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STATE OF ILLINOIS)

COUNTY OF COOK)

AFFIDAVIT OF HEIRSHIP

JOANNE M. WEHRLY, and JOHN F. POWROZEK,

Affiants herein, being nest duly sworn on oath, depose and state as follows:

- 1. Decedent, ANN POWROZEK, died in Chicago, Illinois, on September 29, 2000 at the age of 76 years.
 - 2. That we are the children of the Decedent, and are of legal age.
- 3. The Decedent was married once and or ly once and then to, FRANK POWROZEK who predeceased the Decedent, having died on ____June_12. 1996 _____ That at the time of __her death, Decedent left no surviving spouse.
- 4. That as the result of the marriage of FRANK J. POWROZEK and ANNA POWROZEK, Three (3) children children were born namely:
 - a) STEPHEN POWROZEK;
 - b) JOANNE M. WEHRLY; and
 - c) JOHN F. POWROZEK.

That no other children were born to or adopted by FRANK J. POWROZEK and ANNA POWROZEK, as a result of said marriage. That the aforementioned children of, ANNA POWROZEK, Decedent, are all of legal age and under no legal disability.

ITGE, I

UNOFFICIAL COPY

- That based on the foregoing, Decedent, ANNA POWROZEK, left surviving as Fonly Heirs at law:
 - a) STEPHEN POWROZEK:
 - b) JOANNE M. WEHRLY; and
 - c) JOHN F. POWROZEK.
 - 6. That no Federal Estate of State Inheritance Taxes are due.
 - 7. That there are no claims against the Estate of ANNA. . POWROZEK, deceased. DODO PARA

Respectfully submitted,

Subscribed and Sworn to before me this 2⁷⁷day of APRIL, 2001.

NOTARY PUBLIC

OFFICIAL SEAL

ROSANNE M SITKOWSKI

NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES: 12/02/02

Prepared by:

LAW OFFICES OF JOHN PAPADIA, LTD. 8501 West Higgins Road, Suite 340 Chicago, IL 60631

Parcel 1: Unit No. 205 in Merrimac Square Condominium III as delineated on a survey of the following described real estate:
Lots 1 and 4 in Pontarelli Subdivision of Merrimac Square, a part of the Fractional Southeast 1/4 of Section 18, Township 40 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois, which survey is attached as Exhibit "B" to Declaration of Condominium made by Parkway Bank and Trust Company under Trust Agreement dated June 9, 1992 and known as Trust Number 10346 and recorded in the Office of the Recorder of Deeds of Cook County as Document Number 93-337398 together with its undivided percent interest in said parcel (excepting from said parcel all the property and space comprising all the units thereof as defined and set forth in said declaration and survey).

Parcel 2:
Perpetual, non-exclusive easement for the benefit of Parcel 1 for ingress and egress over, along and upon the land, as set forth below, and further delineated in Exhibit "A" of Document Number 92-607113, for driveways, walkways, common parking and park areas as created by Declaration of Common Basements and Maintenance Agreement dated August 7, 1992 and recorded August 14, 1992 as Document Number 92-607113 by and among Parkway Bank and Trust Company, as Trustee under Trust Agreement dated June 9, 21992 and known as Trust Number 10345, Parkway Bank and Trust Company, as Trustee under Trust Agreement dated November 5, 1991 and known as Trust Number 10176 and Parkway Bank and Trust Company, as Trustee under Trust Agreement dated November 5, 1991 and known as Trust Agreement dated June 9, 1992 and known as Trust Number 10346.

The exclusive right to the use of Parking Space No. P-2 and Storage Space

DISTRICT NO. 16.10 REGISTERED

BIRTHPLACE ICITY AND STATE OF FOREIGN COUNTRY)
7. Chicago, IL

MARRIED, NEVER MARRIED, WIDOWFD, DIVORCED (SPECIFY)

8a. WICOWED

USUAL OCCUPATION Housewife

SOCIAL SECURITY NUMBER

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER

Cook

AGE-LAST (YAS) |

SHUOH

UNDER I DAY DATE OF BIRTH (MONTH, DAY, YEAR) Female

DATE OF DEATH

September 29,

2000

October 10, 1923

6c Emer. Room OP EMER RM INPATIENT (SPECIFY

ARMEDFORCES? (YES NO) Z O

Our Lady of the Resurrection

NAME OF SURVIVING SPOUSE (MAIDENNAME, IF WIFE)

Chicago

COUNTY OF DEATH

Anna FIAST

MIDDLE

Powrozek UNDER 1 YEAR

MOS. DAYS

DECEASED-NAME

RESIDENCE (STREET AND NUMBER)

6530 W. Irving Park Road

3

Chicago

INSIDE CITY

COUNTY 13d.

