## **UNOFFICIAL COPY**

STATE OF ILLINOIS ) COUNTY OF COOK )	SS.								
,		Doc#: 1121746042 Fee: \$40.00 Eugene "Gene" Moore RHSP Fee: \$10.00							
Estate of	)	Cook County Recorder of Deeds Date: 08/05/2011 04:15 PM Pg: 1 of 3							
	)	7 W Fg: 1 of 3							
Ronald J. Szymikowski	i )								
	)								
Deceased	)								

## AFFIDAVIT OF HEIRSHIP

JAMES SZYMYKOWSKI, being duly sworn upon oath deposes and swears as follows:

- 1. The decedent, FOIJALD J. SZYMIKOWSKI, died testate, at Berwyn, Illinois, Cook County, Illinois on the 9th day of July, 1998, at the age of 44 years.
- 2. The affiant is the brother of the decedent and resides at 4226 W. Congress, Chicago, Illinois 60624.
- 3. That at the time of the death of the decedent, RONALD J. SZYMIKOWSKI, was an owner of real estate in the City of Chicago, County of Cook and State of Illinois commonly known as 5105 S. McVicker, Chicago, Illinois 60638, and legally described as follows:

THE NORTH 30 FEET OF THE SOUTH 87 FEET OF LOT 8 (EXCEPT THE EAST 8 FEET THEREOF) IN BLOCK 1 IN FREDERICK H. BARTLETT'S 6TH ADDITION TO BARTLETT HIGHLANDS, BEING A SUBDIVISION OF THE EAST 1/2 OF THE EAST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 8, TOWNSHIP 38 NORTH, PLANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINO S

## PERMANENT INDEX NUMBER: 19-08-307-029-0000

- 4. The decedent was never married and no children were born to or adopted by the decedent.
- 5. The parents of the decedent were Lottie Szymikowski, decedent's mother, and Ralph J. Szymikowski, decedent's father. They were married only once and then to each other. Of said marriage the following children were born

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to or adopted by them and no other children were born to nor adopted by either parent:

- A. RONALD J. SZYMIKOWSKI, decedent;
- B. JAMES SZYMIKOWSKI, married, residing at 4226 W. Congress, Chicago, Illinois 60624.
- 5. Based on the foregoing, decedent left surviving as his only heirs the following, all of whom survived the decedent, and in the absence of an indicatio: to the contrary, are of legal age, are mentally competent, and if children, are natural children:
  - A. JAMES SZYMIKOWSKI, brother.
- 6. That all expenses and claims against her estate have been satisfied in full. That there are no claims, legacies and Federal Estate nor State inheritance taxes due not due in the future; that said LOTTIE SZYMIKOWSKI, at no time received old age assistance benefits from the State of Illinois or from any other State nor any kind from State or Federal Agencies which might in any nature result in a claim or charge against her estate.

JAMES SZYMIKOWSKI

Subscribed and Sworn to before

me this 4 day August of 2011.

OFFICIAL SEAL
CORINA COOK
Notary Public - State of Illinois
My Commission Expires Jan 27, 2015

**NOTARY PUBLIC** 

PREPARED BY:

James J. Kash

6545 West Archer Ave. Chicago, Illinois 60638

MAIL TO:

James J. Kash

6545 West Archer Ave. Chicago, Illinois 60638

MERAL DIRECTOR'S SIGNATURE DEBO ARCHER FUNERAL HOME (Rev. 8/93) Illinois Department of Public Health - Office of Vital Records 6108 S ARCHER CHICAGO, ILLINOIS 265. FUNERAL DIRECTOR'S 60638 BASED ON 1989 U.S. STANDARD CERTIFICATE) 1998 DAY, YEAR

RIAL CREMATION, REMOVAL

BURIAL

24b. RESSURRECTION CEMETERY OR CREMATORY-NAME . TAE LYONG AN,

X.D.

ICIAN'S SIGNATURE

EDMUND R DONOGHUE, M.D.

9 ft.

JUL

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1998

DATE SIGNED

DATE SIGNED 22b.

TUL

29,

1998 MONTH DAY, YEAR

DATE

24d JUL 14, 1998

TUL

29, 1998 MONTH, DAY, YEAR 21c.

THE DECEDENT WAS PRONOUNCED DEAD ON MONTH YEAR

20h. Ă

YES | NO |

9:45 AM

LOCATION

CITY OR TOWN

3

JUSTICE, ILLINOIS

CERTIFY THAT IM MY OPINION BASED UPON MY INVESTIGATION AND/OR
MANOUISTION, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE
AND DUE TO THE CAUSE(S) STATED, AND THAT

20f.

