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COOK COUNTY RECORDER



0020393425

STATE OF ILLINOIS COUNTY OF

EUGENE "GENE" MOORE ROLLING MEADOWS

0020393425

7947/0126 91 005 Page 1 of 6

2002-04-08 09:44:19

Cook County Recorder

31.50

AFFIDAVIT OF HEIRSHIP

I, Sandra Arroyo under oath, state:
(Affiant)

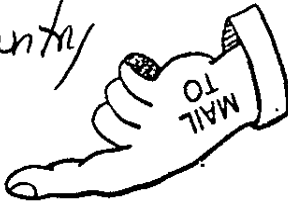
1. I am a Daughter of John Spajewski the
(Relationship)

decedent, and know personally the facts set forth in this affidavit;
2. The decedent died on 7/31/96, 1996, at the age of

45
3. At the time of his death, the decedent was owner of the
property commonly known as 18943 Rose Street Avenue
Lansing, IL 60438, legally described
as:

4. The decedent died testate/intestate (delete one). The estate of
the decedent was not probated.

Preppy Town & Country
emails
4431 Opus Pl
#630



Downes Grove cel
60515

Sandra Arroyo

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of

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Complete 5(a), (b) or (c) only:

5(a). The decedent was married only once to Helen
Krennitzer. The decedent had the following
(Spouse)

children and no others from this marriage: Sandra
Spajewski (Arroyo)

all of whom survive him, except _____

Accordingly, the only surviving heirs of the decedent are:
Sandra Spajewski (Arroyo)

~~5(b). The decedent was married only once to _____
_____. The decedent had no children born or adopted
from this marriage and no other children by any other person.
Accordingly,
_____ is the sole surviving heir of
(Spouse)
the decedent.~~

Sandra Arroyo

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5(c.) The decedent was never married and had no children born to or adopted by him. The following persons related to the decedent as indicated survived the decedent and are his heirs. (List surviving relative from closest kinship outward followed by their relationships to the decedent e.g. parents, grandparents, brothers and sisters. If siblings or other relations predeceased the decedent, list their children, e.g. nieces and nephews of the decedent - consult heirship chart if necessary.)

Name	Relationship

6. The value of the decedent's estate for state estate tax purposes did not exceed \$ 100,000 and for federal estate tax purposes did not exceed \$. Accordingly, no state estate tax or federal estate tax is due to my knowledge.

Andres Araya

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7. No claims have been asserted against the estate of the decedent.

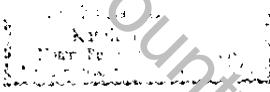
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8. This affidavit is made for the purpose of inducing Commonwealth Land Title Insurance Company to issue its owner's policy of title insurance to Anthony and Sandra Arroyo and its loan policy of title insurance to Town and Country Credit Corporation.

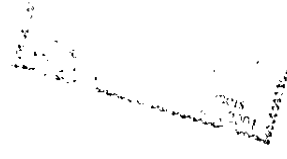
Dated 2/19/02

by Sandra Arroyo
(Affiant)

Subscribed and sworn to me this 19 day of Feb, 2002



[Signature]
Notary Public



A:AFFID1

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0020393425

ALTA Commitment
Schedule A1

File No.: R98201

PROPERTY ADDRESS: 18343 ROSE STREET
LANSING, IL 60438

LEGAL DESCRIPTION:

LOT 169 IN THE THIRD ADDITION TO FOREST GLEN SUBDIVISION, BEING A
SUBDIVISION OF PART OF THE SOUTHEAST QUARTER OF SECTION 36, TOWNSHIP 36
NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY,
ILLINOIS, LYING SOUTH OF THE CHICAGO & GRAND TRUNK RAILROAD

