## IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT LAKE COUNTY, ILLINOIS

ES	TAT	E OF		)							
				) )	Case No				-		
				) AFFIDAVII	OF HEIRSHIP						
		S	URVIVING	SPOUSE/CIVIL UNIO		O/OR DE	ESCENDA	ANTS			
11		SURVIVING DES	SCENDAN	RM IF DECEDENT DIEL TS (i.e., children, grand CIVIL UNION PARTNEF	children, great gra	andchild	ren). IF F	PERSON D	ED WITH		
	e un ites:	dersigned, under	penalties o	f perjury as provided by	law pursuant to S	Section	1-109 of t	he Code of	Civil Pro	cedure	
1.	The	The decedent,									
	die	d at	(Place of Dea	th)	on	of Death	, <u> </u>	at the ag	ge of	_ years	
2		died at on at the age of years  (Place of Death) (Date of Death)  □ I am a relative of decedent. State relationship:									
		······································			· · · · · · · · · · · · · · · · · · ·						
3.	Sp	<u>Spouse</u>									
		The decedent wa	as never m	arried or a party to a civ	ril union. <u>OR</u>						
		The decedent was married or a party to a civil union times (No. of Marriages/Civil Unions) and deceden								eceden	
		was married or a at the time of dea				(Survi	ving Spous	e/Partnei			
	Pro	Provide the following information for prior marriages/civil unions:									
		Name of Spouse	/Civil Unio	n Partner		How Did Marriage/Civil Union End?				nd?	
	1.						Death		Dissolut	ion	
	2.						Death		Dissolut	ion	
	3.						Death		Dissolut	ion	
4.	<u>Ch</u>	<u>ildren</u>									
		□ No child was born to, or adopted by, the decedent. If the decedent left a surviving spouse/partner but no children proceed to paragraph 7. <u>OR</u>									
		The following children and no others were born to, or adopted by, decedent's parents in or out of wedlock:									
		Name of Child		By Spouse/Partner No. (Section 3)	Predeceased Decedent – P Survived Decedent – S Adopted – A Disabled – D Minor – M		Other Par	Other Parent's Name			
	1.	<del></del>									
	2.										
	2										

