UNOFFICIAL COPY

0010489753
2527/0152 21 001 Page 1 of 3
2001-06-07 11:41:14
Cook County Recorder 25.00
0010489753

11199710 X3

STATE OF ILLINOIS)
) SS.
COUNTY OF COOK)

AFFIDAVIT OF HEIRSHIP

NOW COMES, James E. Kase, the son of the decedent, LEONARD E. KASE (AKA LEONARD KOSIERACKI), Deceased, and as an Affidavit of Heirship, states as follows:

1. That the decedent, LEONARD E. KASE (AKA LEONARD KOSIERACKI) (who is hereinafter referred to as Decedent), resided at and was the legal owner of 12210 S. Avers, Alsip, IL 60803 legally described as on reverse.

3 PGS

PIN: 24-26-111-013-0000
Commonly Known as: 12210 S. Avers, Alsip, IL 60803

2. That the decedent died a resident of Cook County, IL, on December 24, 2000, a copy of said death certificate is attached.

3. That the value of his estate is $138,900.00 and there are no Federal or State Estate taxes or inheritance taxes due as a result of his death.

4. That the decedent was married once during his lifetime namely to Florence J. Kase (AKA Florence Kosieracki) who died a resident of Cook County, Illinois, on November 29, 1999.

5. That there were two children born as a result of the marriage to Florence J. Kase, namely; JAMES E. KASE, legal age and competent, and JEAN M. PLOMIN, legal age and competent. That no other children were born or adopted by the Decedent during his lifetime.

The affiant herein states that he has read the above and foregoing affidavit, and that same is true and correct.

DATED: April 20, 2001

James E. Kase

James E. Kase, Affiant

ATGF, INC.

Property of Cook County Clerk's Office

UNOFFICIAL COPY

STATE OF ILLINOIS)
) SS.
COUNTY OF COOK)

I, JAMES E. KASE, son of the decedent, LEONARD E. KASE (AKA LEONARD KOSIERACKI), state on oath that he has read the above and foregoing, and that said affidavit is true and correct.

James E. Kase

Subscribed and Sworn to before me this
20th day of April, 2001.

Notary Public

"OFFICIAL SEAL"
Cynthia Peri
Notary Public, State of Illinois
My Commission Exp. 07/16/2003

Legal Description:

Lot 30 in Alsip Gardens, a Subdivision of part of Lot 17 in Brayton's Farms, No. 2, a Subdivision of the West 80 acres of the North West quarter of Section 26, Township 37 North, Range 13 East of the Third Principal Meridian, in Cook County, Illinois.

THIS DOCUMENT PREPARED BY and Return To
SHAWN K. HANKINS, ATTORNEY
7646 West 159th Street
Orland Park, Illinois 60462
(708) 429-1580

Property of Cook County Clerk's Office

00104875X

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statues relating to the registration of births, stillbirths and deaths.

Date December 27, 2000

Signed [signature]

At Cook County Department of Public Health Official Title Chief Deputy Registrar,
1010 Lake Street, Oak Park, Illinois 60301

REGISTRATION DISTRICT NO. 16.0

REGISTERED NUMBER

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

1. DECEASED–NAME FIRST MIDDLE LAST: LEONARD E. KASE (A.K.A.) KOSIERACKI
2. SEX: MALE
3. DATE OF DEATH (MONTH, DAY, YEAR): DECEMBER 24, 2000
4. COUNTY OF DEATH: COOK
5a. AGE–LAST BIRTHDAY (YRS): 70
5b. UNDER 1 YEAR MOS. DAYS:
5c. UNDER 1 DAY HOURS MIN.:
5d. DATE OF BIRTH (MONTH, DAY, YEAR): OCTOBER 31, 1930
6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: ALSIP
6b. HOSPITAL OR OTHER INSTITUTION–NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): 12210 SOUTH AVERS
6c. IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM, INPATIENT (SPECIFY): HOSPICE
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): CHICAGO, IL
8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): WIDOWED
8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): ———
9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES-NO): YES
10. SOCIAL SECURITY NUMBER: 352-22-8012
11a. USUAL OCCUPATION: SUPERINTENDENT
11b. KIND OF BUSINESS OR INDUSTRY: STEEL
12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary-Secondary (0-12): 12 College (1-4 or 5+):
13a. RESIDENCE (STREET AND NUMBER): 12210 SOUTH AVERS
13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO.: ALSIP
13c. INSIDE CITY (YES/NO): YES
13d. COUNTY: COOK
13e. STATE: ILLINOIS
13f. ZIP CODE: 60803
14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): WHITE
14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES–IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.): ☒ NO ☐ YES SPECIFY:
15. FATHER–NAME FIRST MIDDLE LAST: CHESTER KOSIERACKI
16. MOTHER–NAME FIRST MIDDLE (MAIDEN) LAST: KATHERINE MICKUS
17a. INFORMANT'S NAME (TYPE OR PRINT): MRS. JEANIE M. PLOMIN
17b. RELATIONSHIP: DAUGHTER
17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE): 115 N. STEVENSON LN., MT. PROSPECT, ILLINOIS 60056

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) Cerebral Anoxia

DUE TO, OR AS A CONSEQUENCE OF

(b) Metastatic Lung Cancer

DUE TO, OR AS A CONSEQUENCE OF

(c)

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

19a. AUTOPSY (YES/NO): NO
19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO):
20a. DATE OF OPERATION, IF ANY:
20b. MAJOR FINDINGS OF OPERATION:
20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES ☐ NO ☐
21a. I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR): 12/2000
21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): NO
21c. HOUR OF DEATH: 2:30 A.M.

TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

22a. SIGNATURE ▶ [signature]
22b. DATE SIGNED (MONTH, DAY, YEAR): DEC. 26, 2000
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): DR. K. HUNTINGTON, 9550 W. 167th ST., ORLAND PARK, IL 60462
22d. ILLINOIS LICENSE NUMBER: 036-090526
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT):

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
24b. CEMETERY OR CREMATORY–NAME: HOLY SEPULCHRE CEM.
24c. LOCATION CITY OR TOWN STATE: WORTH, ILLLINOIS
24d. DATE (MONTH, DAY, YEAR): DEC. 28, 2000
25a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP: ANDREW J. MCGANN & SON FUNERAL HOME, 10727 SOUTH PULASKI RD., CHICAGO, IL 60655
25b. FUNERAL DIRECTOR'S SIGNATURE ▶ [signature]
25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 034-009514
26a. LOCAL REGISTRAR'S SIGNATURE: KAREN L. SCOTT, M.D. REGISTRAR [signature]
26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): DEC 27 2000

Property of Cook County Clerk's Office

UNOFFICIAL COPY