

UNOFFICIAL COPY

AFFIDAVIT OF HEIRSHIP OF MARIE H. CZAJKA



Doc#: 0526247063 Fee: \$30.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 09/19/2005 10:09 AM Pg: 1 of 4

RICHARD CZAJKA, being first duly sworn deposes and states as follows:

1. That he is the son of **MARIE H. CZAJKA**.
2. That **MARIE H. CZAJKA**, died on February 5, 1982, (copy of death certificate is attached hereto).
3. That **MARIE H. CZAJKA**, owned an undivided $\frac{1}{2}$ interest with her mother, **STANISLAVA MATUSZAK, a/k/a STELLA MATUSZAK** as joint tenants in the following described Real Estate:

Lot 9 in Block 8, in Court Partition of the Southeast $\frac{1}{4}$ of Section 31, Township 38 North, Range 15, East of the Third Principal Meridian, in Cook County, Illinois, excepting the lands belonging to the South Chicago Railroad Co.

PIN: 21-31-402-033

c/k/a: 8409 South Baltimore Avenue Chicago, IL 60617

4. That **STANISLAVA MATUSZAK a/k/a STELLA MATUSZAK** died on November 29, 1973, (copy of death certificate is attached hereto).

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5. That **MARIE H. CZAJKA** was married **ADAM CZAJKA**. That the following child was born to the parties, no other children were adopted by either of them, and neither of them are the parents of any other child.

a. **RICHARD CZAJKA**

6. That **MARIE H. CZAJKA**, died intestate and there is no unpaid Federal or State inheritance taxes due.

7. That based on the foregoing the following is the only heir of **MARIE H. CZAJKA**, who is an adult under no legal disability.

a. **RICHARD CZAJKA**, - son.

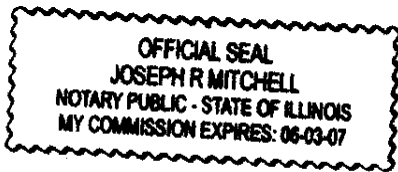
Richard Czajka

RICHARD CZAJKA

SUBSCRIBED and SWORN TO
before me this 15th day
of September, 2005.

Joseph R. Mitchell

NOTARY PUBLIC



JOSEPH R. MITCHELL-22726
3501 E. 106TH STREET,
SUITE 205
CHICAGO, ILLINOIS 60617
(773) 734-5062

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JUL-15-2205 10:11

NEFINANCIAL

7737681420 P.02
JUL 14, 2002

STATE OF ILLINOIS
County of Cook

DAVID ORR, County Clerk

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.

David Orr
COUNTY CLERK

96 FEB 82
STATE OF ILLINOIS

PERMANENT CERTIFICATE
TEMPORARY CERTIFICATE
DECEASED'S BIRTH

REGISTERED NUMBER 1610

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

602692

2-047
DECLARED
4603
700

1. DECEASED NAME: MARIE H. CZAJKA		SEX: FEMALE	DATE OF BIRTH: FEB 5, 1909
2. RACE: WHITE	3. ETHNIC OR DESCENT: Polish	4. AGE: 72	5. DATE OF DEATH: FEB 5, 1982
6. CITY, TOWN, VILL OR ROAD DISTRICT: Chicago	7. HOSPITAL OR OTHER INSTITUTION: South Shore Hospital	8. COUNTY OF DEATH: Cook	9. MARRIAGE STATUS: WIDOWED
10. STATE OF BIRTH: ILLINOIS	11. CITIZENSHIP: U.S.A.	12. SOCIAL SECURITY NUMBER: 338-10-9758	13. KIND OF BUSINESS OR INDUSTRY: HOUSEWIFE
14. RESIDENCE (STREET AND NUMBER): 8409 Baltimore	15. CITY: Chicago	16. COUNTY: COOK	17. STATE: IL.

PARENTS

18. FATHER NAME: VINCENT MATUSZAK	19. MOTHER NAME: STELLA WACHOWIAK
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4292
2
3

17. DEATH WAS CAUSED BY: **ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE**

18. PART I: IMMEDIATE CAUSE

19. OTHER SIGNIFICANT CONDITIONS: **ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE**

CAUSE

4
5
6
7
8
9

20a. ALLIANCE (MARRIAGE OR UNMARRIED PARTNERSHIP)	20b. DATE OF INJURY (MONTH DAY YEAR)	20c. HOUR	20d. HOW INJURY OCCURRED
21a. INJURY AT WORK (YES/NO)	21b. PLACE OF INJURY (BY HOME, FROM STREET, FROM OFFICE BUILDING, ETC. INITIALS)	21c. LOCATION	21d. CITY, VIL, OR TOWN OR TWP OR ROAD DISTRICT AND COUNTY STATE

