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2227749018

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KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 10/04/2022 10:30 AM PG: 1 OF 6

ESTATE OF

WILLIAM C. SMITH, JR.

Deceased.

AFFIDAVIT OF HEIRSHIP

ROBERT G. SMITH, being first duly sworn on oath, deposes and says:

1. That he is a brother of the Decedent, WILLIAM C. SMITH, JR., is of legal age and resides at 2420 Ernst Street, Franklin Park, IL 60131.
2. That the Decedent died on April 8, 2021 at Chicago, Illinois at the age of 85 years.
3. WILLIAM C. SMITH, JR., was never married, and never had any children, born or adopted, during his lifetime.
4. That the Decedent's father was WILLIAM CLYDE SMITH, who predeceased him on October 22, 1965. Decedent's mother was MARY C. SMITH, (Nee: Quartucci), who predeceased him on April 8, 2004. Decedent's parents were married only once, and that was to each other. As a result of said marriage, two (2) children were born and none adopted, namely:
 - A. WILLIAM C. SMITH, JR., Decedent
 - B. ROBERT G. SMITH, Decedent's brother, living, competent, of legal age, and residing at 2520 Ernst Street, Franklin Park, IL 60131
7. That based on the foregoing, the Decedent left surviving him as his only heir the following:
 - A. ROBERT G. SMITH, a brother (adult)


ROBERT G. SMITH

Q

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SIGNED AND SWORN TO BEFORE ME
this 28th day of June, 2022

Beverly A. Foss
Notary Public



This Document Prepared By:

Baron David Harmon, Esq.
FAVIL DAVID BERNS & ASSOCIATES
Attorney at Law
30 E. North Avenue
Northlake, Illinois 60164
(708) 562-1076

Atty No. 01116

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REGISTRATION DISTRICT NO. 22.0		STATE OF ILLINOIS		STATE FILE NUMBER	
REGISTERED NUMBER					
MEDICAL CERTIFICATE OF DEATH					
DECEASED-NAME FIRST MARY C MIDDLE LAST SMITH		SEX FEMALE		DATE OF DEATH (MONTH, DAY, YEAR) 3 APRIL 8, 2004	
COUNTY OF DEATH 4. DUPAGE		AGE-LAST BIRTHDAY (YRS) 5a. 89		UNDER 1 YEAR UNDER 1 DAY 5b. 5c.	
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6a. ELMHURST		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. ELMHURST MEMORIAL HOSPITAL		DATE OF BIRTH (MONTH, DAY, YEAR) 5d. AUGUST 22, 1914	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. SPRING VALLEY, IL		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. WIDOWED		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. *****	
SOCIAL SECURITY NUMBER 10. 339-24-5907		USUAL OCCUPATION 11a. HOMEMAKER		KIND OF BUSINESS OR INDUSTRY 11b. OWN HOME	
RESIDENCE (STREET AND NUMBER) 13a. 2404 ERNST ST.		CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13b. FRANKLIN PARK		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 12	
STATE 13e. ILLINOIS		ZIP CODE 13f. 60131		INSIDE CITY (YES/NO) 13c. YES	
FATHER-NAME FIRST MIDDLE LAST 15. GEORGE PELLEGRINO		MOTHER-NAME FIRST MIDDLE LAST 16. ROSE QUARTUCCI		COUNTY 13d. COOK	
INFORMANT'S NAME (TYPE OR PRINT) 17a. WILLIAM C. SMITH		RELATIONSHIP 17b. SON		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 2404 ERNST ST.; FRANKLIN PARK, IL 60131	
18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.					
Immediate Cause (Final disease or condition resulting in death)		(a) CARCINOMA CECUM		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 WEEK	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) DIFFUSED METASTATIC DISEASE		1 WEEK	
		(c) ACUTE RENAL FAILURE		2 DAYS	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20b.		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(1010) (DO NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a. 04-08-04		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21. NO		HOUR OF DEATH 21c. 19:55 P. M.	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED (MONTH, DAY, YEAR) 22b. 04-10-04		ILLINOIS LICENSE NUMBER 22d. 036-086560	
22a. SIGNATURE <i>Shradhan</i>		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. S. PRADHAN MD 9722 W GRAND FRANKLIN PARK, IL 60131		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23.		BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. BURIAL		CEMETERY OR CREMATORY-NAME 24b. ROSEHILL CEMETERY	
		LOCATION CITY OR TOWN STATE 24c. CHICAGO, ILLINOIS		DATE (MONTH, DAY, YEAR) 24d. 4-13-2004	
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP		25a. CUNEO-COLUMBIAN F.H. 10300 W. GRAND AVE. FRANKLIN PARK, ILLINOIS 60131			
FUNERAL DIRECTOR'S SIGNATURE 25b. <i>John R. Kust</i>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 34-014751			
LOCAL REGISTRAR'S SIGNATURE 26a. <i>David K. Larson, Deputy</i>		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. APR 13 2004			
VR200 (Rev. 5-69) Illinois Department of Public Health—Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)					



**DuPage County
Health
Department**

111 North County Farm Road
Wheaton, Illinois 60187

This is to certify that this is a true and correct copy of the official record filed with the Illinois Department of Public Health.

