

UNOFFICIAL COPY

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

0020370655
2854/0085 33 001 Page 1 of 2
2002-04-02 10:12:42
Cook County Recorder 43.50

AFFIDAVIT OF HEIRSHIP



DANIEL A. GIEWARTOWSKI, being first duly sworn on oath, deposes and says as follows:

1. That he is the surviving spouse of MARCIA N GIEWARTOWSKI, who died on September 22, 2001.
2. That DANIEL A. GIEWARTOWSKI, AND MARCIA N. GIEWARTOWSKI, his spouse, were the mortgagors of the real estate commonly known as 12970 Silver Fox Drive, Lemont, Illinois 60439, and legally described as follows:

LOT 90 IN FOX HILLS UNIT ONE-A, BEING A SUBDIVISION OF PART OF THE SOUTH 1/2 OF THE NORTHEAST 1/4 OF SECTION 34 AND THE SOUTHWEST 1/4 OF THE NORTHWEST 1/4 OF SECTION 35, TOWNSHIP 37 NORTH, RANGE 11 EAST OF THE THIRD PRINCIPAL MERIDIAN ACCORDING TO THE PLAT THEREOF RECORDED JUNE 4, 1987 AS DOCUMENT NUMBER 87302732 IN COOK COUNTY, ILLINOIS.

PIN Number: 22-35-104-033-000

3. That MARCIA N. GIEWARTOWSKI died testate.
4. That decedant MARCIA N GIEWARTOWSKI and DANIEL A. GIEWARTOWSKI were each married only once and only to each other, and that the only children that either DANIEL A. GIEWARTOWSKI AND MARCIA N. GIEWARTOWSKI were the children born of their marriage namely, LYNETTE A. SHEPPARD and GREGG A. GIEWARTOWSKI.
5. That there were no other children born to or adopted by DANIEL A. GIEWARTOWSKI or MARCIA N. GIEWARTOWSKI.

AFFIANT FURTHER SAYETH NOT.

Daniel A. Giewartowski
DANIEL A. GIEWARTOWSKI
17233 Evans Avenue
South Holland, IL 60473

Prepared By and Mail to:

FRED M. BECKER
136 Pulaski Road
Calumet City, IL 60409



SUBSCRIBED AND SWORN TO BEFORE ME THIS
21ST DAY OF MARCH, 2002

[Signature]
NOTARY PUBLIC



UNOFFICIAL COPY

INDIANA STATE DEPARTMENT OF HEALTH

closure of the responsibilities
be no penalty for

CERTIFICATE OF DEATH

State No.

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

IN
ANENT
ACK INK

1 DECEASED—NAME (First, Middle, Last) Marcia N. Giewartowski				2 SEX Female		3a TIME OF DEATH 8:15 AM		3b DATE OF DEATH (Month, Day, Yr) Sept. 22, 2001			
4 *SOCIAL SECURITY NUMBER 303-42-1831		5a AGE—Last Birthday (Years) 61		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes		6 DATE OF BIRTH (Mo, Day, Yr) Sept. 30, 1939		7 BIRTHPLACE (City and State or Foreign Country) Hammond, IN	
8a WAS DECEDENT A U.S. VETERAN? NO		8b YEAR LAST SERVED IN U.S. ARMED FORCES?		9a 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			
9b FACILITY NAME (If not institution, give street and number) Community Hospital of Munster						9c CITY, TOWN, OR LOCATION OF DEATH Munster			9d COUNTY OF DEATH Lake		
10 MARITAL STATUS Married		11 SURVIVING SPOUSE (If wife, give maiden name) Dan Giewarstowski			12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Technician			12b KIND OF BUSINESS/INDUSTRY Pharmaceutical			
13a RESIDENCE—STATE Illinois			13b COUNTY Cook		13c CITY, TOWN, OR LOCATION South Holland			13d STREET AND NUMBER 17233 Evans Ave.			
13e ZIP CODE 60473		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 (0-12) College (1-4 or 5+) 2	
18 FATHER'S NAME (First, Middle, Last) John Kilarski						19 MOTHER'S NAME (First, Middle, Maiden Surname) Harriett Bienko					
20a INFORMANT'S NAME (Type/Print) Dan Giewartowski				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 17233 Evans Ave. South Holland, IL 60473				20c Relationship Husband			
21a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)				21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) September 27, 2001 Holy Cross Cemetery				21c LOCATION—City or Town, State Calumet City, IL			
22a EMBALMER'S NAME C.A. Kuiper				22b EMBALMER'S LICENSE NO. 01014511		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
24a SIGNATURE OF FUNERAL DIRECTOR <i>C.A. Kuiper</i>				24b LICENSE NUMBER (of License) 01014511		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kuiper F.H. agent for Smits, DeYoung F. 649 E. 162nd St. So. Holland, IL 60473 83007500					
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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a <u>Pancreatic Carcinoma</u> DUE TO (OR AS A CONSEQUENCE OF) b _____ DUE TO (OR AS A CONSEQUENCE OF) c _____ DUE TO (OR AS A CONSEQUENCE OF) d _____ Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last										Approximate Interval Between Onset and Death 6 mo	
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I <u>Liver metastasis</u> <u>Asthma</u>						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)	
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 <i>Pravin Gupta</i>				29c MEDICAL LICENSE NO. 1039588		29d DATE SIGNED (Month, Day, Year) 9/25/01			
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) PRAVIN GUPTA M.D. 929 Ridge #6 Munster, IN 46321											
31 HEALTH OFFICER'S SIGNATURE <i>Susan J Best, D.O.</i>						32 DATE FILED (Month, Day, Year) September 25, 2001					
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <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 SEP 25 2001			
34a 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.							

DECEDENT

INFORMANT

DISPOSITION

USE OF DEATH

CERTIFIER

HEALTH OFFICER