

# UNOFFICIAL COPY

## AFFIDAVIT OF HEIRSHIP OF WINCENTY MATUSZAK



Doc#: 0526247064 Fee: \$32.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 09/19/2005 10:10 AM Pg: 1 of 5

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

1. That he is the grandson of **WINCENTY MATUSZAK**.
2. That **WINCENTY MATUSZAK**, died on March 28, 1937, (copy of death certificate is attached hereto).
3. That **WINCENTY MATUSZAK**, owned an undivided  $\frac{1}{2}$  interest 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 **WINCENTY MATUSZAK** was married to **STANISLAVA MATUSZAK** a/k/a **STELLA MATUSZAK**. That the following children were 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. **MARIE H. CZAJKA**
- b. **ERVIN MATUSZAK**

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

6. That **ERVIN MATUSZAK**, died without issue and was never married and never adopted any children.

7. That **MARIE H. CZAJKA**, was married to **ADAM CZAJKA**, who pre-deceased her by a number of years. One child was born to the parties, **RICHARD CZAJAK**, and no children were adopted by either of them and neither of them had any other children, and that **MARIE H. CZAJK**, died on February 5, 1982.

8. That all the within parties died intestate and there is no unpaid Federal or State inheritance taxes due.

9. That based on the foregoing the following is the only heir of **WINCENTY MATUSZAK**, who is an adult under no legal disability.

a. **RICHARD CZAJKA**, - grandson.

*Richard Czajka*  
RICHARD CZAJKA

SUBSCRIBED and SWORN TO  
before me this 15<sup>th</sup> 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-24-2005 18:58

MBFINANCIAL

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**S. 4**  
REVISION  
-3M ERS.  
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STATE OF ILLINOIS ORIGINAL

STATE OF ILLINOIS ORIGINAL

HENRY HORNER, Governor

Department of Public Health—Division of Vital Statistics

### CERTIFICATE OF DEATH

1. PLACE OF DEATH		Register No. <u>11074</u>	
County of <u>Cook</u>		Dist. No. <u>11074</u>	
<u>Chicago</u>		<u>11074</u>	
* (Cause) the three terms not applicable—Do not enter "E. R." "I. P. D." or other F. O. designations.			
Street and Number, No. <u>8409 Baltimore Ave</u>		Ward <u>46-664</u>	
(If death occurred in a hospital, or institution, give the NAME (instead of street and number.)			
LENGTH OF RESIDENCE WHERE DEATH OCCURRED <u>48</u> yrs. - mos. - ds.			
1a. PLACE OF RESIDENCE: STATE <u>Illinois</u> County <u>Cook</u> Township _____ Road Dist. _____		City of <u>Chicago</u> Street and Number <u>8409 Baltimore Ave</u>	
2. FULL NAME <u>Vincent Matuzak</u>			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OF SKIN <u>White</u>	5. Single, Married, Widowed, or Divorced (mark the word) <u>Married</u>	
6. If married, widowed, or divorced (state name of HUSBAND or WIFE) <u>Stella</u>			
8. DATE OF BIRTH (month, day, and year) <u>July 6, 1887</u>			
7. AGE <u>17</u> Months <u>9</u> Days <u>19</u> IF LESS than 1 day, specify in min.			
9. Trade, profession, or particular kind of work done, as engineer, lawyer, bookkeeper, etc. <u>Retired</u>		11. Total time (year & month) spent in this occupation <u>1936</u>	
10. Date deceased last worked on this occupation (month, day, and year) <u>Oct 1936</u>		11. Total time (year & month) spent in this occupation <u>1936</u>	
12. BIRTHPLACE (city or town) <u>Unknown</u> (State or country) <u>Poland</u>			
13. NAME <u>Vincent Matuzak</u>			
14. BIRTHPLACE (city or town) <u>Unknown</u> (State or country) <u>Poland</u>			
15. MAIDEN NAME <u>Francis Wojcik</u>			
16. BIRTHPLACE (city or town) <u>Unknown</u> (State or country) <u>Poland</u>			
17. INFORMANT <u>Leon Matuzak</u> (personal signature with pen and ink)			
P. O. Address <u>334 Marilee Ave</u>			
18. PLACE OF BURIAL		18. DATE	
Cremation or Burial <u>Holy Cross</u>		<u>April 1st 1937</u>	
Cemetery <u>Colma</u>		<u>City</u>	
Location <u>Colma</u>		(Township, Road Dist., Village or City)	
County <u>Cook</u>		State <u>Ill</u>	
20. UNDERTAKER <u>McIntosh</u>		ADDRESS <u>8356 Marquette Ave</u>	
(personal signature with pen and ink)			
(How paid, if any)			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>March 28, 1937</u>			
22. I HEREBY CERTIFY that I attended deceased from <u>Jan 28, 1937</u> to <u>Mar 28, 1937</u>			
I last saw him alive on <u>Mar 28, 1937</u> death is said to have occurred on the date stated above at <u>2:50 p.m.</u>			
*The principal cause of death and related causes of importance were as follows:			
<u>Pneumonia</u>		Date of onset <u>Mar 25, 1937</u>	
<u>Coronary Artery</u>		<u>1937</u>	
<u>Secondary anemia</u>		<u>Mar 28, 1937</u>	
23. Was an open wound present? <u>No</u> Date of _____			
For what disease or injury? _____			
24. Was there an autopsy? <u>No</u>			
What test confirmed diagnosis? <u>clinical data</u>			
24. If a communicable disease, when contracted? _____			
Was disease in any way related to occupation? <u>No</u>			
If so, specify how: _____			
(Signed) <u>Paul J. Patterson, M.D.</u>			
Address <u>8420 Comma</u>			
Date <u>Mar 29, 1937</u> Telephone <u>4443622</u>			
*N. E.—State the disease causing death. All cases of death from "rickets, epilepsy, or any kind of insanity" must be referred to the coroner. See Section 10 Coroner's Act.			
25. Filed <u>1937</u> <u>11:00</u> <u>AM</u> <u>Mar 29</u>			
P. O. Address _____			