PERMANENT INDEX NO.: 29-36-406-019

Property of Cook County Clerk's Office

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 166

REGISTERED NUMBER

DECEASED NAME FIRST: John MIDDLE: Vincent LAST: Spej, wski	SEX: Male	DATE OF BIRTH (MONTH, DAY, YEAR): 1 y 31, 1996
CITY, TOWN, VILLAGE OR ROAD DISTRICT NUMBER: Cook CITY, TOWN, VILLAGE OR ROAD DISTRICT NAME: Homewood	DATE OF DEATH (MONTH, DAY, YEAR): 1996	IF DECEASED IN A HOSPITAL OR OTHER INSTITUTION, NAME OF NOT IN OTHER, GIVES STREET AND NUMBER: 82. Inpatient
BIRTH PLACE (CITY AND STATE OR FOREIGN COUNTRY): Chicago, Ind	EDUCATION (IF DECEASED IN A HOSPITAL OR OTHER INSTITUTION, GIVES STREET AND NUMBER): None	WAS DECEASED IN A HOSPITAL OR OTHER INSTITUTION? (YES OR NO): 8. Yes
SOCIAL SECURITY NUMBER: 311-14-5709	INDUSTRY (IF DECEASED IN A HOSPITAL OR OTHER INSTITUTION, GIVES STREET AND NUMBER): Steel Worker	WAS DECEASED IN A HOSPITAL OR OTHER INSTITUTION? (YES OR NO): 8. Yes
RESIDENCE (STREET AND NUMBER): 18343 Rose St. CITY, TOWN, VILLAGE OR ROAD DISTRICT NO.: 11A CITY, TOWN, VILLAGE OR ROAD DISTRICT NAME: Homewood	USUAL OCCUPATION: Steel Worker	COUNTY: Cook
STATE: Illinois	RACE (WHITE, BLACK, ASIAN, NATIVE AMERICAN, HAWAIIAN OR PACIFIC ISLANDER): White	CITY OR TOWN, STATE AND ZIP CODE: Unavailable
FATHER NAME: Edward Spejowski	MOTHER NAME: Amelia	DATE OF OPERATION, IF ANY: 20b.
PREDECESSOR'S NAME (IF DECEASED): Margie Vincent	PREVIOUS MARRIAGE (IF DECEASED): 17b. records	DATE OF DEATH (MONTH, DAY, YEAR): 21c. 10: 30 AM
18. PART I Immediate Cause (Final result or condition resulting in death): (a) Congenitive heart failure (b) Coronary artery disease (c) Dementia	19. PART II Underlying Cause (Final result or condition resulting in death): (a) Congenitive heart failure (b) Coronary artery disease (c) Dementia	DATE SIGNED (MONTH, DAY, YEAR): 22b. May 31, 1996
19. PART II Underlying Cause (Final result or condition resulting in death): (a) Congenitive heart failure (b) Coronary artery disease (c) Dementia	20. PART III Other factors contributing to the death (e.g., drug, alcohol, etc.):	ILLINOIS LICENSE NUMBER: 22d. 036-069553
20. PART III Other factors contributing to the death (e.g., drug, alcohol, etc.):	21. SIGNATURE: Karen L. Scott	DATE OF DEATH (MONTH, DAY, YEAR): 21c. 10: 30 AM
21. SIGNATURE: Karen L. Scott	22. NAME AND ADDRESS OF REGISTRAR: Rosegor Purnera, 17943 S Torrence Ave, Lansing, Illinois 60438	DATE SIGNED (MONTH, DAY, YEAR): 22b. May 31, 1996
22. NAME AND ADDRESS OF REGISTRAR: Rosegor Purnera, 17943 S Torrence Ave, Lansing, Illinois 60438	23. NAME AND ADDRESS OF OTHER THAN CERTIFIED: None	ILLINOIS LICENSE NUMBER: 22d. 036-069553
23. NAME AND ADDRESS OF OTHER THAN CERTIFIED: None	24. BURIAL OR CREMATION: Holy Cross Cemetery, Calumet City, Illinois	DATE OF DEATH (MONTH, DAY, YEAR): 21c. 10: 30 AM
24. BURIAL OR CREMATION: Holy Cross Cemetery, Calumet City, Illinois	25. FUNERAL HOME: Rosegor Purnera, 17943 S Torrence Ave, Lansing, Illinois 60438	DATE SIGNED (MONTH, DAY, YEAR): 22b. May 31, 1996
25. FUNERAL HOME: Rosegor Purnera, 17943 S Torrence Ave, Lansing, Illinois 60438	26. SIGNATURE: Karen L. Scott	ILLINOIS LICENSE NUMBER: 22d. 036-069553
26. SIGNATURE: Karen L. Scott	27. REGISTRAR'S SIGNATURE: Karen L. Scott	DATE OF DEATH (MONTH, DAY, YEAR): 21c. 10: 30 AM
27. REGISTRAR'S SIGNATURE: Karen L. Scott	28. REGISTRAR'S SIGNATURE: Karen L. Scott	DATE SIGNED (MONTH, DAY, YEAR): 22b. May 31, 1996

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death and 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 statutes relating to the registration of births, stillbirths, and deaths.

At Cook County, Dept. of Public Health, 1010 Lake Street, Chicago, Illinois, this 4th day of June, 1996.

STONED
Karema Purnera