## If no child has predeceased decedent, proceed to paragraph 7.

2	5. For children who	For children who predeceased the decedent and who had children born or adopted, please state:								
Survived — S Decedent  1			Deceased child			Disabled – D				
2. 3			(0.0							
2. 3	1	1.								
2										
2		3.		<del> </del>						
3	2	1.								
1		2.								
Subscribed and sworn to before me this Attorney's Name: State:		3.		<del> </del>	<del></del>					
Same	3	1.		<del> </del>						
If a grandchild listed under paragraph 5 predeceased the decedent leaving a descendant, please fill out Exhibit A.  Check here if Exhibit A is attached.  All children or grandchildren born to or adopted by decedent have been included in this affidavit.  Based on the foregoing, decedent left surviving as decedent's only heirs, the following, all of whom survived decedent, and, in the absence of an indication to the contrary, are of legal age and mentally competent:  Name  Relationship  Disabled – D  Minor - M  1. 2. 3. 4. 5. 6.  CERTIFICATION  Under penalites of perjury as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct.  Date:  Prepared by:  Name:  Affiant  Prepared by:  Name:  Subscribed and sworn to before me this  Attorney's Name:  Addy of  Address:  City:  State:  Phone:  Zip Code:  Notary Public		2.		· · · · · · · · · · · · · · · · · · ·						
Check here if Exhibit A is attached. 6. All children or grandchildren born to or adopted by decedent have been included in this affidavit. 7. Based on the foregoing, decedent left surviving as decedent's only heirs, the following, all of whom survived decedent, and, in the absence of an indication to the contrary, are of legal age and mentally competent:  Name  Relationship  Disabled – D Minor - M  1.  2.  3.  4.  5.  6.  CERTIFICATION  Under penalites of perjury as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct.  Date:, 20		3.		<del> </del>						
6. All children or grandchildren born to or adopted by decedent have been included in this affidavit.  7. Based on the foregoing, decedent left surviving as decedent's only heirs, the following, all of whom survived decedent, and, in the absence of an indication to the contrary, are of legal age and mentally competent:  Name  Relationship  Disabled – D  Minor - M  1.  2.  3.  4.  5.  6.  CERTIFICATION  Under penalites of perjury as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct.  Date:, 20 Affiant  Prepared by:  Name:, 20 State:  Address:  City: State:  Phone: Zip Code: Notary Public  Fax:  Notary Public	_		eased the decedent le	aving a desce	ndant, please fill out	Exhibit A.				
7. Based on the foregoing, decedent left surviving as decedent's only heirs, the following, all of whom survived decedent, and, in the absence of an indication to the contrary, are of legal age and mentally competent:  Name  Relationship  Disabled – D  Minor - M  1.  2.  3.  4.  5.  6.  CERTIFICATION  Under penalites of perjury as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct.  Date:, 20 Affiant  Prepared by: Name:, 20 Affiant  Attorney's Name:, 20 Address:  City: State:  Phone: Zip Code: Notary Public  Fax:  Notary Public			nted by decedent have	heen include	d in this affidavit					
decedent, and, in the absence of an indication to the contrary, are of legal age and mentally competent:  Name  Relationship  Disabled – D Minor - M  1.  2.  3.  4.  5.  6.  CERTIFICATION  Under penalites of perjury as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct.  Date:, 20 Affiant  Prepared by: Name:, 20 Affiant  Subscribed and sworn to before me this Attorney's Name:, aday of  City:, State:, Notary Public  Fax:, Notary Public										
Minor - M  1										
1	Name			Relationship		Disabled – D				
2. 3. 4. 5. 6.  CERTIFICATION  Under penalites of perjury as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct.  Date:, 20 Affiant  Prepared by: Name: Subscribed and sworn to before me this Attorney's Name: day of  Address:  City: State:  Phone: Zip Code: Notary Public  Fax:	1					IVIII IOI - IVI				
3				-	<del></del>					
4										
5										
CERTIFICATION  Under penalites of perjury as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct.  Date:, 20 Affiant  Prepared by: Name: Subscribed and sworn to before me this Attorney's Name: day of  Address:  City: State:  Phone: Zip Code: Notary Public  Fax:										
CERTIFICATION  Under penalites of perjury as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct.  Date:, 20 Affiant										
Under penalites of perjury as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct.  Date:, 20 Affiant	6									
certifies that the statements set forth in this instrument are true and correct.  Date:, 20			CERTIFICATION	1						
Date:					e of Civil Procedure,	the undersigned				
Prepared by:       Name:       Subscribed and sworn to before me this         Attorney's Name:       day of	certines that the stat	ements set tortil in this ins	irument are true and co	orrect.						
Name:       Subscribed and sworn to before me this         Attorney's Name:       day of         Address:       City:         Phone:       Zip Code:         Notary Public	Date:	, 20		Affiant						
Attorney's Name:	Prepared by: Name:		Subscribe	d and sworn to before	re me this					
Address:										
City: State:					., 0.					
Phone:Zip Code: Notary Public Fax:				<del></del>						
Fax:				Notary P	ublic					

## AFFIDAVIT OF HEIRSHIP SURVIVING SPOUSE/CIVIL UNION PARTNER AND/OR DESCENDANTS EXHIBIT A

For each granchild listed under paragraph 5 who predeceased the decedent and who had children born or adopted please state:

Deceased Grandchildren	Name of each Child of Deceased Grandchild	Predeceased - P Decedent  Survived - S Decedent	Adopted – A Disabled – D Minor – M
1	1		
	2	<del></del>	<del></del>
	3	<del></del>	
2	1		
	2		
	3	<del></del>	
3	1		
	2		
	3	<del></del> _	

If no child of a deceased grandchild has predeceased decedent, proceed to paragraph 7.

For each great granchild listed above who predeceased decedent and who had children born or adopted, please state:

	Deceased Great Granchildren	Name of each Child of Deceased	Decedent - P	Adopted – A Disabled – <i>D</i>	
		Great Granchild	Survived – S Decedent	Minor – M	
1		1			
		2			
		3			
2		1	·		
		2			
		3	· ————		
3		1	<u> </u>		
		2	<del></del>		
		3			

If no child of a deceased great grandchild has predeceased decedent, proceed to paragraph 7.