Has applicant ever served in military or naval service of U. S. A. \_\_\_\_\_

# UNOFFICIAL COPY

JUL-15-2005 10:12

MBFINANCIAL

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

STATES OF ILLINOIS  
**MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER  
**632088**

REGISTRATION DISTRICT NO. <b>10</b>		REGISTERED NUMBER		DECEASED—NAME		SEX	DATE OF DEATH
<b>STELLA</b>		<b>MATUSZAK</b>		<b>Female</b>	<b>Nov. 29, 1973</b>		
RACE <b>White</b>		AGE—LAST BIRTHDAY (YRS.) <b>84</b>	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	PLACE OF DEATH	
<b>Chicago</b>		<b>Yes</b>			<b>Nov. 6, 1889</b>	<b>Cook</b>	
CITY, TOWN, VILL., OR UNINCORPORATED DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION—NAME		(IF NOT IN OTHER, GIVE STREET AND NUMBER)			
<b>Chicago</b>		<b>Yes</b>		<b>8409 S. Baltimore Ave.</b>			
BIRTHPLACE (STATE OR FOREIGN COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (GIVEN NAME, IF WIFE)			
<b>Illinois</b>	<b>U.S.A.</b>	<b>Widowed</b>		<b>None</b>			
SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY		U.S. WAR VETERAN (YES/NO)	WAR OR DATES OF SERVICE		
<b>12 345-20-1245</b>	<b>Housewife</b>	<b>Own Home</b>		<b>No</b>	<b>None</b>		
RESIDENCE STATE	COUNTY	CITY, TOWN, VILL., OR ROAD DISTRICT NO.	POSTAL CITY (YES/NO)	STREET AND NUMBER			
<b>Illinois</b>	<b>Cook</b>	<b>Chicago</b>	<b>Yes</b>	<b>8409 Baltimore Ave.</b>			
FATHER—NAME		MOTHER—MAIDEN NAME					
<b>Gregory Wachowiak</b>		<b>Magdalene Wojciechowski</b>					
INFORMANT'S SIGNATURE		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, & P.)				
<i>Maria C...</i>		<b>Daughter</b>	<b>8409 Baltimore Ave, Chicago, Ill. 60617</b>				
DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PLUS ONE FOR (a), (b), AND (c)]					
PART I. IMMEDIATE CAUSE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
(a) <b>Myocardial Infarction</b>		<b>5 days</b>					
(b) <b>Arteriosclerotic Heart Disease</b>		<b>10 years</b>					
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE ORDERLY CAUSE LAST.							
PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY (YES/NO)					
		<b>No</b>					
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION					
I ATTENDED THE DECEASED FROM		TO	AND LAST SAW HIM/HER ALIVE ON	HOUR OF DEATH			
<b>Dec. 1968</b>		<b>Nov. 29, 1973</b>	<b>Nov. 26, 1973</b>	<b>4:15 A.M.</b>			
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		DATE SIGNED	ILLINOIS LICENSE NUMBER				
<i>M. Rand</i>		<b>11/28/73</b>	<b>25308</b>				
MAILING ADDRESS—CERTIFIER		CITY OR TOWN	STATE	ZIP			
<b>M. Rand 2320 E. 93rd.</b>		<b>Chicago,</b>	<b>Illinois</b>	<b>60617</b>			
BURIAL, CREMATION, REMOVAL (Specify)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN	STATE	DATE (MONTH, DAY, YEAR)		
<b>Burial</b>	<b>Holy Cross</b>	<b>Calumet City,</b>	<b>Illinois</b>	<b>12-1-73</b>			
FUNERAL HOME	NAME	STREET AND NUMBER OR R. F. D.	CITY OR TOWN	STATE	ZIP		
<b>Kortas Funeral Home</b>	<b>8356 Marquette Ave.</b>	<b>Chicago</b>	<b>Illinois</b>	<b>60617</b>			
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S LICENSE NUMBER					
<i>B. J. ...</i>		<b>4669</b>					
LOCAL REGISTRAR'S SIGNATURE		CHICAGO BOARD OF HEALTH		DATE RECORDED (MONTH, DAY, YEAR)			
<i>...</i>		<b>Chicago Civic Center, Room 105 Concourse Level, Chicago 60602</b>		<b>NOV 30 1973</b>			
LOCAL REGISTRAR'S SIGNATURE		OFFICE OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS		BASED ON 1968 U.S. STANDARD CERTIFICATE			
<i>...</i>							



