

# UNOFFICIAL COPY



Doc#: 0520102179  
Eugene "Gene" Moore Fee: \$30.00  
Cook County Recorder of Deeds  
Date: 07/20/2005 10:55 AM Pg: 1 of 4

State of Illinois )  
                          ) ss.  
County of Cook )

## Affidavit of Heirship

I, Stanley Kulpa, Jr., being first duly sworn, do hereby state, on oath, the following:

1. I reside at 6349 Briar, Willowbrook, IL.
2. I was acquainted with **Stanley Kulpa**, my father. At the time of his death, **Stanley Kulpa** owned property described as follows:

**LOT 15 IN BONFIELD'S SUBDIVISION OF LOTS 1 AND 4 IN BLOCK 26 IN CANAL TRUSTEE'S SUBDIVISION OF THE SOUTH FRACTION OF SECTION 29, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS**

**PERMANENT INDEX NUMBER: 17-29-410-015**

**P.N.T.N.**

**COMMONLY KNOWN AS 2929 S. BONFIELD, CHICAGO, IL**

3. **Stanley Kulpa** died on September 15, 1989. A copy of his death certificate is attached hereto. He died testate.
4. **Stanley Kulpa** was married once during his lifetime. His wife, **Stella Kulpa**, predeceased him.

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5. During his lifetime, Stanley Kulpa had six children:

a. **ALEX KULPA** (now deceased)

Alex Kulpa died intestate. He was a widower at the time of his death. During his lifetime he had three children, all still alive:

**THOMAS MATTHEW KULPA  
JAMES PATRICK KULPA  
KAREN CLAUS**

b. **FRANK SALACH** (now deceased)

Frank Salach died intestate. During his lifetime, he was married once and had four children. His spouse and children are still alive:

**ODELL SALACH (spouse)  
DIANA FRANCIS HUTCHINS  
LINDA BELL MASTERS  
PAMELA MARIU SALAK  
PAULA ODELL BURKHARDT**

c. **CHESTER KULPA** (now deceased)

Chester Kulpa died intestate. He was a widower at the time of his death. During his lifetime he had three children, all still alive:

**CHESTER JOSEPH KULPA  
WILLIAM JOHN KULPA  
MARGARET BAASKE**

d. **THEODORE KULPA** (still alive)

e. **JOHN KULPA** (still alive)

f. **STANLEY KULPA, JR.** (still alive)

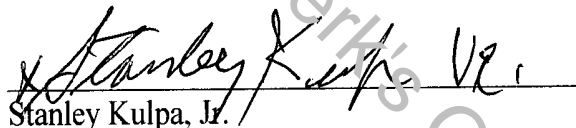
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6. At the time of his death, Stanley Kulpa had no outstanding debts. All of the expenses of his final illness and funeral have been paid in full. There are no creditors of Stanley Kulpa.
7. By operation of law, the following, therefore, represent all of the people who have an interest in the property of Stanley Kulpa:

**THOMAS MATTHEW KULPA**  
**JAMES PATRICK KULPA**  
**KAREN CLAUS**  
**ODELL SALACH**  
**DIANA FRANCIS HUTCHINS**  
**LINDA BELL MASTERS**  
**PAMELA MARIE SALAK**  
**PAULA ODELL BURKHARDT**  
**CHESTER JOSEPH KULPA**  
**WILLIAM JOHN KULPA**  
**MARGARET BAASKE**  
**THEODORE KULPA**  
**JOHN KULPA**  
**STANLEY KULPA, JR.**

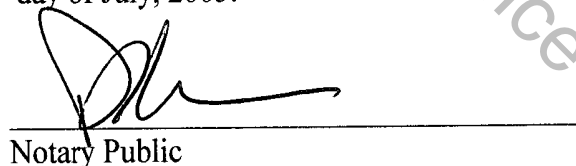
8. Except for the above-described property, there are no other assets of the estate of Stanley Kulpa.

Date: July 1, 2005

  
 Stanley Kulpa, Jr.

Sworn to and subscribed to before me this 1<sup>st</sup> day of July, 2005.



  
 Notary Public

This document prepared by David Vlcek 9944 S. Roberts Rd. Suite 104 Palos Hills, IL 60465  
 Mail to: David Vlcek 9944 S. Roberts Rd., Suite 104, Palos Hills, IL 60465

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STATE F R F NUMBER

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **16.D**

REGISTERED NUMBER

1. DECEASED-NAME: **Stanley Kulpa** SEX: **Male** DATE OF BIRTH: **April 28, 1894** DATE OF DEATH: **September 15, 1989**

2. COUNTY OF DEATH: **Cook** UNDERSTANDING: **5d** HOURS: **5d** MINUTES: **5d**

3. CITY/TOWN/TWP: **Oak Lawn** DISTRICT NUMBER: **60** HOSPITAL OR OTHER INSTITUTION: **Americana-Monticello Health Care Center**

4. MARITAL STATUS: **Widowed** SOCIAL SECURITY NUMBER: **342-10-4743A** USUAL OCCUPATION: **Ret. Tailor**

5. RESIDENCE: **2029 S. Bonfield St., Chicago, IL.** CITY/TOWN/VILLAGE/DISTRICT NO.: **Chicago, IL.** COUNTY: **Cook**

6. RACE: **White** COLOR OF HAIR: **White** MOTHER'S MAIDEN NAME: **Not available**

7. FATHER'S NAME: **Not available** RELATIONSHIP: **Medical** MAILING ADDRESS: **6300 W. 95th St., Oak Lawn, IL 60453**

8. CAUSE OF DEATH: **arteriolectrotic heart disease** (a) **due to** (b) **consequence of**

9. IMMEDIATE CAUSE: **Coronary artery vascular accident**

10. UNDERLYING CAUSE: **Coronary artery vascular accident**

11. DATE OF OPERATION: **200** MAJOR PROCEEDINGS OF OPERATION: **None**

12. TIME OF DEATH: **26, 1989** HOURS: **8:30 P.** DATE SIGNED: **Sept. 16, 1989**

13. SIGNATURE: **William E. McArthur** M.D. ADDRESS: **4700 N. 95th St., Oak Lawn, IL 60453**

14. CEMETERY OR CREMATORIUM: **Burial** LOCATION: **Resurrection** CITY/TOWN: **Justice, IL.**

15. LOCAL REGISTRAR'S SIGNATURE: **Karen L. Scott** ADDRESS: **2819 S. Archer Ave. Chicago, IL 60608**

I HEREBY CERTIFY THAT the foregoing is true and correct copy of the death record for the decedent named in item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois Statutes relating to the registration of births, stillbirths and deaths.

DATE: **SEP 18 1989** SIGNED: *William E. McArthur*

At Cook County Department of Public Health 1500 S. Maybrook Drive - Maywood, Illinois 60154 Official Title Deputy Registrar

26. LOCAL REGISTRAR'S SIGNATURE: **Karen L. Scott**

27. LOCAL REGISTRAR'S NAME: **Karen L. Scott, M.D.**

28. LOCAL REGISTRAR'S ADDRESS: **2819 S. Archer Ave. Chicago, IL 60608**

29. LOCAL REGISTRAR'S PHONE: **7402**

30. LOCAL REGISTRAR'S LICENSE NUMBER: **7402**

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