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AFFIDAVIT OF HEIRSHIP

ESTATE OF

Mathew Jasek

DECEASED.

0011029997

8743/0038 27 001 Page 1 of 3

2001-11-02 09:30:27

Cook County Recorder 25.50

Kathy B. Gasser, on oath states:

1. The decedent, Mathew Jasek, died at Hammond, Indiana at the age of 68 years; as shown by the attached death certificate.

2. I am of legal age. I reside in Dyer, Indiana. I am a daughter of the decedent. *3- Jan*

3. The decedent was the owner of the real estate commonly known as 13533 South Avenue K, Chicago, Illinois, and which is legally described as:

See attached...

4. The value of the decedent's estate for Federal Estate Tax purposes is approximately \$_____.

5. The decedent died without a will.

6. The decedent was married once.

The following is the information with respect thereto:

Name of Spouse Marriage terminated Predeceased decedent

Audry Angeline Jasek

Yes

7. The following children and no others were born to or adopted by the decedent:

Name of child	By Spouse #	Minor-M Incompetent-I Adopted-A	Predeceased Decedent-P	Spouse's name if married
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Anton J. Jasek	1			
Michael J. Jasek	1			
Kathy B. Gasser	1			
Susan M. Grzybek	1			
Mary A. Caliban	1			

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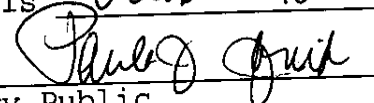
Based on the foregoing, decedent left surviving as his only heirs the following, all of whom survived the decedent, and in the absence of an indication to the contrary, are of legal age, are mentally competent, and, if children, are natural children:

- Anton J. Jasek
- Michael J. Jasek
- Kathy B. Gasser
- Susan M. Grzybek
- Mary A. Caliban

Affiant further states that she makes this affidavit to induce Attorneys' Title Guaranty Fund, Inc., to issue its title commitment and title insurance policies free and clear of all objections arising from the death of the decedent named herein and find title in his heirs or devisees.


 Affiant

Signed and sworn to before me this October 10, 2001


 Notary Public



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

CERTIFICATE OF DEATH

* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

Local No. 116

Date Issued Mar 30, 2001

Franklin J. Premuda M.D.
Hammond Health Commissioner

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

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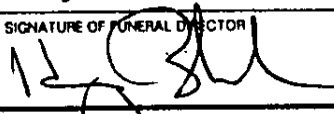


DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF
DEATH

1. DECEASED—NAME (First Middle Last) Mathew Jasek		2. SEX male	3a. TIME OF DEATH 1 05 am	3b. DATE OF DEATH (Month Day Yr) February 2 2000
4. *SOCIAL SECURITY NUMBER 329 22 9075	5a. AGE—Last Birthday (Years) 68	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo. Day, Yr) May 12 1931
7a. WAS DECEDENT A U.S. VETERAN? yes	7b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1956	8. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9a. FACILITY NAME (If not institution, give street and number) St Margaret Mercy		9c. CITY, TOWN, OR LOCATION OF DEATH Hammond	9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) widowed	11. SURVIVING SPOUSE (If wife, give maiden name) none	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Firefighter	12b. KIND OF BUSINESS/INDUSTRY Fire Dept.	
13a. RESIDENCE—STATE Illinois	13b. COUNTY Cook	13c. CITY, TOWN, OR LOCATION Chicago	13d. STREET AND NUMBER 13533 Ave K	
13e. ZIP CODE 60633	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify) white
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) 12 College (1-4 or 5+)		18. FATHER'S NAME (First Middle Last) Stanley Jasek		
19. MOTHER'S NAME (First Middle, Maiden Surname) Barbara Bulaga		20a. INFORMANT'S NAME (Type/Print) Michael Jasek		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 13533 Ave K Chicago IL 60633		20c. Relationship son		
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <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) February 5 2000 Holy Cross Cemetery		21c. LOCATION—City or Town, State Calumet City Illi
22a. EMBALMER'S NAME George J Sadowski		22b. EMBALMER'S LICENSE NO. IL#031 007047	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR 		24b. LICENSE NUMBER (of license) 01019406	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME LaHayne F H 6455 So Eastern Ave Hammond IN FH 19400005 for Sadowski F H Chicago IL	
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. Approximate Interval Between Onset and Death				
Pneumonia				
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. _____ DUE TO (OR AS A CONSEQUENCE OF) _____				
b. _____ DUE TO (OR AS A CONSEQUENCE OF) _____				
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last c. _____ DUE TO (OR AS A CONSEQUENCE OF) _____				
d. _____ DUE TO (OR AS A CONSEQUENCE OF) _____				
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I				
27. WAS DECEDENT PREGNANT, OR 90 DAYS POSTPARTUM? (Yes or no) NO		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) no	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NO	
29a. CERTIFIER (Check only one) <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. <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. <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 	29c. MEDICAL LICENSE NO. 01035958	29d. DATE SIGNED (Month, Day, Year) 2-4-00
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Bagwat 5500 HOHMAN AVE., HAMMOND, INDIANA 46320 (February)				
31. HEALTH OFFICER'S SIGNATURE 				32. DATE FILED (Month, Day, Year) February 4, 2000
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)
34d. DESCRIBE HOW INJURY OCCURRED		34e. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		34g. DATE PRONOUNCED DEAD (Month, Day, Year)		
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.				