CERTIFIER

22. I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INFORMATION I HAVE RECEIVED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE STATED AND THAT

23. THE DECEASED WAS PROHOUNDED DEAD ON: **FEB 5, 1982**

24. MEDICAL EXAMINER'S SIGNATURE: **W. Lee Beaman MD**

25. DATE SIGNED: **5 FEB 82**

DISPOSITOR

26a. BURIAL	26b. HOLY CROSS	26c. CALUMET CITY, ILLINOIS	26d. 2-8-82
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700000

27. FUNERAL HOME: **KORTAS FUNERAL HOME 8356 MARQUETTE AVE CHICAGO ILLINOIS 60617**

28. LOCAL HEALTH OFFICER: **Gray**

29. DATE RECEIVED OF LOCAL HEALTH OFFICER: **FEB 6 1982**

UNOFFICIAL COPY

JUL-15-2005 10:12

HEALTH FINANCIAL

7737681420 P.03
JULY 14, 2005

STATE OF ILLINOIS)
County of Cook)

DAVID ORR, County Clerk

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.

David Orr
COUNTY CLERK

STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER
632088

REGISTRATION DISTRICT NO. 6.10		REGISTERED NUMBER	
DECEASED—NAME STEFANIA MATUSZAK		SEX Female	DATE OF DEATH (MONTH, DAY, YEAR) Nov. 29, 1973
RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)) White	AGE—LAST BIRTHDAY (YEAR, MONTH, DAY) 64	DATE OF BIRTH (MONTH, DAY, YEAR) Nov. 6, 1889	COUNTY Cook
CITY, TOWN, VILL., OR ROAD DISTRICT NUMBER Chicago	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN CITY, GIVE STREET AND NUMBER) Yes 8409 S. Baltimore Ave.		
BIRTHPLACE (STATE OR FOREIGN COUNTRY) Illinois	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed	NAME OF SURVIVING SPOUSE (MARRIED NAME, IF WIDOW)
SOCIAL SECURITY NUMBER 345-20-1245	USUAL OCCUPATION Housewife	KIND OF BUSINESS OR INDUSTRY Own Home	U.S. WAR VETERAN (YES/NO) No
RESIDENCE—CITY, TOWN, VILL., OR ROAD DISTRICT NO., STREET AND NUMBER (YEAR/NO) Illinois Cook Chicago 8409 Baltimore Ave.	FATHER—NAME (FIRST, MIDDLE, LAST) Gregory Wachowiak	MOTHER—MAIDEN NAME (FIRST, MIDDLE, LAST) Magdalene Wojciechowski	
INFORMANT'S SIGNATURE Marie Conk		RELATIONSHIP Daughter	RESIDING ADDRESS (STREET AND NO. OR R. F. NO., CITY OR TOWN, STATE, ZIP) 8409 Baltimore Ave, Chicago, Ill. 60617
18. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. IMMEDIATE CAUSE			
(a) Myocardial Infarction			5 days
(b) Arteriosclerotic Heart Disease			10 years
PART II. OTHER SIGNIFICANT CONDITIONS: (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I OR ALL TOPS (Y/N))			IF YES, WERE PREVIOUSLY MENTIONED IN DETERMINING CAUSE OF DEATH (Y/N)
DATE OF OPERATION, IF ANY			MAJOR FINDINGS OF OPERATION
I ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR) TO (MONTH, DAY, YEAR)		AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)	HOUR OF DEATH
Dec. 1968		Nov. 29, 1973	Nov. 26, 1973
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE, AND FROM THE CAUSE(S) STATED			NOTE IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED.
SIGNATURE M. Randolph		DATE SIGNED (MONTH, DAY, YEAR) 11/28/73	ILLINOIS LICENSE NUMBER 25308
MAILING ADDRESS—CERTIFIER (STREET AND NUMBER OR R. F. NO., CITY OR TOWN, STATE, ZIP) M. Rand 2320 E. 93rd, Chicago, Illinois 60617			
BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	CEMETERY OR CREMATORY—NAME Holy Cross	LOCATION Calumet City, Illinois	DATE (MONTH, DAY, YEAR) 12-1-73
FUNERAL HOME NAME (STREET AND NUMBER OR R. F. NO., CITY OR TOWN, STATE, ZIP) Kortas Funeral Home 8356 Marquette Ave. Chicago Illinois 60617		FUNERAL DIRECTOR'S SIGNATURE B. J. Kortas	
FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 4669		LOCAL REGISTRAR'S SIGNATURE James B. Z...	
CHICAGO BOARD OF HEALTH (Chicago Civic Center, Room 105, Concourse Level, Chicago 60602-246)		DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) NOV 30 1973	
LOCAL REGISTRAR'S SIGNATURE		BASED ON 1968 U.S. STANDARD CERTIFICATE	