058/01**4**3 10 001 Page 1 of 2001-07-06 13:37:58

Cook County Recorder

THERESA MIZIALKO, hereinafter referred to as affiant, states under oath that the affiant resides at 6679 W. Hayes Avenue, Chicago, Illinois 60634; that the affiant was acquainted with ROBERT MIZIALKO, the decedent; that at the time of death, the decedent

(The Above Space For Recorder's Use Only)

LOT 25 IN BLOCK 52 OF HRUBY AND COMPANY'S RESUBDIVISION OF BLOCKS 52, 56, 57 AND 62, AS PLATTED AND SUBDIVIDED BY THE NORWOOD LAND AND BUILDING ASSOCIATION, AND BEING A SUBDIVISION OF PART OF SECTION 6, TOWNSHIP 40 NORTH, PANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, AND OF THE SOUTH ½ OF SECTION 31, TOWNSHIP 41 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERID! AN IN COOK COUNTY, ILLINOIS.

Permanent Index Number (PIN):

was one of the owners of the property, by virtue of a properly recorded joint tenancy warranty

deed, said property located as hereinafter

0-31-407-001-0000

Address(es) of Real Estate:

described:

6679 V. HAYES AVENUE, CHICAGO, IL 60634

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

That the decedent died on 6/29/80 leaving no last will are estament;

That the total value of decedent's estate, including the taxable interest in the above property, was \$278,000 and that the value of the above property individually was \$139,000.

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

SUBSCRIBED AND SWORN to before me

PREPARED BY:

this 22nd day of Mareh, 2001.

CAROL A. MULROE NOTARY PUBLIC, STATE OF ILLINOIS

MY COMMISSION EXPIRES 4/29/2002

THIS INSTRUMENT WAS

John G. Mulroe Attorney at Law 6687 North Northwest

Chicago, Illinois 60631

UNOFFICIAL COPY A COPY

Property of Cook County Clerk's Office

UNOFFICIAL COPY AFFIDAVIT OF NO ESTATE TAX DUE

The Affiant, regarding the possible liability for State Inheritance Tax for the estate of Decedent herein, being first duly sworn upon oath, deposes and states as follows:

and I make this affidavit for the purpose of inducing the Registrar of Cook County, Illinois, to issue a Certificate of Title without additional evidence of ite I-liability, relying on this statement as true, and in consideration thereof, Affiant guarantees the truth of the statements herein contained.

Phones Anniello

SUBSCRIBED AND SWORN to before me this 22nd day of March, 2001.

NOTARY PUBLIC

CAROL A. MULROE

NOTARY PUBLIC, STATE OF ILLINOIS

MY COMMISSION EXPIRES 4/29/2002

UNOFFICIAL COPY

Property of Cook County Clerk's Office

Illinois Department of Public Health-Division of Vital Records (BASEDON 1989 U.S. STANDARD CERTIFICATE)

VR200 (Rev. 5/89)

255

FUNERAL DIRECTOR'S SIGNATURE

FUNERAL HOME tion

24b Acacia

CEMETERY OR CREMATORY-NAME

BURIAL, CREMATION, REMOVAL (SPECIFY)

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER

Anton Oliff, MD.

2900

Z

NAME AND ADDRESS OF CERTIFIER

SIGNATURE >

lra

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

200C 22 mar

216

DATE SIGNED

(MONTH DAY YEAR)

210

4:15

'n

ζ

LOCAL REGISTRAF

ILLINOIS LICENSE NUMBER

₂₂6-30-2000

WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES NO.)

HOUR OF DEATH

TION [] Say

AUTOPSY

HERE AUTOPS: FACENCE AT ALABLE PRICH TO COMPLETION OF CAUSE OF DEATHT(YES NO)

19a

20

195

FFEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?

