

4300225 KCLB

AFFIDAVIT OF HEIRSHIP



0021056085

AFTER RECORDING
RETURN TO;

ARKADIUSZ Z. SMIGIELSKI
ATTORNEY AT LAW
9850 SOUTH CICERO AVENUE
OAK LAWN, ILLINOIS 60453

GIT

MAGARET MILARCZYK, BEING DULY SWORN UPON OATH, DEPOSES AND STATES:

1. That the Affiant resides at 7442 West 114th Place, Worth, Illinois 60482;
2. That the Affiant is the daughter of Thyllis M. Milarczyk, Deceased (herein after referred to as the Decedent);
3. That the Decedent died on August 27, 2000, in the City of Chicago, State of Illinois;
4. That the Decedent died owning an interest in the property commonly known as 4833 South Marshfield, Chicago, Illinois 60608 and legally described as follows:

6129 S. BATHURST

THE NORTH 1/2 OF LOT 36 AND LOT 37 (EXCEPT THE NORTH 5 FEET THEREOF) IN BLOCK 14, IN FREDERICK H. BARTLETT'S 63RD STREET INDUSTRIAL DISTRICT IN THE WEST 1/2 OF THE SOUTHEAST 1/4 OF SECTION 18, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PERMANENT INDEX NUMBER: 19-18-415-062-0000;

5. That the Decedent die leaving a Will, a copy of which is attached hereto;
6. That the Decedent was married once to Casey S. Milarczyk, said marriage having been terminated by his death;
7. That the following children and no others were born to or adopted by the Decedent;
 1. MARGARET MILARCZYK, who survived the decedent;
 2. TERRY MILARCZYK, who survived the decedent;
 3. CHRISTINE PETERSON, who survived the decedent;
8. That the total value of the estate of the Decedent including the taxable interest in the aforesaid property is less than \$250,000.00
9. That no claims have been filed against Decedent and that all expenses of illness and/or funeral expenses have been paid in full;

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10. That no Federal Estate Tax and Illinois Inheritance Tax is due;
11. That the affiant makes this affidavit to induce Greater Illinois Title Company to issue its policy of title insurance number 4300225 and with knowledge that Greater Illinois Title Company, will rely on the representations made and contained herein to insure title;
12. Affiant further attaches a copy of the death certificate to this affidavit, which is intended to be incorporated and made a part of this affidavit.

BASED upon the foregoing, decedent left as her only heirs the following, all of whom survived the decedent, and, in the absence of an indication to the contrary, are of legal age, and mentally competent.

MARGARET M. MILARCZYK - Daughter
TERRY MILARCZYK - Son
CHRISTINE PETERSON - Daughter

Date: _____

9-9-02

Affiant: _____

Margaret Milarczyk

Subscribed and Sworn to before me this _____ day of _____, 2002.

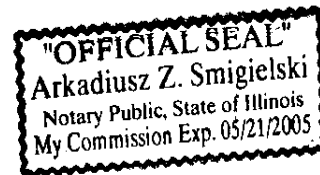
9th

September

2002.

Notary Public

[Signature]



Prepared by:

Arkadiusz Z. Smigielski, Attorney at Law, 9850 South Cicero Avenue, Oak Lawn, Illinois 60453

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Property of Cook County Clerk's Office

LAST WILL AND TESTAMENT

OF

PHYLLIS MILARCZYK

I, PHYLLIS MILARCZYK, of the City of Chicago, County of Cook, State of Illinois, declare this to be my last Will, and revoke all prior wills and codicils made by me.

SECTION ONE

I hereby direct my Executor to pay from the residue of my estate the expenses of my last illness and funeral, claims allowable against my estate, if any, expenses of administration as well as estate and inheritance taxes, if any, including any interest penalties, without contribution or reimbursement from any person.

SECTION TWO

I give the Executor the following powers and discretions, to be exercisable in each case without court order:

- (a) to sell at public or private sale, to retain, to lease, and for the purpose of borrowing money to mortgage or to pledge all or part of the real or personal property of my estate;
- (b) to settle claims in favor of or against my estate;
- (c) to exercise or not to exercise any election or option granted to executors by the Internal Revenue Code in force at the time, even though such exercise or non-exercise increases or decreases estate principal or income without adjustment to principal or income;
- (d) to distribute the residue of my estate in cash or in kind or partly in each; and for this purpose, the determination of the Executor shall be conclusive; and
- (e) to execute and deliver any deeds, contracts, mortgages, bills of sale, or other instruments necessary or desirable for the exercise of executorial powers and discretions.

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SECTION THREE

I name as Executor of this Will, my daughter MARGARET MILARCZYK (who currently resides at 6129 S. Rutherford, Chicago, IL 60638), to serve without giving security on the executor's bond. In case of the death, resignation, refusal, removal, or inability of MARGARET to act at any time, I name my son TERRANCE MILARCZYK (who currently resides at 9612 S. Menard, Oak Lawn, IL 60453) Executor of this Will, to serve without giving security on the executor's bond and with all the titles, rights, powers, privileges, discretions, duties, and obligations of the original Executor.

SECTION FOUR

I give and bequeath the sum of One Thousand Dollars to each of my two (2) grandchildren hereinafter named:

- Mary Milarczyk (who currently resides at 146 33 Shetland Drive, Lockport, IL 60441;
- Matthew Milarczyk (who currently resides at 146 33 Shetland Drive, Lockport, IL 60441.

SECTION FIVE

I give and bequeath to my daughter MARGARET MILARCZYK the sum of Fifty Thousand Dollars. I am giving MARGARET a larger share of my estate because she has assisted me throughout the years in the care of my parents, my husband and myself.

SECTION SIX

I direct that MARGARET shall be permitted to reside at my residence for a reasonable period of time as long as she maintains the property and pays the taxes and insurance.

