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Doc#: 0932140023 Fee: \$66.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 11/17/2009 09:58 AM Pg: 1 of 4

SMALL ESTATE AFFIDAVIT

I, VIRGINIA KOWALSKI, daughter of decedents, on oath state:

1. My residence address is: 15304 Heather Ct., Orland Park, ILLINOIS.
2. The decedent's name are WALTER M. KOWALSKI and CHARLOTTE S. KOWALSKI.
3. The date of the decedent's death ARE: Walter M. Kowalski: 9/19/2004; Charlotte S. Kowalski: 1/6/1997, and I have attached a copy of the death certificate hereto.
4. The decedent's place of residence immediately before their respective deaths was 15304 S. HEATHER CT, ORLAND PARK, ILLINOIS;
5. No letters of office are now outstanding on the decedent's estate and no petition for letters is contemplated or pending in Illinois or in any other jurisdiction, to my knowledge,
6. The gross value of the each decedent's entire personal estate, including the value of all property passing to any party either by intestacy or under a will, does not exceed \$100,000.00 AS WELL AS \$50,000
7. Both of the decedent's funeral expenses have been paid.
8. There is no known unpaid claimant or contested claim against either decedent.
9. The names and places of residence of any surviving spouse, minor children and adult dependent children of the decedent are as follows:

Name and Relationship	Place of Residence	Age of minor child
NONE		

10. The decedents left no will.
11. The specific heirs to both decedents were the daughters VIRGINIA MARIE KOWALSKI and DIANE J. ALKEMA. No other children were born to or adopted by either decedent.

The foregoing statement is made under the penalties of perjury*.

Virginia Marie Kowalski
VIRGINIA MARIE KOWALSKI

(Note: A fraudulent statement made under the penalties of perjury is perjury, as defined in Section 32-2 of the Criminal Code of 1961.)

SIGNED AND SWORN BEFORE ME THIS 30TH DAY OF SEPTEMBER, 2009

NOTARY

PREPARED BY: LETTY L. ELWOOD 901 S. HAMILTON ST., LOCKPORT, IL 60441

AFTER RECORDING MAIL TO:

LETTY L. ELWOOD
901 S. HAMILTON ST.
LOCKPORT, IL 60441

COOK COUNTY
CLERK OF DEEDS

C.F.
4

ARTIC # 1973320

STATE OF ILLINOIS
County of Cook

DAVID ORR, County Clerk

SEP 21 2004

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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

REGISTRATION NO. **16.0**
DISTRICT NO.

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
A
B
C
D
E

PARENTS

CAUSE

CERTIFIER

DISPOSITION

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
Walter M. Kowalski 2 Male 3 September 19, 2004

1. **Walter** BIRTHDAY (MOS. DAYS, SEC. HOURS, MIN.)
5a. 86 AGE LAST BIRTHDAY (YRS.)
5d. June 21, 1918 DATE OF BIRTH (MONTH, DAY, YEAR)

4. **Cook** COUNTY OF DEATH
6a. Palos Heights CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER
6b. Palos Community Hospital HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

7. **Chicago, IL** SOCIAL SECURITY NUMBER
8a. Widowed MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
8b. None NAME OF SURVIVING SPOUSE (LAST, FIRST, MIDDLE, IF WIFE)

10. **15304 S. Heather Ct.** RESIDENCE (STREET AND NUMBER)
11a. Teacher USUAL OCCUPATION
11b. High Schools KIND OF BUSINESS OR OCCUPATION
12. Chicago Public High Schools EDUCATION (SPECIFY ON HIGHEST GRADE COMPLETED)

13a. **Illinois** STATE
13b. Orlando Park, Ill. CITY, TOWN, TWP. OR ROAD DISTRICT NO.
13c. Cook COUNTY

13e. **Illinois** FATHER-NAME FIRST MIDDLE LAST
14b. FNO MOTHER-NAME FIRST MIDDLE LAST
14c. Mary MOTHER-NAME FIRST MIDDLE LAST

15. **Simon** FATHER-NAME FIRST MIDDLE LAST
16. Mary MOTHER-NAME FIRST MIDDLE LAST

17a. **Virginia Marie Kowalski** INFORMATION'S NAME (TYPE OR PRINT)
17b. Daugltek76. 37 Cour Versailles Palos Hills, IL 6046 MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)

18. **PART I.** Enter the disease or complication that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.
Septic shock
peripheral vascular disease
arterial occlusion secondary to thrombus

19a. **19a.** AUTOPSY (YES/NO)
19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (YES/NO)

20a. **20a.** DATE OF OPERATION, IF ANY
20b. MAJOR FINDINGS OF OPERATION
20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES NO

