0030112783
4753/0060 49 001 Page 1 of 3
2003-01-24 10:39:17
Cook County Recorder 28.50
0030112783

This instrument prepared by
and mail to:

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

State of Illinois)
) ss
County of Cook)

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
Felicia Bubula

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

Julian E. Kulas
Notary Public

"OFFICIAL SEAL"
JULIAN E. KULAS
Notary Public, State of Illinois
My Commission Expires 01/28/03

REGISTRATION DISTRICT NO. 16.10

REGISTERED NUMBER

STATE OF ILLINOIS

STATE FILE NUMBER 610940

MEDICAL CERTIFICATE OF DEATH

DECEASED–NAME FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. Stephanie	A.	Raczka	2. Female	3. July 13, 2002

COUNTY OF DEATH	AGE–LAST BIRTHDAY (YRS)	UNDER 1 YEAR MOS. / DAYS	UNDER 1 DAY HOURS / MIN.	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)	IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM, INPATIENT (SPECIFY)
6a. Chicago	6b. St. Mary of Nazareth Hospital Center	6c. Inpatient

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
7. Chicago, IL	8a. Married	8b. Edward	9. No

SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12)	College (1-4 or 5+)
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)	COUNTY
13a. 2223 W. Thomas Street	13b. Chicago	13c. Yes	13d. Cook

STATE	ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES–IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)
13e. Illinois	13f. 60622	14a. White	14b. ☒ NO ☐ YES SPECIFY:

FATHER–NAME FIRST	MIDDLE	LAST	MOTHER–NAME FIRST	MIDDLE	(MAIDEN) LAST
15. Stanley		Lesikiewicz	16. Sophia		N/A

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.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Immediate Cause (Final disease or condition resulting in death)	(a) Intracerebral hemorrhage	3 days
DUE TO, OR AS A CONSEQUENCE OF		
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	(b) Hypertension Arteriosclerotic Heart Disease	Unknown
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.

AUTOPSY (YES/NO)	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)
19a. No	19b.

DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?
20a.	20b.	20c. YES ☐ NO ☒

I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	HOUR OF DEATH
21a. 07/12/02	21b. No	21c. 12:10 A.M. M.

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

22a. SIGNATURE ▶	DATE SIGNED (MONTH, DAY, YEAR)
	22b. 7/13/02

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)	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)	NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
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	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25b. ▶	25c. 034-014662

LOCAL REGISTRAR'S SIGNATURE	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
26a. ▶ John L Wilhelm M.D	26b. JUL 17 2002 LW

VR200 (Rev. 5/89) Illinois Department of Public Health—Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO
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 ORDINANCE OF SAID LAW AND ORDINANCES.

John L. Wilhelm, MD
LOCAL REGISTRAR

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

NO.

REGISTRATION DISTRICT NO. 16.10

REGISTERED NUMBER

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 603775

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STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

MAR 2 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 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 ORDINANCE OF SAID LAWS AND ORDINANCES.

Sheila Lyne RSM
LOCAL REGISTRAR

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

UNOFFICIAL COPY

1. DECEASED–NAME: FIRST IRENE	MIDDLE A.	LAST LECHOWICZ	2. SEX FEMALE	3. DATE OF DEATH (MONTH, DAY, YEAR) FEBRUARY 26. 1999	
4. COUNTY OF DEATH: COOK	5a. AGE–LAST BIRTHDAY (YRS): 82	UNDER 1 YEAR 5b. MOS. / DAYS	UNDER 1 DAY 5c. HOURS / MIN.	5d. DATE OF BIRTH (MONTH, DAY, YEAR): JANUARY 5, 1917	
6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: CHICAGO	6b. HOSPITAL OR OTHER INSTITUTION–NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): 2223 W. THOMAS STREET			6c. IF HOSP, OR INST, INDICATE D.O.A. OP/EMER. RM, INPATIENT (SPECIFY)	
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): CHICAGO, IL	8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): WIDOWED	8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO): NO	
10. SOCIAL SECURITY NUMBER: 346-01-8249	11a. USUAL OCCUPATION: PACKER	11b. KIND OF BUSINESS OR INDUSTRY: CANDY CO.	12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12): 8	College (1-4 or 5+)	
13a. RESIDENCE (STREET AND NUMBER): 2223 W. THOMAS STREET	13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO.: CHICAGO	13c. INSIDE CITY (YES/NO): YES	13d. COUNTY: COOK		
13e. STATE: IL	13f. ZIP CODE: 60622	14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): WHITE	14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES–IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) ☒ NO ☐ YES SPECIFY:		
15. FATHER–NAME FIRST: STANLEY	MIDDLE	LAST LESIKIEWICZ	16. MOTHER–NAME FIRST: SOPHIE	MIDDLE	(MAIDEN) LAST ZYGLOWICZ
17a. INFORMANT'S NAME (TYPE OR PRINT): MRS. STEPHANIE RACZKA	17b. RELATIONSHIP: SISTER	17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 2223 W. THOMAS ST.; CHICAGO, 22 IL			

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.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Immediate Cause (Final disease or condition resulting in death)	(a) CARCINOMATOSIS	6 MONTHS
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	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.

ARTERIOSCLEROTIC HEART DISEASE

19a. AUTOPSY (YES/NO): NO	19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)		
20a. DATE OF OPERATION, IF ANY	20b. MAJOR FINDINGS OF OPERATION	20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES ☐ NO ☒	
21a. I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR): 02/17/99	21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): NO	21c. HOUR OF DEATH: 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. DATE SIGNED (MONTH, DAY, YEAR): 03/01/99	
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): JOHN C. PRZYPYSZNY, M.D.	2222 W. DIVISION ST. CHICAGO, IL 60622	22d. ILLINOIS LICENSE NUMBER: 036-032863	
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT):		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): ENTOMBMENT	24b. CEMETERY OR CREMATORY–NAME: SAINT ADALBERT CEMETERY	24c. LOCATION CITY OR TOWN: NILES, IL	STATE	24d. DATE (MONTH, DAY, YEAR): 03/01/99
25a. FUNERAL HOME NAME: MUZYKA FUNERAL HOME	STREET AND NUMBER OR R.F.D.: 2157 W. CHICAGO AVE.	CITY OR TOWN: CHICAGO, IL	STATE	ZIP: 60622
25b. FUNERAL DIRECTOR'S SIGNATURE ▶ Margaret M Muzyka		25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 034-011549		
26a. LOCAL REGISTRAR'S SIGNATURE ▶ Sheila Lyne, RSM.		26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): MAR 02 1999		

VR200 (Rev. 5/89) Illinois Department of Public Health—Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)