

UNOFFICIAL COPY

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2003-01-24 10:39:17

Cook County Recorder 28.50

This instrument prepared by
and mail to:

Law Offices of Kulas & Kulas
2329 W. Chicago Avenue
Chicago, Illinois 60622



0030112783

State of Illinois)
County of Cook) ss

DECEASED JOINT TENANCY AFFIDAVIT

Felicia Bubula being duly sworn on oath states that she resides at 7407 N. Olcott Street, in the City of Chicago, State of Illinois.

That affiant was acquainted with the decedents, Stephanie Raczka and Irene Lechowicz, who at the time of their death were owners of the land in Cook County, Illinois, described as:

Lot 8 in Mauer and Utpatel's Subdivision of Lot 1 in the Subdivision of the North 1/2 of Block 6 in Suffern's Subdivision of the Southwest 1/4 of Section 6, Township 39 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

P.I. No.: 17-06-309-012-0000

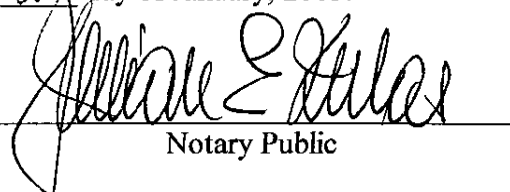
Commonly known as: 2223 W. Thomas Street, Chicago, Illinois 60622

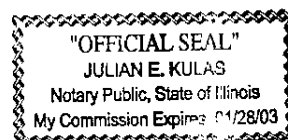
That Stephanie Raczka died on July 13, 2002 and Irene Lechowicz died on February 26, 1999, as evidenced by certified copies of death certificates of the deceased attached hereto.

That the undersigned affiant is making this affidavit for the purpose of establishing and clarifying the chain of title for the above mentioned property.


Felicia Bubula

Subscribed and sworn to before me this
23 day of January, 2003.


Notary Public



STATE FILE
NUMBER

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

REGISTRATION
DISTRICT NO. 16.10
REGISTERED
NUMBER

610940

DECEASED-NAME	FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. Stephanie A. Raczk	2. Female	3. July 13, 2002			
COUNTY OF DEATH	AGE-LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	
4. Cook	5a. 83	5b. 5c.	5d. June 30, 1919		
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				
6a. Chicago	6b. St. Mary of Nazareth Hospital Center				
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)			
7. Chicago, IL	8a. Married	8b. Edward			
SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)		
10. 324-07-1871	11a. Food Service	11b. Hospital	12. 8		
RESIDENCE (STREET AND NUMBER)	CITY, TOWN, TWP. OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	YES 13c. Cook		
13a. 2223 W. Thomas Street	13b. Chicago	13c. Yes			
STATE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	14a. White	14b. X NO 14c. YES		
13e. Illinois	13f. 60622	14a. White	14b. X NO 14c. YES		
FATHER-NAME	FIRST	MIDDLE	LAST	MOTHER-NAME	FIRST
15. Stanley Lesikiewicz	16. Sophia				
INFORMANT'S NAME (TYPE OR PRINT)	RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
17a. N. Gallardo	17b. Hosp/Rec.	17c. 2233 W. Division Chicago Illinois 60622			
18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, 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) Intracerebral hemorrhage				
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a)	(b) Hypertension Arteriosclerotic Heart Disease				
STATING THE UNDERLYING CAUSE LAST:	(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	MAJOR FINDINGS OF OPERATION				
20a.	20b.				
(100) (DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON)	21a. 07/12/02				
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.					
22a. SIGNATURE	22b. 7/13/02				
NAME AND ADDRESS OF CERTIFIER	ILLINOIS LICENSE NUMBER				
22c. John Przypyszny C. M.D. 2222 W. Division Chicago 60622	22d. 036032863				
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)					
23.					
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY-NAME	LOCATION	CITY OR TOWN	STATE	DATE (MONTH, DAY, YEAR)
24a. Burial	24b. Saint Adalbert	24c. Niles, IL			24d. 07/16/02
FUNERAL HOME	NAME	STREET AND NUMBER OR R.F.D.	CITY OR TOWN	STATE	ZIP
25a. Muzyka Funeral Home	2157 W. Chicago Ave.		Chicago, IL		60622
FUNERAL DIRECTOR'S SIGNATURE					
25b. [Signature]					
LOCAL REGISTRAR'S SIGNATURE					
26a. [Signature]					
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)					
26b. JUL 17 2002					

I, JOHN L. WILHELM M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN ORDINANCES OF SAID LAW AND ORDINANCES.

