

UNOFFICIAL COPY



Doc#: 1016544047 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 06/14/2010 11:35 AM Pg: 1 of 3

State of Illinois)
County of COOK) ss.

Order No. _____

ROZALIA BOROWSKI being duly sworn states

that resides at 13602 WEST SHANNON in
the City of LOCKPORT

That SHE was acquainted with MARIAN S. BOROWSKI
deceased who, at the time of HIS death, was one of the owners of the land
in COOK County, Illinois, described as:

See Exhibit 'A' attached hereto and made a part hereof

That the deceased died AUGUST 19, 2000 as evidenced
by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will & Testament.
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven Will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ 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 \$500,000.00 dollars.

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

Subscribed and sworn to before me by the said

NOTARY PUBLIC
"OFFICIAL SEAL"
JOHN L. JANCZEK
Notary Public, State of Illinois
My Commission Expires 11/20/2013

AFFIANT

this 28th day of MAY, A.D. 2010

[Signature]
Notary Public

Rozalia Borowski
(affiant's signature)



DONE AT CUSTOMER'S REQUEST

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Exhibit A

PARCEL 1: LOT "D" AS SHOWN IN SURVEYOR'S CERTIFICATE ON PLAT RECORDED IN THE RECORDER'S OFFICE OF COOK COUNTY, ILLINOIS AS DOCUMENT 20235832, BEING THE SOUTH QUARTER OF LOT 20 IN KEARNEY'S RESUBDIVISION OF LOTS 78 THROUGH 91 BOTH INCLUSIVE IN LAND 'S 79TH AVENUE ESTATES, A SUBDIVISION OF PART OF THE NORTH 60 ACRES OF THE WEST HALF OF THE NORTHWEST QUARTER OF SECTION 36, TOWNSHIP 38 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, AND THE SOUTH 284 FEET OF THE NORTH 1, 672 FEET OF THE WEST HALF OF THE WEST HALF OF SAID NORTHWEST QUARTER AND NORTH 126.50 FEET OF VACATED 79TH AVENUE LYING BETWEEN THE SOUTH LINE OF 81ST PLACE AND THE NORTH LINE OF 82ND STREET AND THE PART OF VACATED 79TH AVENUE LYING BETWEEN THE SOUTHLINE OF 81ST STREET AND THE NORTH LINE OF 81ST PLACE AND SOUTH 126.50 FEET OF VACATED 79TH AVENUE LYING BETWEEN THE SOUTH LINE OF 80TH PLACE AND THE NORTH LINE OF 81ST STREET ALL IN SECTION 36, TOWNSHIP 38 NORTH, RANGE 12, OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

P.I.N. 18-36-115-028-0000

Address: 8119 S. Roberts Rd, Bridgeview, Il 60455

CLERK'S OFFICE OF COOK COUNTY Clerk's Office

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death 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.

August 22, 2000

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

Signed Katefina Danek

REGISTRATION NO. 11910
REGISTERED NUMBER

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEASED-NAME	FIRST	MIDDLE	LAST	SEX	DATE OF BIRTH (MONTH, DAY, YEAR)	DATE OF DEATH (MONTH, DAY, YEAR)
Marian	S.	Borowski	2 Male	3. August 19, 2000		
COUNTY OF DEATH	4. Cook	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	5a. AGE- LAST BIRTHDAY (YRS) 75	5b. UNDER 1 YEAR MOS. DAYS	5c. UNDER 1 DAY HOURS MIN	5d. DATE OF BIRTH (MONTH, DAY, YEAR) 26, 1924
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	6a. Oak Lawn	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	6b. Christ Hospital & Medical Center	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	ROZALIA KLEPOZAREK	IF HOSP. OR INST. INDICATE D.O.A. DREWER, RM, INPATIENT (SPECIFY) c.g. Inpatient
SOCIAL SECURITY NUMBER	7. POLAND	8a. MARRIED	8b. ROZALIA KLEPOZAREK	KIND OF BUSINESS OR INDUSTRY	METAL	9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) NO
RESIDENCE (STREET AND NUMBER)	10. 357-42-8087	11a. SHIPPING	11b. METAL	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	12. 7	College (1-4 or 5+)
STATE	13a. ILLINOIS	13b. LOCKPORT	13c. YES	INSIDE CITY (YES/NO)	13d. WILL	
FATHER-NAME	15. MARIAN BOROWSKI	14b. MOTHER-NAME	14c. YES	SPECIFY:		
INFORMANT'S NAME (TYPE OR PRINT)	17a. ROZALIA BOROWSKI	17b. WIFE	17c. 13602 W Shannon, Lockport, IL 60441	16. LEOKADIA PIERNICKA		
18. PART I. Immediate Cause (Final disease or condition resulting in death)	Sepsis, Non QMI					
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	(b) Hairy cell leukemia, CAD					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.	(c)					
DATE OF OPERATION, IF ANY	20a.	MAJOR FINDINGS OF OPERATION	20b.	AUTOPSY (YES/NO)	19a.	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES/NO
(Did patient attend the deceased and last saw him/her alive on)	8/17/2000			NO	19b.	
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.	8/20/2000					
22a. SIGNATURE	Karehni Yelamanchili					
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)	CHRIST HOSPITAL & MEDICAL CENTER					
22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)	OAK LAWN IL 60453					
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	24a. BURIAL	CEMETERY OR CREMATORY-NAME	24b.	LOCATION	CITY OR TOWN	STATE
	RESURRECTION CEM.	JUSTICE, ILLINOIS				
25a. LACK FUNERAL HOME 9236 S. ROBERTS RD., HICKORY HILLS, ILLINOIS 60457	25b. LOCAL REGISTAR'S SIGNATURE	25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	25d. DATE FILED BY LOCAL REGISTAR (MONTH, DAY, YEAR)			
	KAREN L. SCOTT, M.D.	034-010469	AUG 22 2000			