21a. **21a.** TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
9/19/04 (MONTH, DAY, YEAR)
11:25P HOUR OF DEATH
9/20/04 (MONTH, DAY, YEAR)

22a. **22a.** SIGNATURE OF CERTIFIER (TYPE OR PRINT)
Dr. Susan Marcotte, 15300 West. Ave., Orland Park, IL 60462 ILLINOIS LICENSE NUMBER
036-076405

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

24a. **24a.** BURIAL, CREMATION, REMOVAL (SPECIFY)
24b. Resurrection Cemetery, Justice, Illinois CEMETERY OR CREMATORY-NAME
24c. 5525 S. 73rd Ave., Orland Park, IL 60462 LOCATION
24d. 60462 CITY OR TOWN, STATE, ZIP

25a. **25a.** FUNERAL HOME
25b. Colonial Chapel, 5525 S. 73rd Ave., Orland Park, IL 60462 FUNERAL DIRECTOR'S SIGNATURE
25c. 034-014329 FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

26a. **26a.** LOCAL REGISTRAR'S SIGNATURE
26b. 597 DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
SEP 21 2004

VR200 (Rev. 5/89) Illinois Department of Public Health—Division of Vital Records (BASED ON 1983 U.S. STANDARD CERTIFICATE)

UNOFFICIAL COPY

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item I 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 January 9, 1997

Signed *Nick Connolly*

At Cook County Department of Public Health Official Title Chief Deputy Registrar, 1010 Lake Street, Oak Park, Illinois 60301

REGISTRATION DISTRICT NO. *16.0*
REGISTERED NUMBER

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

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

1. Charlotte S. Kowalski 2. Female 3. January 6, 1997

4. Cook 5a. 74 5b. 5c. 5d. November 26, 1922

6a. Palos Heights 6b. Palos Community Hospital 6c. Inpatient 6d. No

7. Chicago, IL 8a. Married 8b. Walter M. Kowalski 8c. No

10. 11a. Homemaker 11b. Own Home 12. 8

13a. 15304 S. Heather Ct. 13b. Orland Park 13c. Yes 13d. Cook

13a. Illinois 13b. White 13c. No 13d. Cook

15. John 16. Mary 17a. Walter M. Kowalski 17b. Husband 17c. Orland Park, Illinois 60462

18. PART I. Immediate Cause (Final disease or condition resulting in death) (a) Lung carcinoma - tumors (b) and metastatic carcinoma (c) due to OR AS CONSEQUENCE OF

19. PART II. Other significant conditions contribute to death but not resulting in the underlying cause given in PART I. (a) bronchitis / emphysema / hypertension / arteriosclerosis

20a. DATE OF OPERATION, IF ANY 20b. MAJOR FINDINGS OF OPERATION 20c. AUTOPSY (YES/NO) 20d. IF FEMALE WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES NO

21a. TO THE BEST OF 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 9:40 P.M. 21d. DATE SIGNED 1/8/97

22a. SIGNATURE OF CERTIFIER (TYPE OR PRINT) *Jusan Marcotte* 22b. ILLINOIS LICENSE NUMBER 036-075405

22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) *Dr. Jusan Marcotte, 300 West Ave., Orland Park, IL 60462*

23. BIRTH, CREATION, REMOVAL (SPECIFY) 24b. Resurrection Cemetery, Justice, Illinois 24d. JAN 10, 1997

25a. Colonial Chapel, 15525 S. 73rd Ave. Orland Park, IL 60462

25b. Local Registrar's Signature *Karen L. Scott, M.D.* 25c. Date Filed by Local Registrar (Month, Day, Year) *Jan 9, 1997*

26a. KAREN L. SCOTT, M.D. 26b. *Nick Connolly* 26c. *Jan 9, 1997*

26d. Illinois Department of Public Health - Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)

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FIRST AMERICAN TITLE INSURANCE COMPANY

Commitment Number: F1973320

SCHEDULE C PROPERTY DESCRIPTION

The land referred to in this Commitment is described as follows:

PARCEL 1:

AREA NUMBER 5 (EXCEPT THE EAST 147.34 FEET THEREOF) IN LOT 12 OF PALOS RIVIERA UNIT NUMBER 5, BEING A SUBDIVISION OF PART OF THE NORTHWEST 1/4 OF SECTION 23, TOWNSHIP 37 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PARCEL 2:

EASEMENTS TO AND FOR THE BENEFIT OF PARCEL 1 AS SET FORTH IN THE PLAT OF PALOS RIVIERA UNIT NUMBER 5 RECORDED MARCH 6, 1973 AS DOCUMENT NUMBER 22240901 FOR INGRESS AND EGRESS.

PIN #: 23-23-111-109-0000