MER'S SIGNATURE 

MULTICOLOR SIGNATURE SEAL IS AFFIXED. THIS CERTIFIED COPY VALID WHEN

HE ORDINANCES OF AGO, DO HEREBY BIRTHS, STILLBIRTHS A THE KEEPER OF DINANCE OF SAID OPY OF A RECORD **ERTIFICATE ON THIS** AGO; THAT THE THE CITY OF CHICAGO M, LOCAL AL STATISTICS OF LAWS OF THE STATE

DEPARTMENT OF PUBLIC HEALTH CITY OF CHICAGO

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SMO FACTORY OFFICE BU	NA TURAL	- TURN COLOREST, HOMOGOE, SUCCOS, LAGETE	CHRONIC ALCOHOLISM	AN TIETTANCREATTY Souribung	STATING THE UNDER-	WHICH GIE RISE TO DUE	COMPITIONS IF ANY (b)	Sample Company	Const.	129. Parallell, Secur the demants, injuries, or	17 17 PLGGY SCHWARTZ	40 INFORMANT'S NAME (TYPE OF PRINT)	92 (RA) PH SZYMIKOWSKI	D. THE NAME FUST	Gia IL INOIS 13f.	ZIP	S HCVICKER	CONTRACT CONTRACT CONTRACT	7418	OCIAL SECURITY NUMBER		SIRTHPLACE - BITY AND STATE ON SHEEN COUNTRY	CHICAGO	THY TOWN, TWP, OR ROAD DISTRICT NUMBER	Š	CONTY OF DEATH	RONALD J. SZYMILOWSKI	ECEASED -NAME	NUMBER	RED	DISTRICT NO.	<b>L</b>
PLACE OF HAURY LATHOME FAMA STREET. LOCATION GITY, VII. OR TWIE OR IND. DIST. NO. COUNTY, STATE FACTORY, OFFICE BREIGHT, ETC. DEFECTOR.	20c.	DATE OF INJURY MONTH, DAY, YEAR HOUR	19a. YES	Rentributing to death but not resulting in the underlying causa given in PART A COPSY		E TO, OR AS A CONSEQUENCE OF		_4	DIABETIC KETOACIDOSIS	complications that caused the death. Do not inter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure.	17b. MED REC	RELATIONSHIP MAILING 199 REP HARRISO	16.	MOTHER -NAME	60638 14a. WHITE 14b. 1 NO 1 YES	CODE RACE - OMNTE, BLACK, AMERICAN OF HISPANIC ORIGIN? ISSECIEV AO ON VES-IF VES, SPECIEV CUBANI	13b. CHICAGO	CITY, TOWN, OR ROAD DISTRICT NO. INSIDE CITY	11a. ESTIMATOR 11b BINDERY 12. 12	USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION	NEVER MARRIED NONE	MARRIED, NEVER MARRIED, NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE WIDOWED, DIVORCED GREGIEV) 8b.	E 5105 S MCICKERS	CT NUMBER HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER	5a. 44 5b. 5c. 5d. APR	AGE: LAST UNDER 1 DAY DATE OF BIRTH BIRTH BAY (YES) MOS   BAYS MOINS   MIN	2. MALE	FIRST MIDDLE LAST SEX DATE OF	CASE #: 167 JUL 1998	CERTIFICATE OF DEATH	MEDICAL EXAMINER'S - CORONER'S	SIAIE UT ILLINOIS
NTY, STATE FEMALE, WAS THREE MONTHS?		TIGHTED ENTER NATURE OF INLAW MENTIONED	Mal	WERE AUTORSY FINDINGS AVAILABLE PRIOR TO " COMPLETION OF CAUSE OF DEATH! (YES)NO)						APPROXIMATE INTERVAL  RETWEEN ONSET AND DEATH	L 60612	MALLING 120 PREPAR HARRISON OF RED. CITY OF TOWN, STATE, ZIPS	<b>( Jeen</b>	MIDDLE MAIDEN LAST KEPT BY ME IN OR	SPECIFY: ACCOMPANTING C	MEXICAN, PLEATO CAN, etc.)	OOK	(NO) 13	College (1-4 or 5+)	MLY HIGHEST GRADE COMPLETEDI	s NO	WAS DECEASED EVER IN US  ARMED FORCEST MESING!  CHICAGO CHICAG	6c. DOA	OPTEMER, AM, INPATIENT (SPECIFY)	1954	DATE OF BIRTH MONTH, DAY, YEAR	9, 1998	DEATH (MONTH, DAY, YEAR)	STATE OF ILLINOIS	6/1/0		SYATE FILE