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Attorney at Law
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Justice, IL 60458



Doc#: 0702546005 Fee: \$28.00
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 01/25/2007 09:55 AM Pg: 1 of 3

AFFIDAVIT RE DECEASED JOINT TENANT

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

ROSEMARIE KOCHANSKI being duly sworn, states:

That she resides at 8114 South 83rd Court,
Justice, IL 60458;

That she was acquainted with WALTER KOCHANSKI, the
deceased, who, at the time of his death was one of the owners of the
land in - COOK - County, Illinois, described as:

- SEE OVER FOR LEGAL DESCRIPTION -

That the Deceased died September 20, 2005, as evidenced by
a certified copy of the Death Certificate of the Deceased attached
hereto.

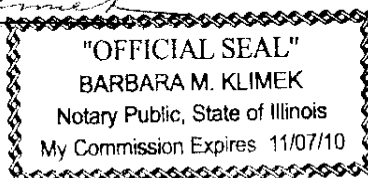
That said Decedent died leaving no Last Will and Testament.

That the total value of the estate of said Deceased, including
both real and personal property owned by the Deceased, either
individually or in joint tenancy, at the time of his death does not
exceed the sum of \$ 30,000.00.

Affiant, Rosemarie Kochanski

SUBSCRIBED and SWORN to before me
by the said ROSEMARIE KOCHANSKI
this 5th day of January, 2007.

Notary Public



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Property of Cook County Clerk's Office

ADDRESS: 3114 S. 83rd Court, Justice, IL 60458

P.I.N. 28-35-214-010-0000

°. Lot ONE-HUNDRED NINETY-FIVE (195) in WESTLEY FIELD'S subdivision of the West One-half (W 1/2) of the North East One-quarter (NE 1/4) of Section 35, Township 38 North, Range 12, East of the Third Principal Meridian (except from said West One-half [W 1/2] of the North East One-quarter [NE 1/4] of the North TEN [10] Rods of the East EIGHT [8] rods thereof), in COOK COUNTY, Illinois, according to the Plat thereof registered in the office of the Registrar of Titles of Cook County, Illinois, on January 5, 1954, as Document No. 1501535°.

LEGAL DESCRIPTION:

STATE OF ILLINOIS
County of Cook

UNOFFICIAL COPY

DAVID ORR, County Clerk

SEP 20 2005

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

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

| | | | | | |
|--|------------------------|--------|---|------|----------------------------------|
| DECEASED-NAME | FIRST | MIDDLE | LAST | SEX | DATE OF DEATH (MONTH, DAY, YEAR) |
| Walter | | | Kochanski | Male | September 20, 2005 |
| CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER | 6b. 8114 S. 83rd Court | | HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) | | |
| CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER | 6a. Justice | | 6d. September 6, 1935 | | |

| | | | | | | |
|--------------------|--------|-------------------------|-----------|--------------|-------------|--|
| 1. COUNTY OF DEATH | Walter | AGE-LAST BIRTHDAY (YRS) | 5a. 70 | UNDER 1 YEAR | UNDER 1 DAY | DATE OF BIRTH (MONTH, DAY, YEAR) |
| 2. Cook | | 5b. MOS. DAYS | 5c. HOURS | 5d. MIN. | 5e. SEC. | 6c. IF HOSP. OR INST. OP-EMER. RM. INPATIENT (SPECIFY) |

| | | | | | |
|--|---------------------------|---|--------------|--|--|
| 6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) | 7. Warsaw, Poland | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) | 8a. Married | NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) | 8b. Rose Marie Porzel |
| 8. SOCIAL SECURITY NUMBER | 10. 334-30-9643 | USUAL OCCUPATION | 11a. Owner | KIND OF BUSINESS OR INDUSTRY | 11b. General Business |
| 9. RESIDENCE (STREET AND NUMBER) | 13a. 8114 S. 83rd Court | CITY, TOWN, TWP. OR ROAD DISTRICT NO. | 13b. Justice | EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) | 12. Elementary Secondary (6-12) |
| 10. STATE | 13a. Illinois | ZIP CODE | 13b. 60458 | INSIDE CITY | 13c. Yes |
| 11. FATHER-NAME | FIRST | MIDDLE | LAST | OF HISPANIC ORIGIN? (SPECIFY NO OR YES, IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC) | 14b. X NO |
| 12. Joseph | | | Kochanski | MOTHER-NAME | 16. Eugenie |
| 13. INFORMANT'S NAME (TYPE OR PRINT) | 17a. Rose Marie Kochanski | RELATIONSHIP | 17b. Wife | MALING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) | 17c. 8114 S. 83rd Ct. Justice, IL. 60458 |

| | | | | |
|-------------|---|-----------------------------------|-------------------------|--|
| 18. PART I. | Immediate Cause (Final disease or condition resulting in death) | (a) DUE TO OR AS A CONSEQUENCE OF | (b) GENERAL DIAGNOSIS | (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| 1. ... | | | Normal Failure | NOS |
| 2. ... | | | Normal Arteriosclerosis | NOS |
| 3. ... | | | Diabetes Mellitus | NOS |

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

20a. DATE OF OPERATION: **ASND**

20b. MAJOR FINDINGS OF OPERATION: **Diagnosis: Vasculer Disease**

21a. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)

21c. HOUR OF DEATH: **10:00 A.M.**

22a. SIGNATURE: *David Orr*

22b. DATE SIGNED: **9/20/05**

22c. ILLINOIS LICENSE NUMBER: **0360653381**

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): **DR. WALTER JUSTICE**

24. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **Justice, Illinois**

25a. LACK & SONS FUNERAL HOME 9236 S. Roberts Rd. Hickory Hills Illinois 60457

25b. LOCAL REGISTRARS SIGNATURE: *David Orr*

25c. DATE FILED: **SEP 20 2005**

26a. ILLINOIS DEPARTMENT OF PUBLIC HEALTH - DIVISION OF VITAL RECORDS

26b. (BASED ON 1989 U.S. STANDARD CERTIFICATE)