

# UNOFFICIAL COPY



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IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS  
COUNTY DEPARTMENT - CHANCERY DIVISION

Estate of )  
MARY BROZOWICH, ) NO.  
DECEASED )

00995990

8012/0051 30 001 Page 1 of 4  
2000-12-19 13:06:35  
Cook County Recorder 51.00

## AFFIDAVIT OF HEIRSHIP

Now comes Diane M. Pokrajac, a daughter of the decedent,  
Mary Brozowich, and herein presents this affidavit of heirship as  
follows:

- I. Mary Brozowich died on April 30, 1992, a resident of Cook County, Illinois.
- II. The decedent was married once and then to John Brozowich, who died on January 19, 1973. During their marriage there were three children born, namely:
  - A. James J. Brozowich, a son, who died in 1999. James J. Brozowich was married once to Geraldine Timmons. Said marriage ended in divorce. During their marriage, one child was born, namely:
    - 1. Charmel Kullerstand, a daughter, who is living, of legal age and competent.

James J. Brozowich never had or adopted any other children during his lifetime.
  - B. Diane M. Pokrajac, a daughter, who is living, of legal age and competent.
  - C. Rose Ann Lickenbrock, a daughter, who is living, of legal age and competent.

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Mary Brozowich never had or adopted any other children during her lifetime.

John Brozowich, the decedent's spouse, never had or adopted any other children during his lifetime.

Wherefore, this affiant believes the only heirs at law of Mary Brozowich are:

Diane M. Pokrajac, a daughter  
Rose Ann Lickenbrock, a daughter  
Charmel Kullerstand, a granddaughter

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210  
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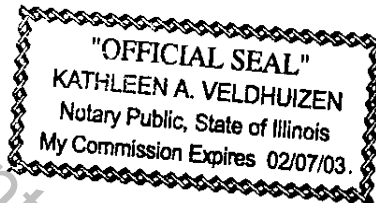
State of Illinois )  
                          ) SS.  
County of Cook    )

I, Diane Pokrajac, hereby affirm that the information contained in this affidavit is true and accurate to the best of my knowledge.

  
\_\_\_\_\_  
Diane Pokrajac

Subscribed and sworn to before me this 10<sup>th</sup> day of November, 2000.

  
\_\_\_\_\_  
Notary Public



00995990

Edward V. Sharkey  
Attorney at Law  
14105 Lincoln Ave.  
P. O. Box 27  
Dolton, IL 60419  
(708) 849-3700  
Atty. No. #53978

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THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

## INDIANA STATE BOARD OF HEALTH

### CERTIFICATE OF DEATH

Date Issued May 4, 1992  
*Franklin J. Remuda, M.D.*  
 Hammond Health Commissioner

