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HERITAGE TITLE COMPANY



0431702316

5849 West Lawrence Avenue • Chicago, Illinois 60630 • Telephone (773) 545-8100

Doc#: 0431702316
Eugene "Gene" Moore Fee: \$50.00
Cook County Recorder of Deeds
Date: 11/12/2004 11:01 AM Pg: 1 of 3

PROPERTY TITLE COMPANY

AFFIDAVIT REGARDING DECEASED JOINT TENANT

STATE OF ILLINOIS
COUNTY OF Cook

DATE: 11/2/04
COMMITMENT NUMBER:

HELENA BERZYNSKI, BEING FIRST DULY SWORN, FOR THE PURPOSE OF INDUCING UNITED GENERAL TITLE INSURANCE COMPANY TO ISSUE ITS TITLE INSURANCE POLICY COVERING THE LAND DESCRIBED IN THE ABOVE CAPTIONED COMMITMENT, DEPOSES AND SAYS:

1. THAT HE/SHE RESIDES AT: 5240 N. RUTHERFORD CTR # 6656

2. THAT HE/SHE WAS ACQUAINTED WITH FELIX BERZYNSKI WHO DIED ON 1/3/89, AS EVIDENCED BY THE ATTACHED CERTIFIED COPY OF THE DEATH CERTIFICATE. (3)

3. THAT SAID DECEDENT WAS ONE OF THE OWNERS OF THE LAND DESCRIBED IN THE ABOVE CAPTIONED COMMITMENT.

4. THAT SAID DECEDENT DIED:
✓ LEAVING NO LAST WILL AND TESTAMENT.
 LEAVING A LAST WILL AND TESTAMENT, A COPY OF WHICH IS ATTACHED.

5. THAT THE TOTAL VALUE OF SAID DECEDENT'S ESTATE FOR STATE OF ILLINOIS INHERITANCE TAX AND FEDERAL ESTATE PURPOSES DOES NOT EXCEED \$ 20,000

Helena Berzynski
AFFIANT'S SIGNATURE

SUBSCRIBED AND SWORN BEFORE ME THIS 2 DAY OF Nov 2004

Linda Jenero
NOTARY PUBLIC



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DEPARTMENT OF HEALTH CITY OF CHICAGO

JAN. 5, 1989

STATE FILE NUMBER
600150

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.10

DECEASED-NAME FIRST MIDDLE LAST FELIKS BERCZYNSKI	SEX 2. MALE	DATE OF BIRTH (MONTH, DAY, YEAR) 3. JANUARY 3, 1989	DATE OF DEATH (MONTH, DAY, YEAR) 1. COOK COUNTY OF ILLINOIS CITY OF CHICAGO
AGE-LAST BIRTHDAY (YRS) MOS. DAYS 5a. 68 6 8	UNDER 1 DAY HOURS MIN. 5b.	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. MAY 18, 1920	IF HOSP OR INST. INDICATED, O.A. OPENER, R.N., N.P.A. (IDENTIFY SPECIFY) 6c. EMERGENCY
HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6a. RESURRECTION MEDICAL CENTER	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. HELENA OLECHNOWICZ	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary, Secondary (9-12) College (1-4 or 5)	9. NO WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. MARRIED	KIND OF BUSINESS OR INDUSTRY 11b. PLASTICS	INSIDE CITY (YES/NO) 13c. YES	COUNTY 13d. COOK
USUAL OCCUPATION 11a. PACKAGING	CITY, TOWN, OR ROAD/DISTRICT NO. 13b. CHICAGO	MOTHER-NAME 14b. UNKNOWN	MIDDLE 14c. MIDDLE
10. 328-28-0963 RESIDENCE (STREET AND NUMBER)	RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) 14a. WHITE	RELATIONSHIP 16. WIFE	MOTHER-NAME 14b. UNKNOWN
13a. 5040 N. RUTHERFORD STATE	13c. ZIP CODE 13d. 60656	17a. MRS. HELENA BERCZYNSKI	17b. WIFE
13e. IL	13f. ZIP CODE 13g. 60656	17c. 5040 N. RUTHERFORD, CHGO. IL	17d. ADDRESS MAKE SURE IT IS A VALID ADDRESS AT THE TIME OF DEATH
FATHER-NAME 13h. BOLESAW BERCZYNSKI	13i. MIDDLE 13j. BERCZYNSKI	17e. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY, STATE, ZIP)	17f. ADDRESS MAKE SURE IT IS A VALID ADDRESS AT THE TIME OF DEATH
15. INFORMANT'S NAME (TYPE OR PRINT)	16. RELATIONSHIP	17g. 5040 N. RUTHERFORD, CHGO. IL	17h. ADDRESS MAKE SURE IT IS A VALID ADDRESS AT THE TIME OF DEATH
17a. MRS. HELENA BERCZYNSKI	17b. WIFE	17c. 5040 N. RUTHERFORD, CHGO. IL	17d. ADDRESS MAKE SURE IT IS A VALID ADDRESS AT THE TIME OF DEATH
18. PART I. Enter the disease, injuries, 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. (a) Immediate Cause (Final disease or condition resulting in death) (b) DUE TO OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF Cardiovascular Arrest Myocardial Infarct Coronary Artery Disease			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			
DATE OF OPERATION, IF ANY 20a.	MAJOR FINDINGS OF OPERATION 20b.	DATE OF DEATH (MONTH, DAY, YEAR) 21a. 8-22-88	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. YES
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.			
22a. SIGNATURE HENRY KOWALSKI M.D. 6304 N. NAGLE CHGO. IL			
22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) HENRY KOWALSKI M.D. 6304 N. NAGLE CHGO. IL			
22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)			
23. CEMETERY OR CREMATORY-NAME 24a. MARY HILL			
24b. STREET AND NUMBER OR R.F.D. 6841-57 W. HIGGINS AVE CHICAGO, IL 60656			
24c. CITY OR TOWN NILES, ILLINOIS			
24d. STATE ILLINOIS			
24e. ZIP 60656			
25a. FUNERAL HOME KOLBUS FUNERAL HOME LTD. 6841-57 W. HIGGINS AVE CHICAGO, IL 60656			
25b. FUNERAL DIRECTOR'S SIGNATURE Richard E. Kolbus			
25c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 1-5-89			

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

I, LONNIE C. EDWARDS M.D. M.P.A., 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 OF 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 AS A RECORD KEPT IN ACCORDANCE WITH THE LAWS AND ORDINANCES.

THIS CERTIFIED COPY VALID
WHEN MULTICOLOR SEAL AND
BLUE SIGNATURE ARE AFFIXED

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Exhibit A

H-55105

LOTS 47 AND 48 IN WILLIAM ZELOSKY'S SUBDIVISION OF BLOCKS 1, 2, 3, AND 4 IN RIDGELAND A SUBDIVISION OF THE SOUTH 1/2 OF THE NORTHEAST 1/4 OF THE SOUTHWEST 1/4 AND THE SOUTH 1/2 OF THE NORTHWEST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 7, TOWNSHIP 40 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

P.L.N 13-07-409-021-0000

C/K/A 5040 N. RUTHERFORD AVENUE, CHICAGO, ILLINOIS 60656-3757

Property of Cook County Clerk's Office