ATGE, INC.

UNOFFICIAL COPY

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

AFFIDAVIT OF HEIRSHIP

RITA KARAGIAS, being first duly sworn on oath deposes and says:



Doc#: 0429422207

Eugene "Gene" Moore Fee: \$32.00 Cook County Recorder of Deeds Date: 10/20/2004 01:25 PM Pg: 1 of 5

- I. That she resides at 524 Webb, Calumet City, IL 60409.
- 2. That she was a sister of LUCIAN SADOWSKI who died intestate on February 27, 1996. Said LUCIAN SADOWSKI never married nor had or adopted any children.
- 3. LUCIAN SADOWSKI'S father was JOSEPH SADOWSKI and his mother was STELLA SADOWSKI, both of whom were married only once and that was to each other. Said JOSEPH SADOWSKI and STELLA SADOWSKI had five children; namely, THERESA WILOWSKI, RITA KARAGIAS, VIVIAN WAJVODA, JOSEPH SADOWSKI and CHRISTINE TROPEK. JOSEPH SADOWSKI and STELLA SADOWSKI never had any other children or adopted any children. THERESA WILOWSKI was married to EUGENE P. WILOWSKI and said THERESA WILOWSKI died November 24, 2003. Said THERESA WILOWSKI never had nor adopted any children. CHRISTINE TROPEK died prior to LUCIAN SADOWSKI and never married nor had any children or adopted any children. Said JOSEPH SADOWSKI, brother of LUCIAN SADOWSKI, died February 19, 2004. Said JOSEPH SADOWSKI was married once and only once and that was to CHARLENE SADOWSKI and they had five children; namely, JOSEPH SADOWSKI, CATHERINE SADOWSKI, CAROL MOGRATH, CLAUDIA GAGNON and CHRISTEN SADOWSKI. JOSEPH SADOWSKI never had any other children nor adopted any children.
- 4. At the time of his death, LUCIAN SADOWSKI was the owner of the following described real estate located at 237-155th@St., Calumet City, IL 60409.

Lot Nineteen (I9) and Lot Twenty (20) in Block Fifteen (I5) in West Hammond, being a Subdivision of the North 1896 feet of Fractional Section 17, Town 36 North, Range 15, East of the Third Principal Meridian, in Cook County, Illinois.

PIN# 30-17-111-005 & 30-17-111-006

5. Based on the foregoing, said real estate is now owned by the following:

1/4th - VIVIAN WAJVODA

5 DX

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1/4th - RITA KARAGIAS

1/4th - EUGENE WILOWSKI

5/40^{th -} CHARLENE SADOWSKI

1/40th - JOSEPH SADOWSKI

1/40th - CATHERINE SADOWSKI

1/40th CAROL McGRATH

1/40th - CLAUDIA GAGNON

1/40th - CHRISTEN SADOWSKI

SUBSCRIBED & SWORN to before me this <u></u> day of September, 2004.

NOTARY PUBLIC

This instrument prepared by and mail to: DARRYL R. LEM, ATTORNEY AT LAW, 850 Burnham Ave., P.O. Box 1245, Calumet City, IL 60409 Sort's Office

• ATTENTION ESTATE: The Social Security # s being requested by this state agency in order of pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPUTE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

voisinary and	
	909
Local No.	

