIRTH: _____	
22. PLACE OF BIRTH: _____		23. DATE OF BIRTH: _____	
23. DATE OF BIRTH: _____		24. TIME OF BIRTH: _____	
24. TIME OF BIRTH: _____		25. PLACE OF DEATH: _____	
25. PLACE OF DEATH: _____		26. TIME OF DEATH: _____	
26. TIME OF DEATH: _____		27. SEX: _____	
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28. RACE: _____		29. OCCUPATION: _____	
29. OCCUPATION: _____		30. MARRIAGE: _____	
30. MARRIAGE: _____		31. PLACE OF SURVIVING SPouse: _____	
31. PLACE OF SURVIVING SPouse: _____		32. OCCUPATION: _____	
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