

Doc#: 1020131080 Fee: \$40.00 Eugene "Gene" Moore RHSP Fee: \$10.00

Cook County Recorder of Deeds Date: 07/20/2010 12:37 PM Pg: 1 of 3

AFFIDAVIT OF HEIRSHIP
STATE OF ILLINOIS) SS ESTATE OF: Pawel Bukowski a/k/a Paul Bukowski, Deceased. COUNTY OFCook)
And now on this17thday ofMarcin, 2010_,, after being first duly sworn under oath, testifies and deposes as follows, to wit:
1. My name is Zofia Bukowski a/k/a Sophie Bukowski, I am over the age of twenty-one (21) years of age and, to my understanding, am otherwise competent o give testimony.
2. I reside at5517 West Windsor, Chicago, IL. 60630
3. I_Zofia Bukowski a/k/a Sophie Bukowski, wife of the deceased_ (state relationship to deceased) and knew him in his lifetime.
4. Paul Bukowski a/k/a Pawel Bukowski, owner of the property commonly known as:
5517 West Winsdor, Chicago, IL. 606030
Legal: THE NORTH 1/2 OF LOT 3 (EXCEPT THE WEST 39.32 FEFT SAID 39.32 FEET BEING MEASURED ALONG THE NORTH AND SOUTH PROFFRTY LINES) IN BLOCK 5 IN ROBERTS MILWAUKEE AVENUE SUBDIVISION OF LOTS 5 AND 10 OF THE SUBDIVISION OF THAT PART WEST OF MILWAUKEE AVENUE OF LOT 5 IN SCHOOL TRUSTEES SUMPIVISION OF SECTION 16, TOWNSHIP 40 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN (EXCEPT THE NORTH 1 1/2 RODS AND SOUTH 4 RODS OF SAID LOT 5) IN COOK COUNTY. ILLINOIS.
Address: 5517 West Windsor Avenue, Chicago, IL 60630
PIN: 13-16-118-042-0000
died onOctober 06, 2009in the City ofChicago, County of _Cook, State of _Illinois

1004091

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UNOFFICIAL COPY

	The decedent was married one time, toZ	Zofia Bukowsk	i a/k/a Sophie Buko	wski	•
5.	V-mortof Bukowski	(,	2) children were	e born to the dec	cedent and
	Zofia Bukowski a/k/a Sophie Bukowski				ge, uniess
	otherwise noted:	170	ا (المامية		
	Krzysztot MKOWSW	(200	13 0(a)		-
	Krzysztof Bukowskii Tomasz Bukowskii	(26)	grs o(d)		-
7.	No persons were adopted by the decedent.				-
8.	The parents of the decedent wereDominik Bu	ikowskiand Jo	zefa Danowska		· · · · · ·
٠.			both said parents	s are now deceas	sed.
^	a) Pursuant to the Last Will and Testament of	Noi	JE	, the dece	lent herein, left
9.	his/her entire estate, both real and personal, to	Ni	NE		OR
	b) The decedent died intestrue.				
10.	That the total value of the estate of the dece	ased. includin	g both real and pers	onal property of	vned by the
10.	deceased either individually or in joint tenancy a \$ 150,000,000	at the time of t	he death of the dece	ased, does not e	xceed the sum ofdollars.
11.	The forgoing is based upon my own persona would competently and consistently testify there	i knowledge : eto.	and belief, is true, a	nd if called upor	as a witness I
ו דבו	RTHER AFFIANT SAYETH NOT.	0,			ŧ
FU.	Zelia Bukan	1 - 4	7%		
7~1	fia Bukowski				
Z .U:	lia Bunowski	/ -	6		
	Sophie Bukows	la_		2 .	
a/k	/a Sophie Bukowski	•	•	T'S	
SU	BSCRIBED AND SWORN TO ME THIS17	th_DAY OF	March, 2010		Sc.
	\mathcal{N}		OFFICIAL SEA TOMASZ LITWIC	X 0	(C)
NC	TARY PUBLIC	NO.	TARY PUBLIC - STATE (FILEIOS	
	\mathcal{U}	M	A COMMISSION EXAME	MINORIA P	
	/	****		•	*