CERTIFICATE OF DEATH

Dec2a003	Frank All person le gra
Data Issued	Harnmond Haelth Commissioner

	THE RECORDS IN THIS SEF	RIES ARE CONFIDENTIAL PE	R IC 16-37-1-10					
TYPE/PRINT	1 DECEASED-NAME (First Mi	ddle. Leet)			2 SEX	3u. TIME OF DEA		
IN	Theresa	F. Wil	.owski		Female		M NOVEMBEI 7. BIRTHPLACE (City and State	24, 200
PERMANENT	4. *SOCIAL SECURITY NUMBER	5a AGE—Last Birthday (Years)	56 UNDER 1 YEAR Months Days	5c UNDER 1 D	AY 6. DATE OF	BIRTH (Mo. Day, Yr)		
BLACK INK	316-22-984	L .	Months Days	110018 77	Oct.	9,1925	Calumet Ci	ty,IL.
SEACK IIVIN	RA WAS DECEDENT	8b YEAR LAST SERVED IN U.S. ARMED FORCES?	1717			DEATH (Check only on		
	A U.S. VETERAN?	none	HOSPITAL XX Inper		1	R. Nursing Home	U Other (Specify)	•
			☐ ER/C	Outpatrent DO/	OUTY TOWN OR I	Residence OCATION OF DEATH	9d COUNTY OF DEATH	
	96 FACILITY NAME (If not institut	on.give street and number) t Mercy Hea]	theare C		Hammo		Lake	
DECEDENT	St. Margare	t Mercy mean		C11 CC1 P			12b. KIND OF BUSINESS/I	NOUSTRY
	10. MARITAL STATUS	11. SURVIVING SPOUSE (If wife, give maiden name)		done during it	OSUAL OCCUPA	TION (Give lund of work Do not use retired)	House Wit	
	Married	(f wife give meiden name) Eugene P.	Wilowski		поше			
	134. RESIDENCE-STATE	13b. COUNTY	13c. CITY, TOWN, OR			13d. STREET AND N	umber 4th Pl.	
	Illinoid	Cook	l	t City		<u>L</u>	· · · · · · · · · · · · · · · · · · ·	
	13e. ZIP CODE 13' INSIDE CU	Y LIMITS 14 CITIZEN OF	15. WAS DECEDENT	OF HISPANIC ORIG	SIN? 16. RA	CE-American Indian. ack, White, etc.	17. DECEDENT'S (Specify only highest	
	والمسلم الماليا		Mexican, Puerto			pacdy) iite	Elementary/Secondary (0-12)	
	13g ON / FAR				l wi	irce	12	
	18 FATHER'S NAME (First Middle	(90)			9. MOTHER'S NAM	E (First, Middle, Maiden	Surname)	
PARENTS	Eoseph Sado	wski/			Stella			
			205 14411111	C ADDRESS (Street	and Number or Rus	al Route Number, City of	r Town. State. Zip Cade) 20c.	Relationship
INFORMANT	200. INFORMANT'S NAME (Type) Eugene P. W	/Printi Tilowski	228 1	54th P]	. Calur	net City	,IL.60409 H	usband
			1b. DATE AND PLACE				21c. LOCATION—City or Town	. State
	21a. METHOD OF DISPOSITION	☐ Entombment	15. DATE AND PLAC	0 0 0 0 0 0 0 0 0 0	2003	, 5,5		
	Bunel Cremation	Removal from State		Cross Ce			Calumet Cit	y,IL.
	Donesion Other (Spec	rfy)				3 WAS DEATH REPO	HETED TO CORONER?	
DISPOSITION	22a EMBALMER'S NAME: Christopher	C Chelhana				XXIN D	Vaa	
					Los NA	AE ADDRESS AND LE	cense Number of Funeral H FH for Cast Av248 15 46320-Calum	_2002819
	248. SIGNATURE OF FUNERAL D	DIRECTOR	34b.	LICENSE NUMBER	₿uri	ns Kish	FH for Cast	ļe Hill E
