

UNOFFICIAL COPY



Doc#: 0818550002 Fee: \$66.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 07/03/2008 09:07 AM Pg: 1 of 4

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

**DECEASED
JOINT TENANCY
AFFIDAVIT**

DOLORES A. ZBIESZKOWSKI

hereinafter referred to as the Affiant, states under oath that the Affiant resides at 6755 N. Milwaukee Ave., Niles, Illinois 60714 the Affiant was acquainted with **EDWARD ZBIESZKOWSKI**, the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of properly recorded warranty deed, said property located in Cook County, State of Illinois, and legally described as follows:

LEGAL DESCRIPTION HEREBY ATTACHED AND MADE PART OF THIS DOCUMENT.

PERMANENT INDEX NUMBER:

PROPERTY ADDRESS: **6755 N. Milwaukee Ave., Unit 410
Niles, Illinois 60714**

That the decedent had no interest in any business or partnership, nor held power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

That the decedent died on March 24, 2008 in Chicago, Illinois.

_____ leaving no Last Will and Testament;

_____ leaving a Last Will and Testament; **(Check One)**

UNOFFICIAL COPY

That the total value of the decedent's estate, including the taxable interest in the above property was \$

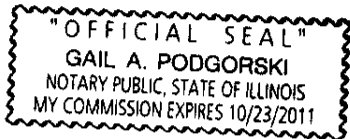
That the value of the property individually was \$

That Affiant hereby covenants and agrees, for herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold for all loss, costs, damages, suits, attorney's fees and expenses and every kind and nature which the title company may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

1. Claims against the estate of the decedent **EDWARD ZBIESZKOWSKI**;
2. Illinois State Inheritance Tax and Federal Tax which may be charged against the estate of said decedent;
3. Legacies, if any, created by the Will of said decedent;
4. Rights to contribution.

Dolores A. Zbieszkowski
DOLORES A. ZBIESZKOWSKI

Subscribed and sworn to before me this 26 day of June, 2008



Gail A. Podgorski
 Notary Public

=====
 Mail Back to:
 KOLPAK AND LERNER
 6767 N. Milwaukee Ave.
 Suite #202
 Niles, Illinois 60714
 (847) 647-0336

UNOFFICIAL COPY

Unit 410 in the Greens of Bunker Hill Condominiums as delineated on a survey of the following described property: that part of Lot 2 in Przybylo's Subdivision being a Subdivision of part of the East Fractional 1/2 of Section 31, Township 41 North, Range 13, East of the Third Principal Meridian, lying Southerly of a line perpendicular to Milwaukee Avenue at a point 170.50 feet Northwestery as measured along the Northeasterly line of Milwaukee Avenue, from the Southwesterly corner of Lot 2, all in Cook County, Illinois

Which survey is attached as an Exhibit to Declaration of Condominium recorded May 18, 1994 as Document 94444403. together with its undivided percentage interest in the common elements

Also

The exclusive right to the use of Parking Space 32 and Storage Space 32 limited common elements as delineated on the survey attached to the Declaration aforesaid recorded May 18, 1994 as Document 94444403

Exempt under Real Estate Transfer Tax Law 35 LCS 200/31-45	
sub par. <u>2</u>	and Cook County Ord. 93-0-27 pa. <u>2</u>
Date <u>7/3/08</u>	Sign. <u>J. Hayes</u>

STATE OF ILLINOIS CERTIFICATE OF DEATH UNOFFICIAL COPY

REGISTRATION NO. **100.0**
LOCAL FILE NUMBER

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) **Edward J. Zbieszkowski** 2. SEX **Male** 3. DATE OF DEATH (Month/Day/Year) (Spell Month) **March 24, 2008**

4. COUNTY OF DEATH **Cook** 5a. AGE AT LAST BIRTHDAY (Years) **83** 5b. UNDER 1 YEAR Months Days 5c. UNDER 1 DAY Hours Minutes 6. DATE OF BIRTH (Month/Day/Year) **APRIL 21, 1924**

7a. CITY OR TOWN **NILES** 7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) **St. Benedict Nursing & Rehabilitation**

7c. PLACE OF DEATH (Check only one: see instructions)

IF DEATH OCCURRED IN A HOSPITAL
 Inpatient Emergency Room/Outpatient Dead on Arrival

IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL
 Hospice facility Nursing Home/Long-term care facility Decedent's home Other (Specify):

8. BIRTHPLACE (City and State or Foreign Country) **CHICAGO, IL** 9. SOCIAL SECURITY NUMBER **335-14-6440** 10. MARITAL STATUS AT TIME OF DEATH Married Married but separated Widowed Divorced Never Married Unknown 11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) **DOLORES WITKOWSKI** 12. EVER IN U.S. ARMED FORCES? Yes No

13a. RESIDENCE (Street and Number) **6755 N. MILWAUKEE** 13b. APT. NO. **410** 13c. CITY OR TOWN **NILES** 13d. INSIDE CITY LIMITS? Yes No

13e. COUNTY **COOK** 13f. STATE **IL** 13g. ZIP CODE **60714** 14. FATHER'S NAME (First, Middle, Last) **LEON ZBIESZKOWSKI** 15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) **SOPHIE SNOPEK**

16a. INFORMANT'S NAME **DOLORES ZBIESZKOWSKI** 16b. RELATIONSHIP **WIFE** 16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) **6755 N. MILWAUKEE, #410, NILES, IL 60714**

17. METHOD OF DISPOSITION: Burial Cremation Donation Entombment Other (Specify): 18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) **ST. ADALBERT CEMETERY** 19. LOCATION - CITY, TOWN AND STATE **NILES, ILLINOIS** 20. DATE OF DISPOSITION (Month/Day/Year) **MARCH 27, 2008**

21a. FUNERAL HOME NAME **COLONIAL-WOJCIECHOWSKI FUNERAL HOME** STREET AND NUMBER **6250 N. MILWAUKEE** CITY OR TOWN **CHICAGO** STATE **ILLINOIS** ZIP **60646**

21b. FUNERAL DIRECTOR'S SIGNATURE **Edward J. Madura, Jr.** 21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **034-010057**

22. LOCAL REGISTRAR'S SIGNATURE **Edward J. Madura, Jr.** 23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) **MAR 26 2008**

CAUSE OF DEATH (See instructions and examples)

24. PART I. Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. **Pancreatic Carcinoma** Due to (or as a consequence of):

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

b. _____ Due to (or as a consequence of):

c. _____ Due to (or as a consequence of):

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH **month**

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. **Anemia**

25. WAS AN AUTOPSY PERFORMED? Yes No

26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? Yes No

27. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes Probably No Unknown

28. IF FEMALE: Not pregnant within past 12 months Pregnant at time of death Not pregnant, but pregnant within 42 days of death Pregnant within one year of death but time unknown Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past 12 months

29. MANNER OF DEATH Natural Suicide Could not be determined Accident Homicide Pending investigation

30. DATE OF INJURY (Month/Day/Year) 31. TIME OF INJURY A.M. P.M. 32. PLACE OF INJURY (e.g. Decedent's home; construction site; restaurant; wooded area) 33. INJURY AT WORK? Yes No

34. LOCATION OF INJURY Street and Number Apartment Number City or Town State ZIP Code

35. DESCRIBE HOW INJURY OCCURRED: 36. IF TRANSPORTATION INJURY, SPECIFY: Driver/Operator Pedestrian Passenger Other (Specify)

37. I (DID/DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON **2/25/08** 38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? Yes No 39. DATE PRONOUNCED (Month/Day/Year) **March 24, 2008** 40. TIME OF DEATH **9:40** A.M. P.M.

41. CERTIFIER (Check only one):
 Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated.
 Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated.
 Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) **M. Nabolotny MD - 7447 Talcott - Chicago, Illinois 60631** 43. PHYSICIAN'S LICENSE NUMBER **036-068022**

44. TITLE OF CERTIFIER **Medical Doctor** 45. DATE CERTIFIED (Month/Day/Year) **March 25, 2008** 46. SIGNATURE OF CERTIFIER **M. Nabolotny MD**

This is to certify that this is a true and correct copy of the official death record filed with the Illinois Department of Public Health.

STATE OF ILLINOIS
County of Cook

DAVID ORR, County Clerk

MAR 26 2008

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 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

Illinois Department of Public Health - Division of Vital Records (Based on the 2003 U.S. Standard Certificate)

VR200 (Rev. 1/08)