Local No. 392

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF  
DEATH

CERTIFIER

HEALTH  
OFFICER

CORONER  
USE ONLY

|  |  |   |   |  |
|--|--|---|---|--|
| 1. DECEASED—NAME (First, Middle, Last)<br><b>Mary Brozowich</b>  |  | 2. SEX<br><b>Female</b>   | 3a. TIME OF DEATH<br><b>1:00 p.m.</b>   | 3b. DATE OF DEATH (Month, Day, Year)<br><b>April 30, 1992</b>          |
| 4. SOCIAL SECURITY NUMBER<br><b>358-50-0522</b>  | 5a. AGE—Last Birthday (Years)<br><b>77</b>   | 5b. UNDER 1 YEAR<br>Months: _____ Days: _____   | 5c. UNDER 1 DAY<br>Hours: _____ Minutes: _____  | 6. DATE OF BIRTH (Mo. Day, Yr)<br><b>December 17, 1914</b>             |
| 7. BIRTHPLACE (City and State or Foreign Country)<br><b>Chicago, Illinois</b>  | 8a. WAS DECEDENT A U.S. VETERAN?<br><b>No</b>  |   |   |  |
| 8b. YEAR LAST SERVED IN U.S. ARMED FORCES?<br>_____  |  | 9a. PLACE OF DEATH (Check only one. See instructions.)<br>HOSPITAL: <input checked="" type="checkbox"/> Inpatient<br><input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA<br>OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) _____<br><input type="checkbox"/> Residence |   |  |
| 9b. FACILITY NAME (If not institution, give street and number)<br><b>St. Margaret Mercy North</b>  |  | 9c. CITY, TOWN, OR LOCATION OF DEATH<br><b>Hammond</b>  | 9d. COUNTY OF DEATH<br><b>Lake</b>  |  |
| 10. MARITAL STATUS (Specify)<br><b>Widowed</b>   | 11. SURVIVING SPOUSE (If wife, give maiden name)<br>_____  | 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)<br><b>Homemaker</b>   |   | 12b. KIND OF BUSINESS/INDUSTRY<br><b>Own Home</b>                      |
| 13a. RESIDENCE—STATE<br><b>Illinois</b>  | 13b. COUNTY<br><b>Cook</b>   | 13c. CITY, TOWN, OR LOCATION<br><b>Chicago</b>  |   | 13d. STREET AND NUMBER<br><b>13515 S. Green Bay</b>                    |
| 13e. ZIP CODE<br><b>60633</b>  | 13f. INSIDE CITY LIMITS<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes<br>13g. ON A FARM?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | 14. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   | 15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes      | 16. RACE—American Indian, Black, White, etc. (Specify)<br><b>White</b> |
| 17. DECEDENT'S EDUCATION (Specify only highest grade completed)<br>Elementary/Secondary (0-12) <b>8 Yrs</b>  |  | College (1-4 or 5+) _____   |   |  |
| 18. FATHER'S NAME (First, Middle, Last)<br><b>Eli Kookich</b>  |  | 19. MOTHER'S NAME (First, Middle, Maiden Surname)<br><b>Mary Radjellia</b>  |   |  |
| 20a. INFORMANT'S NAME (Type/Print)<br><b>Diane Pokrajac</b>  |  | 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)<br><b>19701 Lake Park DR., Lynwood, Illinois 60411</b>  |   | 20c. Relationship<br><b>Daughter</b>                                   |
| 21a. METHOD OF DISPOSITION<br><input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____   |  | 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)<br><b>May 4, 1992<br/>Oak Hill Cemetery</b>  |   | 21c. LOCATION—City or Town, State<br><b>Hammond, Indiana</b>           |
| 22a. EMBALMER'S NAME<br><b>James Porras</b>  |  | 22b. EMBALMER'S LICENSE NO.<br><b>1045964</b>   | 23. WAS DEATH REPORTED TO CORONER?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |  |
| 24a. SIGNATURE OF FUNERAL DIRECTOR<br><i>Franklin J. Remuda</i>  |  | 24b. LICENSE NUMBER (of License)<br><b>1021590</b>  | 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME<br><b>Burns-Kish Funeral Home #3002819<br/>5840 Hohman Ave (for Kompare F H)<br/>Hammond, Ind. Chicago, Ill</b> |  |
| 26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.<br><b>Coronary Artery disease</b>  |  |   |   |  |
| IMMEDIATE CAUSE (Final disease or condition resulting in death)  |  | a. _____<br>DUE TO (OR AS A CONSEQUENCE OF)   |   |  |
| Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last  |  | b. _____<br>DUE TO (OR AS A CONSEQUENCE OF)   |   |  |
| c. _____<br>DUE TO (OR AS A CONSEQUENCE OF)  |  | d. _____  |   |  |
| PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.<br><b>Angiogram Cordis Pericardial Arrhythmia</b>  |  |   |   |  |
| 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)<br><b>No</b>  |  | 28a. WAS AN AUTOPSY PERFORMED? (Yes or no)<br><b>No</b>   | 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)<br>_____  |  |
| 29a. CERTIFIER (Check only one)<br><input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.<br><input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.<br><input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. |  |   |   |  |
| 29b. SIGNATURE AND TITLE OF CERTIFIER<br><i>Franklin J. Remuda</i>   |  | 29c. MEDICAL LICENSE NO.<br><b>33179</b>  | 29d. DATE SIGNED (Month, Day, Year)<br><b>May 1, 1992</b>   |  |
| 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)<br><b>P. Alexander, M. D. 13101 S. Baltimore Avenue, Chicago, Illinois 60633</b>  |  |   |   |  |
| 31. HEALTH OFFICER'S SIGNATURE<br><i>Franklin J. Remuda, M.D.</i>  |  |   |   | 32. DATE FILED (Month, Day, Year)<br><b>MAY 4, 1992</b>                |
| 33. MANNER OF DEATH<br><input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation<br><input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined<br><input type="checkbox"/> Homicide   |  | 34a. DATE OF INJURY (Month, Day, Year)<br>_____   | 34b. TIME OF INJURY<br>_____  | 34c. INJURY AT WORK? (Yes or no)<br>_____                              |
| 34d. DESCRIBE HOW INJURY OCCURRED<br><b>00995990</b>   |  | 34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)<br>_____   |   |  |
| 34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)<br><b>00995990</b>  |  | 34g. DATE PRONOUNCED DEAD (Month, Day, Year)<br>_____   |   |  |
| 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.<br>_____  |  |   |   |  |

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Lot 14, except the South 22.165 feet thereof, all of Lot 15, and the South 4.55 feet of Lot 16 in Block 18 in the Subdivision of Blocks 10, 17 and the North 292.1 feet of Block 18 of Calumet & Chicago Canal & Dock Company, a Subdivision in the Northeast  $\frac{1}{4}$  of the Southeast  $\frac{1}{4}$  and the South 5 acres of the Southeast  $\frac{1}{4}$  of the Northeast  $\frac{1}{4}$  of Section 31, Township 37 North, Range 15, East of the Third Principal Meridian, in Cook County, Illinois.

This property does not constitute homestead property as to the spouses of the grantors.

Commonly known as: 13515 Greenbay, Chicago, Il. 60633

Permanent Real Estate Index Number(s): 26 31 414 026

00995990