		11 / 1	1	يهسر الرود	10^{-684}) Honman	AV248 15 46320-Calum	otn PI.
	Dames			7475	1203113	arona y zara		60409 Approximate
		ses, injuries, or complications that c		nter nonspecific to in	s, such as cardiac o	rœman Sign	ature only)	Approximate Interval Between
	arrest, shock, o	or heart failure. List only one cause	on each line:					Onset and Death
	IMMEDIATE CAUSE (Final	(DREND				<u> </u>	
	disease or condition resulting in death)	DUE TO	(OR AS A CONSEQUEN	CE OF)				
CAUSE OF DEATH		b	(OR AS A CONSEQUEN	CE OF):	(Q)	b •		
	Conditions, if any, which gave rise to the immediate cause.	_				<u>Z_</u>		
•	stating the underlying cause last	DUE TO	(OR AS A CONSEQUEN	CE OF):				
	COURS WA	d.				0.		
	PART II Other significant condition	ne - Conditions contributing to death	but not previously stated	ın Part I 27	WAS DECEDENT	28. WAS		UTOPSY FINDINGS
	PARI B COM SIGNICAN CONCRETE				PREGNANT OR 9			BLE PRIOR TO ETION OF CAUSE
					(Yes or no)		OF DEA	TH? (Yes or no)
					no.	no	no	
	29a. CERTIFIER	CERTIFYING PHYSICIAN To the	best of my knowledge, d	eath occurred at the	pme, date, and place	and due to the cause(s) es statec	
	(Check only	HEALTH OFFICER On the basis is	of examination and/or inve	stigation, it my opin	on, death occurred a	it the time, date, and plac	ce and due to the cause(s) as state	эd
	Ovier)	COMONER On the basis of exam	ination and/or investigatio	n, in my opinion. dea	th occurred at the tin	ne, date, and place, and	due to the cause(s) and manner as	stated
	296 SIGNATURE AND TITLE OF	CERTIFIER				29c. MEDICAL LICENS		GNED/(Month. Day, Year)
CERTIFIER	/2				(\$105269	2 /2/	1/45
	30 NAME AND ADDRESS OF P	ERSON WHO COMPLETED CAUS	E OF DEATH (ITEM 26)	Type/Print		4	(Decem	ber)
	TOR. SCOT		egard ,	5454 L	6 h Man	Ave. 1	Jammond, I	N 46320
	31 HEALTH OFFICER'S SIGNAT	73.	11.0	XIII	1. 1	u /	32 DATE FILI	ED (Month, Day, Year)
HEALTH OFFICER	31 HEACHTON STATE	· Oh	proling.	SJUM	wat	ملوار	Vecem	per 2 2003
OFFICEN	33 MANNER OF DEATH	349 DATE OF INJI	JRY 34b TIME C	OF 34c INJU	RY AT WORK?	346. DESCRIBE H	HOW INJURY OCCURRED	
	33 MMINESTON DOCUM	(Month, Day, Y		(Yes	or no)			
	☐ Natural ☐ Pending		İ					
	Investigeti Accident		JURY—At home, farm, str	eet, factory, office	34f L0	CATION (Street and N	lumber or Rural Route Number, Cit	y or Town, State)
	Surcide Could not	be building, etc (5	ipecity)					
	☐ Homecide	1						
	349 DATE PRONOUNCED DEA	D (Month Day, Year) 34h MO	TOR VEHICLE ACCIDEN	T? (Yea or no) If)	res. specify driver, p	essenger, pedestriën, ett	•	
		'						
	L							
	SDH06-004 State Form	า 10110 (R5/1-99)						