Cook

CITY, TOWN, TWP, OR ROAD DISTRICT NO

Own Home

EDUCATION (SPECIFY OF Elementary Secondary (0-12)

ONLY HIGHEST GRADE COMPLETED;

College (1:4 or 5 +)

KIND OF BUSINESS OR INDUSTRY

None

337-14-3018

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FILE

BASEDON 1569 U.S. STANDARD CERTIFICATE,	•	lltinois Department of Public Health—Division of Vital Records	ois Department of Public He	lisio	VH200 (Rev. 5/89)
	26b. OCT (7014	Mynd 1	neur	26a. V
HAH, MONTH DAY YEAR	DATE FILED BY LOCAL REGISTA	CNA		O SAN	LOCAL BEGISTRAR'S SIGNAL
24	_{25c} 034-015124		Whis C	The Corporo (25b. Deller
ISLICENSE NUMBER	FUNERAL DIRECTOR SILLINGIS		17(1)[1	TARK	FUNERAL DIRECTOR'S SIGNATURE
Illinois 60634	Chicago,	Irving Park Road	5917 W. Ir	Funeral Home	Sn.
STATE ZIP	CITY OR TOWN STA	MBER OR R F.D.	STREET AND NUMBER OR R F.D	NAME	FUNERAL HOME
24d Oct. 3,2000	Grove, Illinois	24c. River	: Joseph	24b. Saint	24a Burial
DATE (MONTH DAY YEAR)	CITY OH TOWN STATE	LOCATION	EMATORY-NAME	CEMETERY OR CREMATORY-NAME	REMOVAL (SPECIFY)
NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED	NOTE: IF AN DEATH THE MUST BE NO	N N	CENTIFIED (TYP. C. PHINT)		23.
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]		(TYPEC	NAME AND ADDRESS OF CERTIFIER
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21c. 5:48 P. M.	EXAMINERNOTIFIED? (YESHO) 21b. Yes 21c.	Ž	8-2-00	EON	
YES NO!X	န်		THE CAY VEAD	١	
VIAS THERE A PREGNANCY IN PAST NTHS?	THREE MONTHS?	\mathbf{a}	Section in Colored Cr. Cr. Ch. Allow	3	
19b.	19a. IVO		INICS OF OPERATION	WA DOEN!	DATE OPERATION IF ANY
WERE ALTICA'S? FRONGS AVAILABLE PROPRIE COMPLETION OF CAUSE OF DEATHT(NES NO)	28	e givenin PARTI.	Other significant condutions contributing to death but not resulting in the underlying cause given in PART	ns contributing to death but	PART III Other significant condition
	2			(c)	C.USE LAST.
)		DUE TO, OR AS A CONSEQUENCE OF		MED
	/			(b)	WHICH GIVE RISE TO
			EQUENCE OF	DUE TO, OR AS /	an occurry
_		TWH TRICOMO	Cute Millou		disease or condition
APPROJULATE ATERVAL DETARENONSETAND DEATH	Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory a restricts, or heart failure. List only one cause on each line.	death. Do not enter the mode on hine.	emplications that caused the	Enter the diseases, or c shock, or heart failure.	
	1033 Olivia St.,Dec	Son 17c	176.	Powrozek	John
YG. TOWN.STATE, ZIP)	MAILING ADDRESS (STREET AND NO ORR F.D. CITY	RELATIONSHIP MAILING	REL	RPHINT)	INPOMMANT'S NAME (TYPE OR PRINT)
bovaca	Teresa	16.	Pastore		Sam
(MAIDEN) LAST	FIRST	MOTHER-NAME	LAST	MIDDLE	FATURA-NAME FIRST
0	TYES SPECIFY:		14a. White	_{13t.} 60634	llinois
A CORPAN WENCH IN THE ALL AND THE AND	OF HISPANIC ORIGIN? (SPECIFY NOOR YES-IF YES, SPECIFY		RACE (WHITE, BLACK, AMERICAN	ZIP CODE	S

CERTIFY THAT I AM THE KEEPER OF I, SHEILA LYNE, RSM, LOCAL KEPT BY ME IN ORDINANCE OF SAID SHEET IS A TRUE COPY OF A RECORD **ACCOMPANYING CERTIFICATE ON THIS** THE CITY OF CHICAGO; THAT THE OF ILLINOIS AND THE ORDINANCES OF BY VIRTUE OF THE LAWS OF THE STATE AND DEATHS FOR THE CITY OF CHICAGO LAW AND ORDINANCES. THE RECORDS OF BIRTHS, STILLBIRTHS THE CITY OF CHICAGO, DO HEREBY HEGISTRAR OF VITAL STATISTICS OF

COLORDAY TOO

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

0 2 2000

DEPARTMENT OF PUBLIC HEALTH CITY OF CHICAGO

60018

LOCAL REGISTRAR

MULTICOLOR SIGNATURE SEAL IS

THIS CERTIFICATE COPY VALID WHEN

AFFIXED.