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SECTION SEVEN

I give, devise and bequeath the rest and residue of my estate, real, personal and mixed property, which I may own or to which I may be entitled, wheresoever located, in three (3) equal shares to my three (3) children hereinafter named:

- MARGARET MILARCZYK;
- TERRANCE MILARCZYK;
- CHRISTINE PETERSON (who currently resides at 4010 Blanchan, Brookfield, IL 60513.

IN WITNESS WHEREOF, I have hereunto set my hand and seal to this my last Will, which consists of three (3) pages including this page, on this the 30th day of September 1993.

Phyllis Milarczyk
Phyllis Milarczyk

The foregoing instrument was on the 30th day of September, 1993, subscribed by PHYLLIS MILARCZYK, the above named Testator, who signed, sealed, published, and declared said instrument to be her last Will in our presence, who thereupon, at her request, in her presence and in the presence of each other, have hereunto subscribed our names as attesting witnesses thereto, and hereby certify that at the time of execution of the foregoing Will, we believed PHYLLIS MILARCZYK to be of sound mind and memory and not acting under duress, menace, fraud, or undue influence.

[Signature] residing at 10840 S. Kildare
Deerfield, IL 60015

[Signature] residing at 4239 W 63 St
CHICAGO, IL (60629)

21056085

REGISTRATION DISTRICT NO. **16.10**

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER **6135332**

98095012

STATE OF ILLINOIS

STATE FILE NUMBER

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO
AUG 29 2000

DECEASED-NAME **Phyllis M. Milarczyk** FIRST MIDDLE LAST

SEX **Female** DATE OF DEATH (MONTH, DAY, YEAR) **August 27, 2000**

COUNTY OF DEATH **Cook** AGE-LAST BIRTHDAY (MONTH, DAY, YEAR) **72** UNDER 1 YEAR (MONTH, DAY, YEAR) **58** UNDER 1 DAY (HOURS, MIN)

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **Chicago** HOSPITAL OR OTHER INSTITUTION, NAME (IF NOT NUMBER, GIVE STREET AND NUMBER) **6129 S. Rutherford** F. HOSP. OR INST. INDICATE D.O.A. (CHECKER FILL IN PATIENT) (SPECIFY) **6c.**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **Chicago, IL** MARRIED, NEVER MARRIED, DIVORCED, WIDOWED (SPECIFY) **Widowed** NAME OF SURVIVING SPOUSE (NAME, NAME, F. W. M. E.) **None** WASCASED (SERVING, ARMED, FOREST) (YES/NO) **9 No**

SOCIAL SECURITY NUMBER **318-22-9921** USUAL OCCUPATION **Homemaker** KIND OF BUSINESS OR INDUSTRY **Own Home** EDUCATION (SPECIFY GRADE, YEAR, COLLEGE) (ILL. 1-6-5-1) **12**

RESIDENCE (STREET AND NUMBER) **6129 S. Rutherford** CITY, TOWN, TWP. OR ROAD DISTRICT NO. **Chicago** RESIDE CITY (YES/NO) **Yes** COUNTY **Cook**

STATE **Illinois** ZIP CODE **60638** RACE (WHITE, BLACK, AMERICAN INDIAN, ASIATIC) **White** OF HISPANIC ORIGIN? (SPECIFY WHO OR YES) **No** SPECIFY: **13c. Yes** 13d. **Cook**

FATHER-NAME **Peter Springer** MOTHER-NAME **Anne Rierzelska** MAILING ADDRESS (STREET AND NO OR R.F.D. OR TOWN, STATE, ZIP) **6129 S. Rutherford, Chicago, IL 60638**

INFORMANT'S NAME (TYPE OR PRINT) **Margaret Milarczyk** RELATIONSHIP **Daughter**

PART I: IMMEDIATE CAUSE (Final Illness or condition leading to death) **Chronic lymphocytic leukemia** 9yrs.

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) **(a)** DUE TO, OR AS A CONSEQUENCE OF **(b)** DUE TO, OR AS A CONSEQUENCE OF **(c)**

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

DATE OF OPERATION, IF ANY **20b.** MAJOR FINDINGS OF OPERATION

WAS (CORONER OR MEDICAL EXAMINER) NOTIFIED? (YES/NO) **No** 21b. HOURS OF DEATH **11:29 a. M.**

IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? **20c. YES NO**

DATE SIGNED **8/28/00** ILLINOIS LICENSE NUMBER **36-53160**

NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH THE COMMISSION ON MEDICAL EXAMINERS MUST BE NOTIFIED.

22a. SIGNATURE **Phyllis M. Milarczyk** (TYPE OR PRINT) 22b. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) **Edward A. Tyler** (TYPE OR PRINT)

23. BURIAL CREMATION, REMOVAL (SPECIFY) **24b. Resurrection** CEMETERY OR CREMATORY-NAME **Justice, Illinois** LOCATION **City of Town** STATE **Illinois**

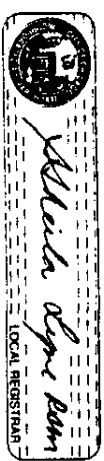
24a. BUT Laid **24c. Justice, Illinois** STREET AND NUMBER OR R.F.D. **City of Town** STATE **Illinois**

25a. FUNERAL HOME **Ridge Funeral Home 6620 W. Archer Avenue Chicago Illinois 60638**

25b. FUNERAL DIRECTOR'S SIGNATURE **Edward A. Tyler** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **034-015073**

25c. LOCAL REGISTRAR'S SIGNATURE **Michelle Lynn Bann** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **AUG 29 2000**

25d. DIVISION OF VITAL RECORDS (BASED ON 1989 U.S. STANDARD CERTIFICATE)



CITY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.