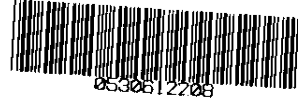


# UNOFFICIAL COPY



0530612208

Prepared by:  
RECORDING REQUESTED BY:  
Security National RES  
8000 So. Chester Street, Suite 500  
Centennial, CO 80112

Doc#: 0530612208 Fee: \$28.50  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 11/02/2005 04:15 PM Pg: 1 of 3

AND WHEN RECORDED MAIL TO:  
ANNA C GITLARZ  
9835 HARLEM AVE UNIT W  
CHICAGO RIDGE, IL 60415-2549

PLEASE RETURN TO REC. DEPT.  
Lender's First Choice  
3850 Royal Avenue  
Simi Valley, CA 93063

Deal No.: 40015397-1-40015397  
APN: 24-07-112-042-0000

SPACE ABOVE THIS LINE FOR RECORDER'S USE

## AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF ILLINOIS) ) SS.  
COUNTY OF COOK)

ANNA C GITLARZ of legal age, being first duly sworn, deposes and says:

Henryk Gitlarz is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person as Henryk Gitlarz, named as one of the parties in that certain deed dated Septmber 26<sup>th</sup>, 1997, executed by Walemar Chmielewski and Danuta Chmielewski to Henryk Gitlarz and Anna C. Gitlarz Husband and Wife as **joint tenants**, recorded on October 6<sup>th</sup>, 1997, as Instrument No. 97741322, Official Records of COOK County, ILLINOIS describing the following real property:

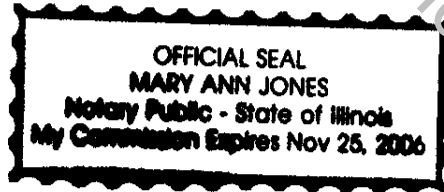
Legal Description Attached Hereto as Exhibit "A"

Most Commonly Known As: 9835 HARLEM AVE UNIT W, CHICAGO RIDGE, IL 60415-2549

Dated: 9-19-05

Anna C. Gitlarz  
ANNA C GITLARZ

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said State, this 19 day of September, 2005



Signature Mary A. Jones

(This area for notary stamp)

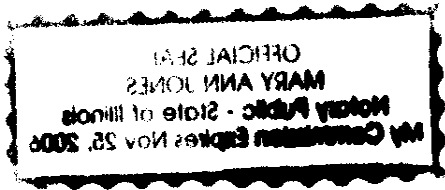
ATTACH CERTIFIED COPY OF DEATH CERTIFICATE

SV  
P3  
MHO  
BMR  
352 (50)

11300  
119  
1-2

# UNOFFICIAL COPY

Property of Cook County Clerk's Office



# UNOFFICIAL COPY

## EXHIBIT "A"

PARCEL 1: THE WEST 28.30 FEET OF THE WEST 124.95 FEET OF THE NORTH 26 FEET OF THE FOLLOWING DESCRIBED PROPERTY: A PORTION OF LOT 5 IN BLOCK 13 IN ROBERT BARTLETT'S 95TH STREET HOMESITES, A SUBDIVISION OF PART OF THE WEST 1/2 OF SECTION 7, TOWNSHIP 37 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, SAID PORTION LYING SOUTH OF AN EAST AND WEST LINE DESCRIBED AS BEGINNING AT A POINT ON THE WEST LINE OF SAID LOT 5, BEING 31.50 FEET SOUTH OF THE NORTHWEST CORNER OF SAID LOT AND THENCE RUNNING EAST TO A POINT ON THE EAST LINE OF SAID LOT BEING 31.00 FEET SOUTH OF THE NORTHEAST CORNER OF SAID LOT AND LYING EAST OF THE LINE NORMAL TO SAID EAST AND WEST LINE INTERSECTING SAID EAST AND WEST LINE AT A POINT BEING 35.20 FEET EAST OF SAID WEST LINE OF SAID LOT MEASURED ALONG SAID EAST AND WEST LINE.

PARCEL 2: EASEMENTS APPURTENANT TO AND FOR THE BENEFIT OF PARCEL 1 AS SET FORTH AND DEFINED IN THE DECLARATION OF EASEMENTS RECORDED AS DOCUMENT NUMBER 2222019 FOR INGRESS AND EGRESS, ALL IN COOK COUNTY, ILLINOIS.

FOR INFORMATIONAL PURPOSES ONLY: THE APN IS SHOWN BY THE COUNTY ASSESSOR AS 24-07-112-042-0000; SOURCE OF TITLE IS DOCUMENT NO. 97741322 (RECORDED: 10/06/1997).

Exempt under provisions of  
35 ILCS 200/31-45,  
Paragraph E, Real Estate  
Transfer Tax Law.  
10/20/05  
Date Buyer, Seller, or Rep.