Leland Davis

Local Registrar

Not valid without the embossed seal of
DuPage County Health Department

CERTIFICATION OF DEATH RECORD

UNOFFICIAL COPY

VILLAGE OF MELROSE PARK MELROSE PARK, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2021 0033292

DATE ISSUED 4/15/2021

DECEDENT'S LEGAL NAME WILLIAM C SMITH JR				SEX MALE	DATE OF DEATH APRIL 08, 2021
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 85 YEARS		DATE OF BIRTH JUNE 29, 1935	
CITY OR TOWN MELROSE PARK			HOSPITAL OR OTHER INSTITUTION NAME GOTTLIEB MEMORIAL HOSPITAL		
PLACE OF DEATH INPATIENT					
BIRTHPLACE CHICAGO, IL		SOCIAL SECURITY NUMBER 347-28-2225		STATUS AT TIME OF DEATH NEVER MARRIED/NEVER IN CIVIL UNION	
RESIDENCE 2404 ERNST STREET		APT. NO.		CITY OR TOWN FRANKLIN PARK	
INSIDE CITY LIMITS? YES					
COUNTY COOK	STATE IL	ZIP CODE 60131	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION WILLIAM CLYDE SMITH SR		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MARY PELLEGRINO
INFORMANT'S NAME ROBERT SMITH		RELATIONSHIP BROTHER		MAILING ADDRESS 2420 ERNST STREET, FRANKLIN PARK, IL 60131	
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION FAIRVIEW MEMORIAL PARK		LOCATION - CITY OR TOWN AND STATE NORTHLAKE, IL	
DATE OF DISPOSITION APRIL 13, 2021					
FUNERAL HOME NORTHLAKE FUNERAL HOME, 140 E NORTH AVE, NORTHLAKE, IL 60164					
FUNERAL DIRECTOR'S NAME LEONARD ZIELINSKI				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012359	
LOCAL REGISTRAR'S NAME MARYANN PAOLANTONIO				DATE FILED WITH LOCAL REGISTRAR APRIL 14, 2021	
CAUSE OF DEATH - PART I: RESPIRATORY FAILURE					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. CONGESTIVE HEART FAILURE		Due to (or as a consequence of)	
		b. CHRONIC KIDNEY DISEASE		Due to (or as a consequence of)	
		c. CHRONIC KIDNEY DISEASE		Due to (or as a consequence of)	
				Due to (or as a consequence of)	
PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I END STAGE RENAL DISEASE ON HEMODIALYSIS; NEUROMUSCULAR DYSFUNCTION OF URINARY BLADDER				WAS AN AUTOPSY PERFORMED? NO	
				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT APPLICABLE				MANNER OF DEATH NATURAL	
DATE OF INJURY		TIME OF INJURY		PLACE OF INJURY	
INJURY AT WORK?					
LOCATION OF INJURY					
DESCRIBE HOW INJURY OCCURRED				IF TRANSPORTATION INJURY, SPECIFY	
ATTEND THE DECEASED? YES		DATE LAST SEEN ALIVE MARCH 29, 2021		WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	
				DATE PRONOUNCED	
				TIME OF DEATH 11:05 AM	
CERTIFIER PHYSICIAN				DATE CERTIFIED APRIL 12, 2021	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR. PRADHAN SUBARNA, 9722 GRAND AVENUE, SUITE 2, FRANKLIN PARK, ILLINOIS 60131				PHYSICIAN'S LICENSE NUMBER 036056560	