# UNOFFICIAL COPY

JUL-15-2205 10:11

HEALTH FINANCIAL

7737681420 P.02  
JUL 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

96 FEB 82  
STATE OF ILLINOIS

STATE FILE NUMBER  
602592

### MEDICAL EXAMINER'S CERTIFICATE OF DEATH

PERMANENT CERTIFICATE  
TEMPORARY CERTIFICATE  
PROSTATE'S SERVICE

REGISTRATION NUMBER  
16.10  
REGISTRY NUMBER

2-047  
DECLARED  
4603  
700  
PARENTS

DECEASED - NAME		FIRST		MIDDLE		LAST		SEX		DATE OF BIRTH		MONTH DAY YEAR	
1. MARIE H. ZAJKA		FEMIE		FEB 5, 1909		Cook							
2. RACE - WHITE		6a. Polish		5a. 72		5b. 5c.		6. Sep. 17, 1909		Cook			
7a. Chicago		7c. South Shore Hospital		7d. D.O.A.									
8. ILLINOIS		9. U.S.A.		10. WIDOWED		11. NONE							
12. 338-10-9758		13a. Housewife		13b. own home		13c. NO		13d. NO					
14a. 8409 Baltimore		14b. Chicago		14c. YES		14d. Cook		14e. IL					
15. Vincent Matuszyn		16. Stella Wachowiak											
17a. Richard Czajka		17b. SO		17c. 8409 Baltimore Ave Chicago, IL 60617									

4292  
CAUSE

18. DEATH WAS DUE TO		IMMEDIATE CAUSE		19. (a) ARTERIO SCLEROTIC CARDIOVASCULAR DISEASE	
20. PART II OTHER SIGNIFICANT CONDITIONS		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE OF DEATH		21. N/A	
22a. 20b.		22c. 20d.		22e. M 20d	
23a. 23b.		23c. 23d.		23e. 23f.	

7 Days  
CERTIFIER

24. Robert J. Beaman MD		25. 5 FEB 82	
26a. BURIAL		26b. HOLY CROSS	
26c. CALUMET CITY, ILLINOIS		26d. 2-8-82	
27a. Kortas Funeral Home 8356 MARQUETTE AVE Chicago Illinois 60617		27b. 4639	
28a. FEB 6 1982		28b. m	

DISPOSITION