*[Faint, illegible text]*

STATE OF CALIFORNIA  
UNOFFICIAL COPY  
CERTIFICATE OF VITAL RECORD

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

CERTIFICATE OF DEATH

STATE FILE NUMBER \_\_\_\_\_ USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS \_\_\_\_\_ LOCAL REGISTRATION NUMBER \_\_\_\_\_  
STATE OF CALIFORNIA  
 V6-11 (REV. 7/97)

1. NAME OF DECEDENT—FIRST (GIVEN) <b>Henryk</b>			2. MIDDLE <b>Stanislaw</b>			3. LAST (FAMILY) <b>Gitlarz</b>			
4. DATE OF BIRTH M/M/D/D/C/CYY <b>05/22/1959</b>		5. AGE YRS. <b>39</b>		6. SEX <b>Male</b>		7. DATE OF DEATH M/M/D/D/C/CYY B. HOUR <b>09/07/1998 End 0904</b>			
9. STATE OF BIRTH <b>Poland</b>		10. SOCIAL SECURITY NO. <b>352-88-3094</b>		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS <b>Married</b>		13. EDUCATION—YEARS COMPLETED <b>12</b>	
14. RACE <b>Caucasian</b>			15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			16. USUAL EMPLOYER <b>Greg Matyszko Trucking Company</b>			
17. OCCUPATION <b>Truck Driver</b>			18. KIND OF BUSINESS <b>Trucking</b>			19. YEARS IN OCCUPATION <b>1</b>			
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) <b>835 S. Harlem Avenue</b>									
21. CITY <b>Chicago Ridge</b>			22. COUNTY <b>Cook</b>		23. ZIP CODE <b>60415</b>		24. YRS IN COUNTY <b>5</b>		25. STATE OR FOREIGN COUNTRY <b>Illinois</b>
26. NAME & RELATIONSHIP <b>Anna C. Gitlarz - Wife</b>			27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) <b>9835 S. Harlem Ave., Chicago Ridge, IL 60415</b>						
28. NAME OF SURVIVING SPOUSE—FIRST <b>Anna</b>			29. MIDDLE <b>Cecylia</b>			30. LAST (MAIDEN NAME) <b>Urbanska</b>			
31. NAME OF FATHER—FIRST <b>Jan</b>			32. MIDDLE <b>-</b>			33. LAST <b>Gitlarz</b>		34. BIRTH STATE <b>Poland</b>	
35. NAME OF MOTHER—FIRST <b>Zofia</b>			36. MIDDLE <b>-</b>			37. LAST (MAIDEN) <b>Pecherska</b>		38. BIRTH STATE <b>Poland</b>	
39. DATE M/M/D/D/C/CYY <b>09/09/1998</b>			40. PLACE OF FINAL DISPOSITION <b>Resurrection Cemetery, Justice, Illinois</b>						
41. TYPE OF DISPOSITION(S) <b>TR/BU</b>			42. SIGNATURE OF EMBALMER <i>[Signature]</i>			43. LICENSE NO. <b>7549</b>			
44. NAME OF FUNERAL DIRECTOR <b>M.T.S.</b>			45. LICENSE NO. <b>FD-557</b>		46. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>		47. DATE M/M/D/D/C/CYY <b>09/09/1998</b>		
101. PLACE OF DEATH <b>Motel Swimming Pool</b>			102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY <b>San Bernardino</b>		
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) <b>1801 E. G St.,</b>			106. CITY <b>Ontario</b>						
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)  IMMEDIATE CAUSE (A) <b>Drowning</b>						108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER <b>98-5464MP</b>			
DUE TO (B)						109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (C)						110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (D)						111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 <b>Acute alcohol intoxication.</b>									
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. <b>No</b>									
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE M/M/D/D/C/CYY DECEDENT LAST SEEN ALIVE M/M/D/D/C/CYY			115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>			116. LICENSE NO.		117. DATE M/M/D/D/C/CYY	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP									
I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.  119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED			120. INJURY AT WORK <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE M/M/D/D/C/CYY <b>09/07/1998</b>		122. HOUR <b>End 0904</b>		123. PLACE OF INJURY <b>Motel Swimming Pool</b>
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) <b>Decedent was drinking then found in pool.</b>									
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP) <b>1801 E. G St., Ontario 91764</b>									
126. SIGNATURE OF CORONER OR DEPUTY CORONER <i>[Signature]</i>			127. DATE M/M/D/D/C/CYY <b>09/09/1998</b>		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER <b>GLENN MILLER / DEPUTY CORONER</b>				
STATE REGISTRAR			A/D 7-3 B		C		D		E
			F		G		H		FAX AUTH. #
									3876073
									CENSUS TRACT
									9108

884950

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }  
COUNTY OF SAN BERNARDINO } SS

DATE ISSUED 09/28/1998

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

*[Signature]*  
THOMAS J. PRENDERGAST, M.D.  
COUNTY HEALTH OFFICER  
REGISTRAR OF VITAL STATISTICS

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