 APPROXIMATE
INTERVAL BETWEEN
ONSET AND DEATH

2 MONTHS

2 YEARS

5 YEARS

This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

Mary Ann Paolantonio
Village Clerk



ANY ALTERATION OR FALSURE VOIDS THIS CERTIFICATE

DECEDENT'S BIRTH NO.		MEDICAL CERTIFICATE OF DEATH		REGISTRATION DISTRICT NO.	REGISTERED NUMBER
1. PLACE OF DEATH a. STATE ILLINOIS	b. COUNTY COOK	2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission.) a. STATE ILLINOIS		b. COUNTY COOK	
c. <input checked="" type="checkbox"/> INSIDE corporate limits and in City, Village, or Incorporated Town CHICAGO		c. <input checked="" type="checkbox"/> INSIDE corporate limits and in City, Village, or Incorporated Town CHICAGO			
d. <input type="checkbox"/> OUTSIDE corporate limits and in Township name, Road District No.	e. LENGTH OF STAY IN INSTITUTION 30 YRS.	d. <input type="checkbox"/> OUTSIDE corporate limits and in Township name, Road District No.	e. LENGTH OF RESIDENCE AT 2c or 2d 30 YRS.		
f. NAME OF HOSPITAL OR INSTITUTION NORWEGIAN AMER. HOSPITAL		f. RESIDENCE ADDRESS (Street & No. or R.F.D. and Post Office) 849 N. FRANCISCO AVE.			
g. If not in hospital or institution, give Street & No. or R.F.D. and Post Office		g. Did decedent reside on a farm? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED WILLIAM	b. (MIDDLE) CLYDE	c. (LAST) SMITH	4. DATE OF DEATH OCT. 22, 1965	(DAY)	(YEAR)
5. SEX MALE	6. RACE WHITE	7. MARRIED NEVER-MARRIED (specify) MARRIED	8. DATE OF BIRTH 6-13-1909	9. AGE (in years) 56	10. If under 1 year, under 24 hrs. DAYS MONTHS YEARS
10a. USUAL OCCUPATION MAINTENANCE	10b. KIND OF BUSINESS OR INDUSTRY FOOD PROCESSORS	11. BIRTHPLACE (City and state or foreign country) MARION ILLINOIS	12. Citizen of what country? U.S.A.		
13. FATHER'S FULL NAME WILLIAM SMITH	14. MOTHER'S FULL MAIDEN NAME SARAH THOMPSON	17. INFORMANT a. SIGNATURE b. ADDRESS 1044 N. FRANCISCO AVE.	c. RELATIONSHIP TO DECEASED PER. RECORDER		
15. Was deceased ever in U. S. Armed Forces? (Yes, no, or unknown) (Give war or dates of service) NO		16. SOCIAL SECURITY NUMBER 338-09-5887	18. MEDICAL CAUSE OF DEATH PART I. DEATH WAS CAUSED BY. (Enter only one cause per line for (A), (B) and (C).) IMMEDIATE CAUSE (A) <u>Massive hemorrhage</u> due to (B) <u>bleeding disorder</u> the above IMMEDIATE CAUSE (A) stating the UNDERLYING cause last.		
19a. DATE OF OPERATION, IF ANY		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
NOTE: If an injury was involved in this death, the Coroner must be notified.					
21. I hereby certify that I attended the deceased from <u>10-22-65</u> to <u>10-22-65</u> , that I last saw the deceased alive on <u>10-22-65</u> , and death occurred on <u>10-22-65</u> from the causes and on the date stated above. Signature <u>Samuel L. Andelman</u> M.D. Address <u>4344 N. K. Exposition, Chicago</u> Date Signed <u>10-22-65</u> Illinois License No. <u>2-2360</u>					
22. DISPOSITION: BURIAL, CREMATION, or other Cemetery <u>Rosehill</u> Location <u>Chicago, Illinois</u>		23. FUNERAL DIRECTOR: <u>C. Hammann, Inc.</u> Signature <u>Charles P. Hammann</u> Address <u>1023 N. California</u> Illinois License No. <u>5035</u> Chicago, Illinois.			
24. Received for filing on		LOCAL REGISTRAR			

OCT. 25, 1965

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO } SS

I, Samuel L. Andelman, M.D., 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 of a record kept by me in pursuance of said laws and ordinances.

This Certified Copy VALID
Only When Original BLUE
SEAL And BLUE SIGNATURE
Are Affixed.



LOCAL REGISTRAR
Samuel L. Andelman, M.D.

UNOFFICIAL COPY

Legal Description

of premises commonly known as 2404 Ernst Street, Franklin Park, IL 60131

THE NORTH 40 FEET OF THE SOUTH 80 FEET OF LOTS 67 TO 70 TAKEN AS A TRACT
IN THE THIRD ADDITION TO MARCONI CONSTRUCTION COMPANY'S WEST MANOR
DEVELOPMENT BEING A SUBDIVISION OF PART OF THE SOUTH HALF OF THE
SOUTHWEST QUARTER OF SECTION 28, TOWNSHIP 40 NORTH, RANGE 12 EAST OF
THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office