



Doc#: 0602732030 Fee: \$26.50
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 01/27/2006 10:47 AM Pg: 1 of 2

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
COUNTY OF COOK)

BARBARA K. GAWLOWSKI being duly sworn states that she resides at 2724 - 74th Avenue in the City of Elmwood Park, Illinois.

That she was acquainted with TADEUSZ K. GAWLOWSKI who, at the time of his death, was one of the owners in the land in Cook County, Illinois, described as:

Lot 11 and the South 10 feet of Lot 10 in Block 1 in Ellsworth Subdivision in the West 1/2 of the Southeast 1/4 of Section 25, Township 40 North, Range 12 East of the Third Principal Meridian, in Cook County, Illinois

P.E.N. 12-25-403-041-0000

That the deceased died December 1, 2004 leaving no Last Will and Testament.

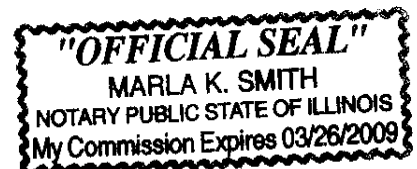
Further affiant sayeth not.

Barbara Gawlowski
Barbara K. Gawlowski

SUBSCRIBED AND SWORN TO before me this 5th day of January,
2005.

Marla K. Smith, Notary Public

Prepared by and mail to: Thomas Appel, Attorney; 18607 Torrence Ave., 2A; Lansing, IL 60438



UNOFFICIAL COPY

DAVID ORR, County Clerk **DEC 03 2004**

STATE OF ILLINOIS)
County of Cook)

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

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. 16.0		STATE OF ILLINOIS				STATE FILE NUMBER	
		REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH					
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS A DECEASED B C D E	1. DECEASED-NAME FIRST MIDDLE LAST THADDEUS C. GAWLOWSKI		SEX MALE		DATE OF DEATH (MONTH, DAY, YEAR) 3. DECEMBER 1, 2004				
	4. COUNTY OF DEATH COOK		AGE- LAST BIRTHDAY (YRS) 5a. 75		UNDER 1 YEAR MOS. DAYS		UNDER 1 DAY HOURS MIN		DATE OF BIRTH (MONTH, DAY, YEAR) 5d. JANUARY 6, 1929
	6a. PARK RIDGE		6b. LUTHERAN GENERAL HOSPITAL				IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY) 6c. INPATIENT		
	7. Poland		MARRIED, NEVER MARRIED, WIDOW, WED., DIVORCED (SPECIFY) 8a. Married		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. Barbara Osiecki			9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) NO	
	10. 357-42-2139		11a. Engineer		KIND OF BUSINESS OR INDUSTRY 11b. Continental Can		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. Elementary/Secondary (0-12) College (1-4 or 5+)		
	13a. 2724 74th Avenue		13b. Elmwood Park		INSIDE CITY (YES/NO) 13c. Yes		COUNTY 13d. Cook		
	13e. Illinois		13f. 60707		14a. White		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
	15. Rudolf Gawlowski		16. Joanne Getner		MOTHER-NAME FIRST MIDDLE LAST (MAIDEN) LAST				
	17a. MICHELLE KING REGISTRAR		17b. HOSP REG		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 1775 DEMPSTER, PARK RIDGE IL 60064				
	18. PART I.		Enter the diseases, 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.						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
3. Immediate Cause (Final disease or condition resulting in death)		(a) Metastatic PROSTATE CANCER							
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) AORTIC STENOSIS							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		(c)						19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)	
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION		19a. AUTOPSY (YES/NO) NO		19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)			
21a. (DID/DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 12-1-04		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) NO		21c. HOUR OF DEATH 5:11 P M		21d. DATE SIGNED (MONTH, DAY, YEAR) 12-2-04			
22a. SIGNATURE <i>Timothy M. Lesting</i>		22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) TIMOTHY M. LESTING, MD 1700 LUTHER LN PARK RIDGE, IL		22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		22d. ILLINOIS LICENSE NUMBER 036-082276			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		24a. Burial		24b. St. Adalbert		24c. Niles, Illinois		24d. 12/4/2004	
25a. BELMONT FUNERAL HOME 7120 W. BELMONT AVE. CHICAGO, IL 60634		25b. FUNERAL DIRECTOR'S SIGNATURE <i>Scott A. Johnson</i>		25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-015925		25d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) DEC 03 2004			
26a. LOCAL REGISTRAR'S SIGNATURE <i>David Orr</i>		26b. <i>Alvin</i>		26c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) DEC 03 2004					