(MONTH, DAY, YEAR)

206

LAST SAW HIM/HER ALIVE ON

E OF OPERATION, IF ANY

MAJOR FINDINGS OF OPERATION

📆 T.H. <u>Other significant conditions</u> contributing to death but not resulting in the underlying cause given in PART I

DATE FILED BY LOCAL REGISTRAR (MONTH 'DAY

man

RSM

034-012366

FUNERAL DIRECTOR SILLINOIS LICENSE NUMBER

J.D.Wojciechowski

z Milwaukee

CATA ON LOWN

25a Colonial-Wojciechowski 6250 Park STREET AND NUMBER OR R F O

LOCATION CITY OF TOWN STATE

240 uly

UST BE NOTIFIED. DATE

LakeShore Dr., Chicaqo, I 122d 036-098898 NOTE: IF AN INJURY WAS INVOLVED IN THIS E CORONER OR MEDICAL EXAMINER (MONTH, DAY, YEAR)

(INIBABO FALL

Chicago, Illinois

Ave., Chicago, I1.

60646

ω

2000

MULTICOLOR SIGNATURE SEAL IS THIS CERTIFICATE COPY VALID WHEN

AFFIXED.

Enfer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respirately cirest, shock, or heart failure. List only one cause on each line. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) NAME OF SURVIVING SPOUSE (MAIDENNAME, IF WIFE) OF HISPANIC ORIGIN? ISPECIFY NO DRYES - IF YES SPECIFY CUBAN MEXICAN PUB-TO FICAN &C MAILING ADDRESS (STREET AND NO ORRED CITY CROWN STATE, ZIP) Bernice DATE OF BIRTH (MONTH DAY, YEAR) 5d.Sept. Caloia EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)

Elementary Secondary (0-12)

College (1-4 or 5 -) Hayes Chicago, Il. 60631 SPECIFY: O 13c Yes INSIDE CITY (YES NO) ₃JUNE 29,2000 _ nee 1931 COUNTY OP EMER AM INPATIENT (SPECIFY) 6dHospice Bail Cook Spice

WASDECEASEDEVERINUS

ARMEDFORCES? (YES NO.)

9 NO 6 (MAIDEN) LAST METHEEN ONSET AND DE ATH 3

E Z

HER-NAME

Illinois

alvi.

ORMANT'S NAME (TYPE OR PRINT)

John

Mizialko

18 PARTI.

sease or condition mmediate Cause (Final

ulting in death)

a

17a Theresa

Mizialko

17b.Wife RELATIONSHIP

1,6679 W.

3a.6679 W.

Hayes

ZIP CODE

60631

INDIAN, els. ||SPECIFY)
14a. White RACE (WHITE, BLACK, AMERICAN

MIDDLE

LAST

MOTHER-NAME

NO NO

☐ YES

10 346-24-9580 SOCIAL SECURITY NUMBER BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)
7 Chicago, Il.

11Mover

CITY. 135

TOWN, TWP, OR ROAD DISTRICT NO

Chicago

116 Furniture

KIND OF BUSINESS OR INDUSTRY

Theresa

nee

USUAL OCCUPATION 8a Married

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)

6679

Σ ğ

Hayes

SIDENCE (STREET AND NUMBER)

THE CITY OF CHICAGO, DO HEREBY T, SHEILA LYNE, RSM, LOCAL REGISTRAR OF VITAL STATISTICS OF OF ILLINOIS AND THE ORDINANCES OF 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 BY VIRTUE OF THE LAWS OF THE STATE AND DEATHS FOR THE CITY OF CHICAGO LAW AND ORDINANCES. CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS

CITY OF CHICAGO STATE OF ILLINOIS

2 3

COUNTY OF DEATH

COOK

DECEASED-NAME NUMBER REGISTERED

FIRST

MIDDLE

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FILE NUMBER

ROBERT

MIZIALKO,

SR.

2MALE SEX

DATE OF DEATH

MONTH DAY Y

AGE-LAST BIRTHDAY (XRS)

NOS.

DAYS

HOURS UNDER

Z Z

UNDER 1 YEAR

6a Chicago

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER

ĕ

REGISTRATION 16

ПЕРАВТМЕИТ ОF PUBLIC HEALTH CITY OF CHICAGO

COIDITIONS, IF ANY WAYCH GIVE RISE TO IMMEDIATE CAUSE (a) SIATING THE UNDERLYING GAUSE LAST

DUE TO, OR AS A CONSEQUENCE OF

9

DUE TO, OR AS A CONSEQUENCE OF

House Myelsoytho Leuktoma