ATTENTION ESTATE: Disclosure of the

DINS CERTIFIES THE FOLLOWING IS A TRUE AND LINOFFICIAL

204 wood to 21	ATE: Disclosure of the rsue our responsibilities ere will be no penalty for	INDIANA ST	ATE DEPA	RTMENT O	PHEA	LIH HAMMO	ND HEALTH DEP	ARTMENT.
efusal."	176	·		OF DEATH		SMARY	1996 grand	Health Commissioner
_ocal No!	THE RECORDS IN THIS SERIES A	•				Date Iss		
eves (ODINI	DECEASED—NAME (First Middle, La	at)		2. SEX	\LE	3s. TIME OF DEATH	36 DATE OF DEATH	
TYPE/PRINT IN	LUCIAN S.	SADOWSKI	Sb. UNDER 1 YEAR			10:20 A M. H (Mo. Day, Yr)		State or Foreign Country)
PERMANENT	4. *SOCIAL SECURITY NUMBER 306-10-4405A	Ss. AGE—Last Birthday (Years) 7 Q	Months Days	4	4-30-1	916	CHICAGO,	ILLINOIS
BLACK INK	Re WAS DECEDENT 8b. Y	EAR LAST SERVED IN S. ARMED FORCES?				ATH (Check only one. S		·
	A U.S. VETERAN?		HOSPITAL: The Input	utnetieni 🗍 DOA		Residence	9d. COUNTY OF DE	FATH
	9b. FACILITY NAME (If not institution, give	e street and number)			OWN OF LOCA	ATION OF DEATH	LAKE	
DECEDENT	SAINT MARGAR	ET HOSPITA	. L	12a. DECEDENT'S USUAL done during most of w		N (Give kind of work	12b. KIND OF BUSINE	
	10. MARITAL STATUS 11. S. (Specify) NEVER MARRIED	f wife, give maiden name)		<u>RETIRED</u> <u>C</u>	<u>HEMIS</u>	<u> </u>	LEVER B	ROTHERS
	13a RESIDENCE-STATE 13b.	COUNTY COOK	CALUMET	CITY	ŀ	id. STREET AND NUM 237 155	Street	
	1 L L I N O I S		15. WAS DECEDENT	OF HISPANIC ORIGIN?		-American Indian, White, etc.		ENT'S EDUCATION Ighest grade completed)
	60409 000 0000	WHAT COUNTRY?		fea (If yes, specify Cub	(Spec		Elementary/Secondary (0	Ollege (1-4 or 5 +)
	13g. ON A FARM? ₩ No □ Yee	USA			'	First, Middle, Maiden Su		12 4
PARENTS	18. FATHER'S NAME (First Middle, Last)					ROMANOWS		
	JOSEPH SADOWS 208. INFORMANTS NAME (Type/Print)	KI	20b. MAILING	ADDRESS (Street and Nu	mber or Rural R	oute Number. City or To	own, State, Zip Code)	20c. Relationship S SISTER
INFORMANT	THERESA F. WI	LOWSKI		54 Place,			c. LOCATION—City or	
	ZIS. METHOD OF BIBLICATION	Entombment		E OF DISPOSITION (Name		, i		
	☐ Buriel ☐ Cremation ☐ Donation ☐ Other (Specify) —	Removal from State			LY CR	OSS CEME	ELEKY, CAL	UMET CITY, ILL
DISPOSITION	22s. EMBALMER'S NAME:		22b. EMBA .M .H. # 0 1 0 1	10406	ĺ	WAS DEATH REPORT		_ _
	HENRY BLAKE			LICENSE MUMBER	25. NAME.	ADDRESS, AND LICE	NSE NUMBER OF FUNEF	RAL HOME 3002819 Hammond, 1 hc
