Doc#: 1016544045 Fee: \$40.00 Eugene "Gene" Moore RHSP Fee: \$10.00 Cook County Recorder of Deeds

Cook County Recorder of Deeds Date: 06/14/2010 11:33 AM Pg: 1 of 3

		Endergrands in the second of t	atam espeningental est telénte e legit i parative el especial indus inconsiste consesse en l'estellatif i pare	andertallingskalandskriversk
State of Illi County of	nois COOK	) ) ss.	Order No.	and the state of the course and propagations.
	ROZALIA 30 kOWS		being du	y sworn states
that <b>SHE</b> the City of	resides at 13502 LOCKPORT	WEST SHANNON		Vino the commonwer work to upon the code.
	was acquainted with	Marian s. b	OROWSKI	
deceased in		time of <b>his</b> of <b>County</b> ; Whois, de	death, was one of the owners of	the land
Automotive the state of the sta	· The state of the			
	Se	ee Exhibit 'A' attacned	hereto and made a part hereof	
That the dec	ceased died	AUGUST 19, 200 atte of the deceased atte	0 0/	, as evidenced
by a certified	d copy of death certific	ate of the deceased att	ached hereto	i
That the dec	ceased died:		2	
X	Leaving no Last Will	& Testament.	C)	Lambia
	Leaving a Last Will 8 should be filed with the	Testament a copy of whee Clerk of the Probate Ilinois.	which is attached hereto. The original of the unpre Division of the Circuit Court of	ven Will County,
	Leaving a Last Will & Circuit Court of	Testament which was t	filed in the Unproven Will Box of the Probate Divi	sion of the
That the tota individually d dollars.	al value of the estate o or in joint tenancy at th	If the deceased, including the time of the death of the	ng both real and personal property owned by the diedeceased, does not exceed the sum of \$ \frac{\$}{5}\$	daceased either
Affiant make Policy, desc	es this affidavit for that aribing the above ment	purpose of inducing the ioned property.	e Chicago Title Insurance Company to issue its T	ille Insurance
Subscribed	and sworn to before n	ne by the said	My Commission From W 30 (30)	
	AFFIANT			
this Z8H	day of MAY	), A.D.	2010	å
and the second s	Motany Public		Ruzalia (affiant's signat	Bonusky

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## **UNOFFICIAL COPY**

## **Exhibit A**

LOT 19 IN T.J. MILLER'S SUBDIVISION OF THE NORTH 327.95 FEET OF THE SOUTHEAST ¼ OF SECTION 35, TOWNSHIP 38 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIFIAN, ACCORDIN TO THE PLAT THEREOF RECOPDED JANUARY 31, 1972 AS DOCUMENT NO. 21792457 IN COOK COUNTYX, ILLINOIS.

P.I.N

19-35-223-004-0000

ADDRESS: 8125 Marior Dr. Justice, Il 60458

The second of the second of the

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with the provisions of the Illinois statues relating to the registration of births, stillbirths and deaths. [August 22, 2000] Date Signed At Cook County Department of Public Health Official Title/Chief Deputy Registrar, 1010 Lake Street, Oak Park, Illinois 60301 CONDITIONS, IF ANY
WHICH GIVE RISE TO
IMMEDIATE CAUSE (a)
STATING THE UNDERLYING
CAUSE LAST. BURIAL CREMATION, REMOVAL (SPECIFY) 24a. BURIAL TO THE BEST OF MY KNOWLEDGE, DEA: 4 OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED COUNTY OF DEATH NAME OF ATTENDING P ITS CIAN IF OTHER THAN CERTIFIER DATE OF OPERATION, IF ANY SOCIAL SECURITY NUMBER REGISTRATION DISTRICT NO. FUNERAL HOME RESIDENCE (STREET AND NUMBER) BIRTHPLACE (CITY AND STATE OF FOREIGN COUNTRY) 4. COOK
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER DECEASED-NAME 25a LACK FUNERAL REGISTERED resulting in death) disease or condition Immediate Cause (Final POLAND Other significant conditions contributing to death but not result KAREN L. 13602 W. SHANNON DRIVE ROZALIA Lega7 MARIAN Enter the diseases, or complications that caused the death. Do not criter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 131. 60441 HOME Marian CEMETERY OR CREMATORY-NAME BOROWSKI DUE TO, OH AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MAJOR FINDIN '38 OF OPERATION 8a. MARRIED USUAL OCCUPATION Sepsis, Nom OHI 9236 Halpy RESURRECTION CEM SHIPPING MEDICAL CERTIFICATE MONTH, DAY, YEAR) BOROWSKI 2000 RACE (WHITE BLACK, AMERICAN INDIAN, 81C.) (SPECIFY)
14a. WHITE yele-manumin AGE-LAST BIRTHDAY (YRS) HOSPITAL PROTHERINSTITUTION-HAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) att runk artying cause given in PART t MIDDLE Cell CHRIST HOSPITAL & MEDICAL BUBERTS 13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO. 17b. WIFE LAKKON, A STATE OF ILLINOIS KIND OF BUSINESS OF INDUSTRY HOSpital & Medi RD., LOCKPORT MOTHER- JAME METAL OF HISPANIC ORIGIN: (SHITCHY NOOR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, BIC.) ROZALIA HECKORY HILLS, NO EX <sub>171</sub>13602 W Shannon, OF DEATH KLEPCZARE. \_EOKADIA Male 3. August YES ILLINOIS CENTER FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER INSIDE CITY DATE OF DEATH (MONTH, DAY, YEAR) Ø34-Ø1Ø469 IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED. ILLINOIS LICENSE NUMBER Lockport, DATE SIGNED HOUR OF DEATH 22d. 036-098379 YES () NO () IF HOSP, OR INST, INDICATE D.O.A. OP/EMER. RM, INPATIENT (SPECIFY) 13d. COUNTY <u>19</u> WE'RE AUTOMSY FINDINGS AVAILABLE PRICHTO 5:10 19, 8 20 2000 DATE 24d. npatient WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NU Ø8/24/ØØ APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2000 U (MONTH, DAY, YEAR) (MONTH, DAY, YEAR) 6Ø44

MASSITION 1989 II S. STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item. And that this record was established and free in my office in accordance