



1128731025

Doc#: 1128731025 Fee: \$38.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 10/14/2011 11:32 AM Pg: 1 of 2

**DECEASED JOINT TENANCY  
AFFIDAVIT**

MARY E. KOLASINSKI, hereinafter referred to as the affiant, states under oath that the affiant resides at 3221 North Kenneth Avenue, in the City of Chicago, State of Illinois; that the affiant was acquainted with JAMES R. KOLASINSKI, the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of properly recorded joint tenancy warranty deed, said property located in, County of Cook State of Illinois, and legally described as follows:

**LOT 39 IN ALKE'S SUBDIVISION OF THE EAST 1/2 OF THE EAST 1/2 OF THE SOUTH EAST 1/4 OF THE SOUTH WEST 1/4 IN SECTION 22, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, (EXCEPT THAT PART TAKEN FOR RAILWAY) IN COOK COUNTY, ILLINOIS.**

Property Commonly Known As: 3221 NORTH KENNETH AVENUE, CHICAGO, ILLINOIS 60641  
Permanent Index Number: 13-22-323-014-0000

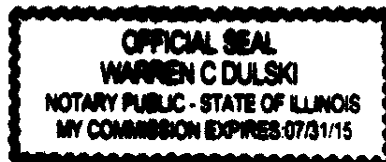
That the decedent died on April 26, 1999 leaving no last will and testament.  
A copy of death certificate is attached.

*Mary E. Kolasinski*  
\_\_\_\_\_  
MARY E. KOLASINSKI

STATE OF ILLINOIS            )  
  ) SS  
COUNTY OF COOK            )

Subscribed and Sworn to before me  
this 7<sup>th</sup> day of October, 2011.

*Warren C. Dulski*  
\_\_\_\_\_  
Notary Public



Prepared by: Warren C. Dulski, Attorney at Law, 4108 N. Cicero Ave., Chicago, IL 60641-2065

AFTER RECORDING PLEASE MAIL TO:  
WARREN C. DULSKI, Attorney at Law, 4108 North Cicero Avenue, Chicago, Illinois 60641-2065

REGISTRATION DISTRICT NO. 16.10  
 REGISTERED NUMBER  
 DECEASED-NAME  
 COUNTY OF DEATH  
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER  
 AGE-LAST BIRTHDAY (MRS)  
 HOSPITAL OR OTHER INSTITUTION  
 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)  
 SOCIAL SECURITY NUMBER  
 RESIDENCE (STREET AND NUMBER)  
 STATE  
 ZIP CODE  
 RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)  
 RELATIONSHIP  
 MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY, TOWN, STATE, ZIP)  
 DEATH DATE  
 SEX  
 DATE OF BIRTH (MONTH, DAY, YEAR)  
 DATE OF DEATH (MONTH, DAY, YEAR)  
 CORONER'S NUMBER

1. **JAMES R. KOLASINSKI** 2. **Male** 3. **April 26, 1999**  
 COUNTY OF DEATH: **COOK**  
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **CHICAGO**  
 AGE-LAST BIRTHDAY (MRS): **57**  
 HOSPITAL OR OTHER INSTITUTION: **Our Lady of Resurrection**  
 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **MARRIED**  
 SOCIAL SECURITY NUMBER: **1-7057**  
 RESIDENCE (STREET AND NUMBER): **3221 N. KENNETH**  
 STATE: **ILLINOIS**  
 ZIP CODE: **60641**  
 RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): **WHITE**  
 RELATIONSHIP: **WIFE**  
 MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY, TOWN, STATE, ZIP): **3221 N. KENNETH CHICAGO ILL 60641**  
 DEATH DATE: **APRIL 14 1999**  
 SEX: **Male**  
 DATE OF BIRTH (MONTH, DAY, YEAR): **APRIL 14 1942**  
 CORONER'S NUMBER: **609533**

4. **CHICAGO**  
 5a. **57**  
 5b. **Our Lady of Resurrection**  
 8a. **MARRIED**  
 8b. **HARRY E. PREZSKIS**  
 9. **YES**  
 10. **1-7057**  
 11a. **CUSTOMER**  
 11b. **SCHOOL**  
 12. **HS**  
 13a. **3221 N. KENNETH**  
 13b. **CHICAGO**  
 13c. **YES**  
 13d. **COOK**  
 14a. **WHITE**  
 14b. **NO**  
 14c. **YES**  
 14d. **SPECIFY:**  
 15. **STANLEY KOLASINSKI**  
 16. **MOTHER**  
 17a. **HARRY KOLASINSKI**  
 17b. **WIFE**  
 17c. **3221 N. KENNETH CHICAGO ILL 60641**

18. **Immediate Cause (Final disease or condition resulting in death)**  
**Coronary Atherosclerosis**  
 Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying such as cardiac or pulmonary arrest, shock, or heart failure. List only one cause on each line.  
 (a) **Due to, or as a consequence of**  
 (b) **Due to, or as a consequence of**  
 (c) **Due to, or as a consequence of**

19. **Blunt trauma due to assault**  
 Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying such as cardiac or pulmonary arrest, shock, or heart failure. List only one cause on each line.  
 (a) **Due to, or as a consequence of**  
 (b) **Due to, or as a consequence of**  
 (c) **Due to, or as a consequence of**

20a. **Homicide**  
 20b. **April 22, 1999**  
 20c. **200**  
 20d. **Street during assault**  
 20e. **Chicago Cook Illinois**  
 20f. **1999**  
 20g. **4:20 P.M.**

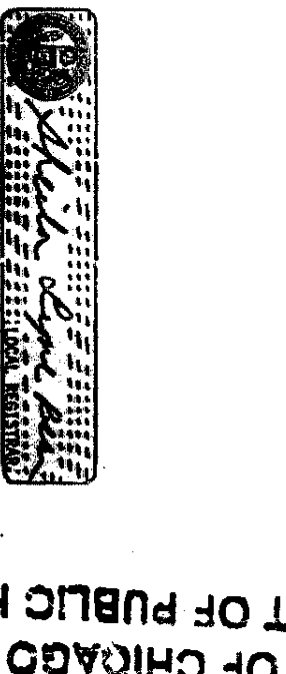
21a. **NO**  
 21b. **April 26, 1999**  
 21c. **4:20 P.M.**  
 21d. **AT**  
 21e. **NO**  
 21f. **NO**

22a. **Dr. Scott Denton, M.D.**  
 22b. **April 27, 1999**  
 22c. **4:20 P.M.**  
 22d. **AT**  
 22e. **NO**  
 22f. **NO**

23a. **Funeral Home**  
 23b. **STANLEY KOLASINSKI**  
 23c. **CHICAGO ILLINOIS 60641**  
 23d. **APRIL 29 1999**  
 23e. **APR 28 1999**  
 23f. **APR 28 1999**

CITY OF CHICAGO  
 COUNTY OF COOK  
 CITY OF CHICAGO  
 APR 28 1999

L SHELLA LYNE, RSM, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO, THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.



CITY OF CHICAGO  
 DEPARTMENT OF PUBLIC HEALTH  
 THIS CERTIFIED COPY VALID WHEN MULTICOLOR OR SIGNATURE SEAL IS AFFIXED.