

That the deceased died July 23, 1998, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

X Leaving no Last Will & Testament

 Leaving a Last Will & Testament which is attached hereto to be filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, Illinois.

 Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, Illinois about _____.

That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased does not exceed the sum of Sixty thousand (60,000.00) dollars.

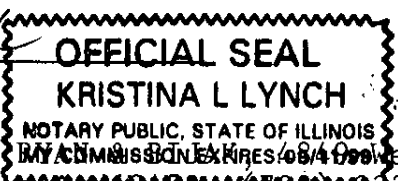
Affiant makes this affidavit for that purpose of inducing a title company to issue its Title Insurance Policy, describing the above mentioned property.

Anna Rigick

Subscribed and sworn to before me this

23RD day of September , 1998.

Kristina Lynch
Notary Public



This document prepared by: Kristina Lynch 167th Street, Suite #101, Oak Forest, Illinois 60452 (708) 633-9600.

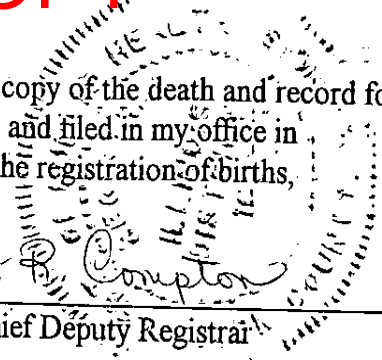
I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death and record for the decedent named in item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths, and deaths.

DATE July 24, 1998

SIGNED

Official Title Chief Deputy Registrar

At Cook County Dept. of Public Health
1010 Lake Street
Oak Park, IL 60301



STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 16.0
REGISTERED NUMBER

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

Jack J. Rigik Male 2 Male 3 July 23, 1998

COUNTY OF DEATH AGE-LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)

1 Cook 56 7 5b 5c January 27, 1931

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATE O.C.A. (OPERATOR, R.M., INFANT) (SPECIFY)

4 Cook 6b. 14742 So. Mozart Ave.

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MARRIAGE (M/F WIFE)

7 Harvey, Illinois 8a. Married 8b. Anna Kolb

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) (Elementary/Secondary (0-12) College (1-4 or 5+))

10 348-22-1207 11a. Machinist 11b. Steel 12 10 13c. Yes

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY

13a. 14742 So. Mozart Ave. 13b. Posen 13c. Yes 13d. Cook

STATE ZIP CODE FACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. White 14b. X NO 14c. YES SPECIFY:

13e. Illinois 13f. 60469 14a. White 14b. X NO 14c. YES SPECIFY:

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE LAST (MAIDEN) LAST

15. Stephen Rigik Helen Wojtano ~~Wojtki~~

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)

17a. Anna Rigik 17b. Wife 17c. 14742 So. Mozart Ave. Posen, IL 60469

18. PART I. Immediate Cause (Final disease or condition resulting in death) Enter the diseases, or complications that cause the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause in each line.

(a) *Respiratory Failure* (b) *Metastatic Colon Cancer* (c) *Hypertension + Perforated Int.*

CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF

PART II. Other significant conditions contributing to death (not required in the underlying cause given in Part I.)

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION

20a. 20b. 20c. 20d. 20e. 20f. 20g. 20h. 20i. 20j. 20k. 20l. 20m. 20n. 20o. 20p. 20q. 20r. 20s. 20t. 20u. 20v. 20w. 20x. 20y. 20z.

19a. 19b. 19c. 19d. 19e. 19f. 19g. 19h. 19i. 19j. 19k. 19l. 19m. 19n. 19o. 19p. 19q. 19r. 19s. 19t. 19u. 19v. 19w. 19x. 19y. 19z.

21a. 21b. 21c. 21d. 21e. 21f. 21g. 21h. 21i. 21j. 21k. 21l. 21m. 21n. 21o. 21p. 21q. 21r. 21s. 21t. 21u. 21v. 21w. 21x. 21y. 21z.

22a. SIGNATURE (TYPE OR PRINT) DATE SIGNED (MONTH, DAY, YEAR)

22b. SIGNATURE (TYPE OR PRINT) DATE SIGNED (MONTH, DAY, YEAR)

22c. SIGNATURE (TYPE OR PRINT) DATE SIGNED (MONTH, DAY, YEAR)

22d. SIGNATURE (TYPE OR PRINT) DATE SIGNED (MONTH, DAY, YEAR)

22e. SIGNATURE (TYPE OR PRINT) DATE SIGNED (MONTH, DAY, YEAR)

22f. SIGNATURE (TYPE OR PRINT) DATE SIGNED (MONTH, DAY, YEAR)

22g. SIGNATURE (TYPE OR PRINT) DATE SIGNED (MONTH, DAY, YEAR)

22h. SIGNATURE (TYPE OR PRINT) DATE SIGNED (MONTH, DAY, YEAR)

22i. SIGNATURE (TYPE OR PRINT) DATE SIGNED (MONTH, DAY, YEAR)

22j. SIGNATURE (TYPE OR PRINT) DATE SIGNED (MONTH, DAY, YEAR)

22k. SIGNATURE (TYPE OR PRINT) DATE SIGNED (MONTH, DAY, YEAR)

22l. SIGNATURE (TYPE OR PRINT) DATE SIGNED (MONTH, DAY, YEAR)

22m. SIGNATURE (TYPE OR PRINT) DATE SIGNED (MONTH, DAY, YEAR)

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22p. SIGNATURE (TYPE OR PRINT) DATE SIGNED (MONTH, DAY, YEAR)

22q. SIGNATURE (TYPE OR PRINT) DATE SIGNED (MONTH, DAY, YEAR)

22r. SIGNATURE (TYPE OR PRINT) DATE SIGNED (MONTH, DAY, YEAR)

22s. SIGNATURE (TYPE OR PRINT) DATE SIGNED (MONTH, DAY, YEAR)

23. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MARRIAGE (M/F WIFE))

24a. Burial CEMETERY OR CREMATORY-NAME GARDENS LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)

24b. Burial 24c. Washington Memory 24d. Homewood, Illinois 24e. July 27, 1998

25a. The Olen Mortuary 15700 Emerald Ave. Harvey, Illinois 60426

25b. LOCAL REGISTRAR'S SIGNATURE

26a. DENNIS SCOLL, MD

26b. REGISTRAR

26c. REGISTRAR

26d. REGISTRAR

26e. REGISTRAR

26f. REGISTRAR

26g. REGISTRAR

26h. REGISTRAR

26i. REGISTRAR

26j. REGISTRAR

26k. REGISTRAR

26l. REGISTRAR

26m. REGISTRAR

26n. REGISTRAR

26o. REGISTRAR

26p. REGISTRAR

26q. REGISTRAR

26r. REGISTRAR

26s. REGISTRAR

26t. REGISTRAR

26u. REGISTRAR

26v. REGISTRAR

26w. REGISTRAR

26x. REGISTRAR

26y. REGISTRAR

26z. REGISTRAR

UNOFFICIAL COPY



Property of Cook County Clerk's Office

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