



# UNOFFICIAL COPY

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

That the decedent died on, June 12, 1996 leaving no/a last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$ \_\_\_\_\_, and that the value of the above property individually was \$ \_\_\_\_\_.

That the Illinois Inheritance Tax and the Federal Estate Tax, if any, was due from the decedent's estate, has been paid in full;

That the affiant makes this affidavit to induce Attorneys' Title Guaranty Fund, Inc., to issue its policy of title insurance on the above described property.

The affiant hereby covenants and agrees, for himself/ herself/ themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold Attorneys' Title Guaranty Fund, Inc., harmless and to reimburse the title company for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature which said title company may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

1. Claims against the Estate of Anna Powrozek, the decedent.
2. Illinois State Inheritance Tax and Federal Estate Tax which may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent.
4. Rights of contribution.

\_\_\_\_\_  
(SEAL)

\_\_\_\_\_  
(SEAL)

Joanne M. Wehrly (SEAL)  
Joanne M. Wehrly

Subscribed and sworn to before me this  
12<sup>th</sup> day of, April, 2001.

Rosanne M. Sitkowski  
Notary Public



0010371792

# UNOFFICIAL COPY

**PREPARED BY:**

John Papadia  
8501 West Higgins Road  
Suite #340  
Chicago, IL 60631

**MAIL TO:**

John Papadia  
8501 West Higgins Road  
Suite #340  
Chicago, IL 60631



PIN# 13-18-409-034-1005

Common Address: 6530 West Irving Park Road, Chicago, Illinois 60634 Unit 205.

Note: If the decedent left a will, it will be necessary that the original or certified copy thereof be presented to us for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

Property of Cook County Clerk's Office

6610371799

REGISTRATION NO. **1010**  
 REGISTERED NUMBER

STATE OF ILLINOIS  
**MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER  
**610214**

DECEASED-NAME	FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
FRANK	J.		POWROZEK	MALE	JUNE 12, 1996
COUNTY OF DEATH	CHICAGO				
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	CHICAGO				
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	Chicago, IL				
SOCIAL SECURITY NUMBER	326-05-9745				
RESIDENCE (STREET AND NUMBER)	6530 W. IRVING				
FATHER'S NAME	FIRST	MIDDLE	LAST	MOTHER'S NAME	FIRST
John			Powrozek	Mary	
RELATIONSHIP	17c. 5645 W. ADDISON CHICAGO, IL 60634				
17a. JAMIE PIATT	17b. MARIAN				
18. Immediate Cause (Final disease or condition resulting in death)	<p><b>ACUTE CORONARY ARTERY DISEASE</b>          UNREPAIRABLE CORONARY ARTERY DISEASE          DATE OF OPERATION, IF ANY</p>				
19. Underlying Cause (Final disease or condition resulting in death)	<p>(a) SEPSIS DUE TO OR AS A CONSEQUENCE OF          (b) ACUTE RESPIRATORY DISTRESS SYNDROME DUE TO OR AS A CONSEQUENCE OF          (c) ASPIRATION PNEUMONIA</p>				
20a. I (D) DID NOT ATTEND THE DECEASED AND I DID NOT SAW HIM/HER ALIVE ON	20b. (MONTH, DAY, YEAR)				
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE, (N/D) DUE TO THE CAUSE(S) STATED.	21c. DATE SIGNED (MONTH, DAY, YEAR)				
22a. SIGNATURE	22b. 6-13-96				
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)	22d. 036-059214				
23. REBECCA DUKE, M.D.	23a. 5645 W. ADDISON CHICAGO, IL 60634				
24a. Burial	CENETERY OR CREMATORY-NAME	LOCATION	CITY OR TOWN	STATE	DATE (MONTH, DAY, YEAR)
24b. St. Joseph	24c. River Grove, IL	24d. June 15, 96			
25a. Gibbons Funeral Home 5917 W. Irving Park Rd. Chicago, IL 60634	25c. 010-010880				
26a. Robert E. Kowachek	26b. JUN 13 1996				

STATE OF ILLINOIS  
 COUNTY OF COOK  
 CITY OF CHICAGO

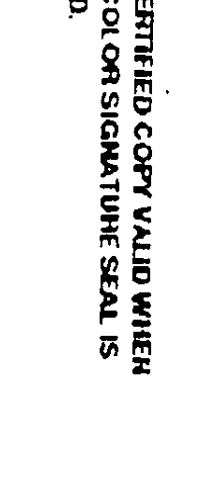
**JUN 13 1996**

SHEILA LYNE RSM, 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 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.

**JUN 13 1996**

**6641480500**

**CITY OF CHICAGO**  
 DEPARTMENT OF PUBLIC HEALTH



THIS CERTIFIED COPY VALID WHEN MULTICOLOR OR SIGNATURE SEAL IS AFFIXED.

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