	24s. SIGNATURE OF FOREIGN	5 0 0	# (01015406	ASTLE	HILL	-UNEKAL F	IOME,248-155
		Stol			PHACE.	CALUME.	<u> </u>	Approximate
	28. PART I. Enter the diseases, in arrest, shock, or heat	njuries, or complications that ca nt failure. List only one cause o	nused the death. Do not s on each line.	nter nonspecific terlia, y con		Ω	0 -	Interval Between Onset and Datin
	IMMEDIATE CAUSE (Final	. Cars	Jio -	van a	~ }	00-2	2 foo	Occary
CALICE OF	disease or condition resulting in death)		IOR AS A CONSEQUEN	<u> </u>	<u> </u>	العصور	Xuly -	
CAUSE OF DEATH	Conditions, If any, which gave	DUE TO	(OR AS A CONSEQUE	CE OF):		74,		
	rise to the immediate cause, stating the underlying cause lest	c. DUE TO	(OR AS A CONSEQUEN	ICE OF)		'5		
		d			OF OF DENT	28e. WAS A	ALL OF CY 28b. W	VERE AUTOPSY FINDINGS
	PART II. Other significant conditions - C	anditions contributing to death	t but not previously stated	PREG	DECEDENT NANT OR 90 PARTUM?		AED? A'	VAILABLE PRIOR TO OMPLETION OF CAUSE
	0.00	-/-	7 - 2	· 1	or no) N	i N	800	F DEATH? (Yes or no)
	E 250	TIFYING PHYSICIAN To the	hier of my knowledge.	leath occorded at the time, di	ete, and place, ar	nd due to the cause(s) a	s stated.	
	(Check only		A austination and/or inv	natioation, in my opinion, des	eth occurred at t	he time, date, and place.	and due to the cause(s) o	js, stated.
	one)		ination and/or investigation	on, in my opinion, death obcu	irred at the time.	e. MEDICAL LICENSE	NO. / 29d. D/	ATP SIGNED (Month, Day, Year)
CERTIFIER	296. SIGNATURE AND TITLE OF CER	IFIER N	oler	ار ح		1019610	(7d-) 2	27/96
J	30 NAME AND ADDRESS OF PERSO	N WHO COMPLETED CAUS	SE OF DEATH (ITEM 26)	(Type/Print)	41,2	71 Jose	ph tyrrell	$\sum_{i} m \mathcal{D}$.
	() (513	RICCO Ka	LIMAN	Ch In	100	<u> </u>	32. DA	TE FILED (Month. Day, Year)
HEALTH	31. HEALTH OFFICER'S SIGNATURE	3 Du	mude	Mary			170	mary 28, 1996
OFFICER	33. MANNER OF DEATH	34a DATE OF INJ		1		34d. DESCRIBE HO	W INJURY OCCURRED	·
	☐ Natural ☐ Panding	(Month, Day, 1			=			
	Accident Investigation		JURYAt home, ferm, s	treet, factory, office	34f. LOC	ATION (Street and Nu	mber or Rural Route Numb	per, City or Fown, States
	Sulcide Could not be Determined Homicide							
	34g DATE PRONOUNCED DEAD (M	onth, Day, Year) 34h, MO	TOR VEHICLE ACCIDE	VT? (Yes or no) If yes, sp	ecify driver, pas	senger, pedestrien, etc.		
		ı						1

