DECEASED JOINT TENANCY OFFICIAL COPY AFFIDAVIT

	1946 FOR THE THE PRESENT HER THE PERSON HER THE
STATE OF ILLINOIS )	375.34.14
COUNTY OF COOK ) ss.	Doc#: 0326134114 Eugene "Gene" Moore Fee: \$26.50
GENOWEFA KOZERA, married to Jan Kozera, being duly sworn states that she resides at 144 Scully Drive, Schaumburg, Illinois 60193.	Cook County Recorder of Deeds  Date: 09/18/2003 09:05 AM Pg: 1 of 2
That she was acquainted with WIESLAW KOZERA, deceased, who at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:	Above Space for Recorder's Use Only
LOT 2101 IN LANCER 21, UNIT 1 PEIN SECTION 22, TOWNSHIP 41 NORTH, PATHEREOF REGISTERED IN THE OFFICE 1977, AS DOCUMENT NUMBER 2941330.	G A SUBDIVISION IN THE WEST HALF OF THE SOUTHWEST QUARTER OF NGE 10, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO PLAT OF THE REGISTRAR OF TITLES OF COOK COUNTY, ILLINOIS, ON JUNE 1,
THIS IS NOT	HOME TEAD PROPERTY AS TO JAN KOZERA.
Permanent Real Estate Index Number:	07-22-404-007-0000
Address of Real Estate: 144 Scully Dri	
That the deceased died Februar deceased attached hereto.	y 12, 2003, as evidenced by a certified copy of death certificate of the
That the deceased died:	
Leaving no Last Will & T	estament.
Leaving a Last Will & Te will should be filed with County, Illinois.	estament a copy of which is attached hereto. The original of the unproven the Clerk of the Probate Division of the Circuit Court of
Leaving a Last Will & Division of the Circuit Co	Testament which was filed in the Unproven Will Box of the Probate urt of County, Illinois, about
That the total value of the estate	of the deceased, including both real and personal property owned by the nancy at the time of the death of the deceased, does not exceed the sum of
Subscribed and sworn to before me this September 2, 2003.  Notary Public STATE OF ST	EAL" GENOWEFA KOZERA, Affiant GENOWEFA, Illinois 60193
My Commission Expires 1/	13/04

## STATE OF ILLINOIS OFFIC PAND OR COUNTY DIEVE

MAR 07 2003

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

PERMANENT? REGISTRATION STATE OF ILLINOIS CERTIFICATE DISTRICT NO. STATE FILE MEDICAL EXAMINER'S - CORONER'S REGISTER 6. TEMPORARY CERTIFICATE OF DEATH CERTIFICATE NUMBER DECEASED-NAM Type, or Print in PERMANENT INK MIDDLE LAST(KOZERA) Jealey DATE OF DEATH (MONTH, DAY, YEAR) 1. WIESLAW See Coroner's (AKA S. Kuzerw 2. Mes le or Funeral Directors CUU, TO OF DEATH Octourn Handbook for AGE-LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR INSTRUCTIONS COCK 15, 1961

IFHOSP, OR INST, INDICATE D.O.A., OP/EMER. RM, INPATIENT (SPECIFY)

6c. OCC 41 5b. CITY, TOV N W OR ROAD DISTRICT NUMBER 15c HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) SCHAU', BURG 144 Sinlly ñh BIRTHPLACE (CITY TIDE , TE OR FOREIGN COUNTRY) MARRIED, NEVERMARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) **DECEASED** WAS DECEASED EVER IN L ARMED FORCES? (YES/N POLAND 8a.DIVORCED SOCIAL SECURITY NUMBER USUAL OCCUPATION CEMENT 9. NO KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
Elementary/Secondary (0-12) College (1-4 or 5 +) 10. 334-54-7421 FINISHER 11b. CONSTRUCTION CITY, TOWN, TWP, OR ROAD DISTRICT NO. RESIDENCE (STREET AND NUMBER) INSIDE CITY 13a. 44 COUNTY Shaumbing 13c. YES 13d. Common OF HISPANIC ORIGIN? (SPECIFY NO OR YES -IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc. 13b STATE IP CODE P (CE (WHITE, BLACK, AMERICAN V IN JAN, etc.) S 69193 SPECIFY) 140 FATHER-NAME MIDDLE **PARENTS** 1 40 MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST JAN KUZERA INFORMANT'S NAME (TYPE OR PRINT) GENOWEFA **DRABANT** P LATIONSHIP MAILING ADDRESS (STREET AND NO. ORRED., CITY ORTOWN, STATE, ZIP)
144 SCULLY DRIVE
17c. SCHAUMBURG, ILLINOIS 6019 GENOWEFA KOZERA MOTHER Enter the diseases, injuries, or complications that caused "ief...ath. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on ear of life. 60193-1608 Immediate Cause (Final APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH disease or condition resulting in death) Clario Corelys DUE TO, OR AS A CONSEQUENCE OF CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING (b) July m Sairs
DUE TO, ORASA CONSEQUENCE OF CAUSE CAUSE LAST. (c) PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. AUTOPSY PERE AUTOPSY FINDINGS AVAILABLE PRIOR TO (YES/NO) NATURAL, ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, (SPECIFY) 20a. ACCIDENT OMPLETION OF CAUSE OF DEATH HOW INJURY OCCUPIED (EMER NATURE OF INJURY MENTIONED IN 19a. DATE OF INJURY (MONTH, DAY, YEAR) 20b. February SHT II. TEN 18) PART I OR PART LOCATION (CITY, VIL. OR TOWN, OR TWP.: OR RD. DIST. NO., COUNTY ST PLACE OF INJURY (ATHOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY) INJURY AT WORK No IF FEMALE, WAS THERE A PREG-NANCY IN PAST THREE MONTHS kima I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUISITION, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT 20h. YES□ NO□ THE DECEDENT WAS PRONOUNCED DEAD ON MONTH. DAVAA CORONER'S - MEDICAL EXAMINER'S SIGNATURE 21h 21c. 175 A CERTIFIER DATE SIGNED (MONTH, DAY, YEAR) COROL 22b. Selvun 4/27003 MONTH, DAY, YEAR) EUPIL CHOI, M.D. DATE SIGNED 23a. 🕨 BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME 23b LOCATION CITYORTOWN 24a. BURIAL-GRAVE 24b. DATE (MONTH, DAY, YEAR) MARYHILL FUNERAL HOME NILES. <u>ILLINOIS</u> STREET AND NUMBER OR R.F.D. DISPOSITION NAME 24dMARCH 8,2003 25a BARAN FUNERAL HOME, LTD. 2644-46 N. CENTRAL AVE. CHICAGO, ILLINOIS 60639-1395 FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSENUMBER CRAIG S. ROMAN 034-015265 LOCAL REGISTRAR'S COOK COUNTY CL DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) ERK DAVID ORP VR202 (RKEGISTRAR illinois Department of Public Health-Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)