John L. Wilhelm, MD
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

REGISTRATION NO. 16-10

STATE OF ILLINOIS

STATE FILE NUMBER 603775

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

MEDICAL CERTIFICATE OF DEATH

DECEASED-NAME 1. IRENE		MIDDLE A.		LAST LECHOWICZ		SEX 2. FEMALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. FEBRUARY 26, 1999	
COUNTY OF DEATH 4. COOK		AGE-LAST BIRTHDAY (YRS) 5a. 82		UNDER 1 DAY HOURS MIN 5b. 5d. 5c.		DATE OF BIRTH (MONTH, DAY, YEAR) 5d. JANUARY 5, 1917		
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. CHICAGO		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 7. CHICAGO, IL		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. 2223 W. THOMAS STREET		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. NO		
SOCIAL SECURITY NUMBER 10. 346-01-8249		USUAL OCCUPATION 11a. PACKER		KIND OF BUSINESS OR INDUSTRY 11b. CANDY CO.		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 8 College (1-4 or 5 +)		
RESIDENCE (STREET AND NUMBER) 13a. 2223 W. THOMAS STREET		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. CHICAGO		INSIDE CITY (YES/NO) 13c. YES		COUNTY 13d. COOK		
STATE 13e. IL		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. WHITE		OF HISPANIC ORIGIN? (SPECIFY YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. NO		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 14c. 6 MONTHS		
FATHER-NAME 15. STANLEY		MIDDLE LESIKIEWICZ		LAST SOPHIE		(MAIDEN) LAST ZYGLOWICZ		
INFORMANT'S NAME (TYPE OR PRINT) 17a. MRS. STEPHANIE RACZKA		RELATIONSHIP 17b. SISTER		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 2223 W. THOMAS ST., CHICAGO, IL				
18. PART I. Immediate Cause (Final disease or condition resulting in death) (a) CARCINOMATOSIS (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.								
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. ARTERIOSCLEROTIC HEART DISEASE DATE OF OPERATION, IF ANY 20a. 02/17/99		MAJOR FINDINGS OF OPERATION 20b. 20c. YES ☐ NO ☒		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES ☐ NO ☒		HOUR OF DEATH 21c. 7:00 A. M.		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 22a. SIGNATURE 22b. 02/17/99		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO		DATE SIGNED (MONTH, DAY, YEAR) 22b. 03/01/99		ILLINOIS LICENSE NUMBER 22d. 036-032863		
NAME AND ADDRESS OF CERTIFIER 23c. JOHN C. PRZYPSZNY, M.D.		CITY OR TOWN CHICAGO, IL		STATE IL		DATE 24d. 03/01/99		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23. 2223 W. DIVISION ST.		CITY OR TOWN CHICAGO, IL		STATE IL		DATE 24d. 03/01/99		
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. CHICAGO, IL		CITY OR TOWN NILES, IL		STATE IL		DATE 24d. 03/01/99		
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. CHICAGO		CITY OR TOWN NILES, IL		STATE IL		DATE 24d. 03/01/99		
FUNERAL HOME 25a. MUZYKA FUNERAL HOME		STREET AND NUMBER OR R.F.D. 2157 W. CHICAGO AVE.		CITY OR TOWN CHICAGO, IL		STATE IL		
FUNERAL DIRECTOR'S SIGNATURE 25b. [Signature]		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-011549		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26a. MAR 02 1999		DATE 26b. MAR 02 1999		
LOCAL REGISTRAR'S SIGNATURE 26a. [Signature]		CITY OR TOWN CHICAGO, IL		STATE IL		DATE 26b. MAR 02 1999		

I, SHEILA LYNE, RSM, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN ORDINANCE OF SAID LAWS AND ORDINANCES.

Sheila Lyne
LOCAL REGISTRAR

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.