State Form 10110 (R4/3-93) Deathcer/PD 1

SDH06-004

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ATTENTION ESTATE "The Social Security # is ing requested by this state agency in order to rsue its statutory responsibility. Disclosure is luntary and there will be no perialty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

	THE RECORDS IN TI	HIS SERIES /	ARE CONFIDENTIAL PI	CERTIFICAT ER IC 16-1-19-3		-/111	Otal	e No				
RINT	Joseph S.	Sadows	ski Jr.	T sylves year	C	2 sex Male	3. TIME OF D	ן _א ן Fet	0.19,20	04		
NENT (INK	4. *SOCIAL SECURITY NU 305-20-351 Ba WAS DECEDENT ALLS VETERAN?	12	Se AGE—Lest Birthday (Years) 78 EAR LAST SERVED IN	5b UNDER 1 YEAR Months Days	Hours Me	oct Oct	OF BIRTH (Ma. Day. Yr) .9,1925 OF DEATH (Check only	Calı	ımet CI	ty, IL.		
	Yes VETERAN?		S ARMED FORCES?	HOSPITAL Inpet	Outpatient DO	<u> </u>	HER Nursing Hor					
IT	Community	Hospit	tal		:	Munste		La	ake			
	Manufal status Manufal ied II SURVIVING SPOUSE (M. wife, paye maden name) Charlene Kie			in	SUSUAL OCCUP TO BE OF WORKING HE TRICAN	ATION (Give fund of wi e. Do not use retired)	li i	ISB KIND OF BUSINESS/INDUSTRY Inland Stell				
	Illinois		Cook	Lansing	LOCATION		3631 17	77th St.	•			
	13g ON	IČÉCI7 / UMIT No (° Ye) IA FARM? No □ Yes	U.S.A.	15. WAS CECEDENT 17 D No D N Mexican, Puerto R	res (If yes, spec	ofy Cuben.	RACE—American Indian Black, White, etc (Spacyly) DILE			'S EDUCATION st grade completed) College (1-4 or 5 1		
	Joseph Sac	Middle, Last)	9	•	•	Stell	ME (First Middle, Meide a Romanows	m Surname) Ski				
NT	20m INFORMANTS NAME Charlene S		ski	206 MAILING 3631	20b MAILING ADDRESS (Street and Number of Rural Rouse of 3631 177th St. Lansing, II				Number, City or Town, State, Zip Code) 20c Relationship U. 60438 Wife			
	21e. METHOD OF DISPOSI Buriel Cremi Donetion Doher		stombment smovel from State	oth rolece) Fell		4	ry, cremetory, or		N-Cay or Tow			
_	220 EMBALMERS NAME Christophe 240 SIGNATURE OF FUNE			226 EMB LIMERS LICENSE NO IL. 034-015299				Yes				
e e	THIS DETAILS OF THE COMPLETE C	COPY OF THE LE WITH THE	CERTIFICATE OF LAKE COUNTY OF DUE TO	used the death. Do not ent	EOF) lur	s ruch as cardiac	9,,			Approximate Interval Between Onset and Deat		
P	ART II Other significant cor		· Perfo		Small	Bowe	~ /					
		nditions - Condi	tions contributing to death	but not previously stated in	F 6	AS DECEDENT PREGNANT OR SPOSTPARTUM? Yes or no) \[\int O \]	28e. WAS A PERFO		AVAILA COMPLE	LUTOPSY FINDINGS BLE PRIOR TO THON OF CAUSE TH? (Yes or no)		
21	9e CERTIFIER (Check only one)	CERTIFYE	NG PHYSICIAN To the to OFFICER On the basis of A On the basis of examina	but not previously stated in lest of my knowledge, deet exemination and/or investigation, in	h occurred at the lim	VAS DECEDENT PREGNANT OR S POSTPARTUM? Yes or no) NO ne date and place a death occurred at the time.	O DAYS 28s. WAS A PERFOI (Year or I') and due to the cause(a) to the time, date, and place, and dies date, and place, and dies date, and place, and dies date.	RMED / no) I O ss stated e. and due to the cure to the cause(a)	AVAILA COMPLE OF DEA	BLE PRIOR TO ETION OF CAUSE THY (Ves or no) NO		
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21 22 33 34 31	90 CERTIFIER (Check only one) 90 SIGNATURE AND TITLE 0 NAME AND ADDRESS C	CERTIFUR CORONER GF CERTIFIES OF PERSON WITH	NG PHYSICIAN To the to OFFICER On the basis of A On the basis of examinary of the COMPLETED CAUSE	est of my knowledge, decided assemination and/or investigation, in of DEATH (ITEM 26) (Type ITEM	h occurred at the tim gation, in my opinion n my opinion, death	AS DECEDENT REGNANT OR SPOSTPARTUM? Yes or no) TO The date and place at death occurred at the lim Aum D.O.	and due to the cause(a) to the time, date, and place, and of the cause(a) to the date, and place and of the date. The date and place, and of the date and place, and of the date and place, and of the date. The date and place, and of the date and place, and of the date and place, and of the date.	es stated e. and due to the cause(s) ENO	AVAILA COMPLI OF DEA' Bause(s) as state and manner as 29d DATE SIC 222	BLE PRIOR TO ETION OF CAUSE THY (Yes or no) NO d stated SNED (Month. Day. Year		