Prepared by and After Recording Mail to: Sophie Bukowski, 5517 West Windsor Avenue, Chicago, IL. 60631

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DATE ISSUED

CERTIFICATION OF DEATH RECORD

CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

TATE FILE NUMBER 2009 007	2803								DAT	
DECEDENT'S LEGAL NAME						·	SEX		OF DEATH	06, 2009
PAWEL BUKOWSKI						T 0.75 05	MALE	1 00	ODEK	00, 2003
COUNTY OF DEATH	AGE AT LA	LAST BIRTHDAY DATE OF BIRT				BIRTH RUARY 23, 1	RTH ARY 23, 1949			
COOK CITY OR TOWN	00 12	HOSPITAL OR OTHER INSTITUTION NAME								
CHICAGO				RESURF	RECT	ION MEDIC	AL CENTER			
PLACE OF DEATH										
INPATIENT	TY NUMBER					NG SPOUSE'S N.		EVER IN U.S. ARMED		
BIRTHPLACE POLAND	31	MARRIED SOPHI				HIE CHMIEL	EWSKI	FORCES? NO		
RESIDENCE 4556 NORTH OPAL AVE			APT.	NO.		Y OR TOWN ORRIDGE				INSIDE CITY LIMITS? YES
COUNTY COOK		FATHER'S NAME DOMINIK BUKOWSKI			MOTHER'S NAME PRIOR TO FIRST MARRIAGE JOZEFA DANOWSKA					
INFORMANT'S NAME SOPHIE BUKOWSKI		MAILING ADDRE				RTH OPAL A	TH OPAL AVE, NORRIDGE, IL, 60706			
METHOD OF DISPOSITION		E OF DISPO					CITY OR TOWN A	ND STATE	1 -	F DISPOSITION OBER 09, 2009
						NILES, IL	L OCTO			JULIN 03, 2003
FUNERAL HOME	PALHOME 78	12 I PIN	WAUKEE A	VENUE. NIL	.ES, I	L, 60714				
SKAJA TERRACE FUNERAL HOME, 7812 VALVAUKEE AVENUE, NILES, IL, 60714 FUNERAL DIRECTOR'S NAME FUNERAL DIRECTOR'S NAME 034011503									ICENSE NUMBER	
LOCAL REGISTRAR'S NAME	GORDON J WOJDA DATE FILED WITH LOCAL REGISTRAR									RAR
DAVID ORR			<u></u>				осто	BER 8, 20	09	
0,100=0,1=111	SEPTIC SHOO	CK		4					WEEN	2 DAYS
IMMEDIATE CAUSE (Final disease or condition			Due to	(or as consequer	nce of):		· · · · · · · · · · · · · · · · · · ·		AL BET	
resulting in death)	b.			-0),			APRRO	SET	
			Due to	(or as a conseque	nc. of.)×			TA!	
	c .					1				
				o (or as a conseque						
PART II. Enter other significant cor	nditions contributir	g to death t	out not resulting	in the underlying	cause	given in P. RT				ERFORMED? NO
							0/1	WERE AUT	OPSY FINI CAUSE C	DINGS USED TO BE DEATH? N/A
DID TOBACCO USE CONTRIBUTE	TO DEATH?		REGNANCY STA	ATUS			T.	MANNER C		
DATE OF INJURY		TIME OF IN		PLACE OF	INJUR'	Y				INJURY AT WORK?
LOCATION OF INJURY										
DESCRIBE HOW INJURY OCCURRED: IF THANSPORTATION INJURY, SPECIFY:										
ATTEND THE DECEMBERS!	DATE LAST SEEN	ALIVE	WAS MEDICA	AL EXAMINER O	DR	DA	E PRONOUNCE	L		TIME OF DEATH
YES YES	OCTOBER (CONTACTED?		3			ATE CERT	08:15 AM
CERTIFIER PHYSICIAN									OCTO	BER 06, 2009
NAME, ADDRESS AND ZIP CODE TAEK SOO SHIN, 900 J	OF PERSON COMP	PLETING CAL	USE OF DEATH	60523					i	AN'S LICENSE NUMBER 116597
ME TAEK SOO SHIN, 900 J	OKIE BLVD, V	ソン ロアクク	//x, ILLINOIC	, 00020						



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



