



Doc#: 1312029000 Fee: \$40.00  
RHSP Fee: \$10.00 Affidavit Fee:  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 04/30/2013 09:33 AM Pg: 1 of 2

PREPARED BY AND  
AFTER RECORDING RETURN TO:  
Jeanine M. Cunningham  
Jeanine M. Cunningham, LLC  
1415 West 55<sup>th</sup> Street, Suite 101  
La Grange, IL 60525  
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(The Above Space For Recorder's Use Only)

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS )  
COUNTY OF COOK )

- I, Josefa Lesniak, being duly sworn state that I reside at 7723 W. 81<sup>st</sup> Street, Bridgeview, Illinois 60455, in the Village of Bridgeview, Illinois.
- That I was acquainted with Rafael Lesniak, Deceased, who at the time of death, was one of the owners of the land in Cook County, described as:

Legal description: LOT 9 IN KATHERINE M. FANFANI'S SUBDIVISION OF LOTS 38, 39, 40, 41 AND 42 IN FRANK DELUGACH'S 7<sup>TH</sup> STREET ESTATES, A SUBDIVISION OF EAST 1/2 (EXCEPT THE RAILROAD RIGHT OF WAY AND EXCEPT THE EAST 500 FEET IMMEDIATELY WEST OF AND ADJOINING SAID RIGHT OF WAY) OF NORTHWEST 1/4 OF SECTION 36, TOWNSHIP 38 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN AND THE WEST 1/2 (EXCEPT THE RAILROAD RIGHT OF WAY) OF THE SOUTH EAST 1/4 OF SECTION 36, TOWNSHIP 38 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

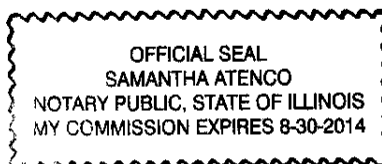
Common address: 7723 W. 81<sup>st</sup> Street, Bridgeview, Illinois 60455, PIN: 18-36-106-024

- That the decedent died on August 26, 2012, as evidenced by the attached certified death certificate.

Josefa Lesniak  
Josefa Lesniak

Subscribed and sworn to before me this  
29 day of April, 2013.

Notary Public [Signature]



**CERTIFICATION OF DEATH RECORD**

**UNOFFICIAL COPY**

**COOK COUNTY CLERK VITAL RECORDS**

**CHICAGO, ILLINOIS**

**MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH**

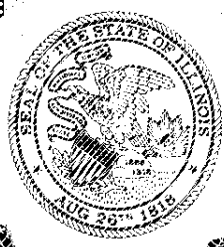
STATE FILE NUMBER 2012 0063380 MEDICAL EXAMINER'S CASE NUMBER 453AUG2012 DATE ISSUED 8/29/2012

DECEDENT'S LEGAL NAME RAFAL LESNIAK		SEX MALE	DATE OF DEATH AUGUST 26, 2012	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 35 YEARS	DATE OF BIRTH FEBRUARY 05, 1977	
CITY OR TOWN OAK LAWN		HOSPITAL OR OTHER INSTITUTION NAME ADVOCATE CHRIST MEDICAL CENTER		
PLACE OF DEATH EMERGENCY ROOM / OUTPATIENT				
BIRTHPLACE POLAND	SOCIAL SECURITY NUMBER [REDACTED] 7298	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME JOSEFA KRZYSIAK	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 7723 WEST 81ST STREET		APT. NO.	CITY OR TOWN BRIDGEVIEW	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60455	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JAN LESNIAK	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ANTONINA POCIECHA
INFORMANT'S NAME JOSEFA LESNIAK		RELATIONSHIP WIFE	MAILING ADDRESS 7723 WEST 81ST STREET, BRIDGEVIEW, IL, 60455	
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION RESURRECTION CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE JUSTICE, IL	DATE OF DISPOSITION SEPTEMBER 01, 2012
FUNERAL HOME DAMAR-KAMINSKI FUNERAL HOME & CREMATORIUM, 7861 S 88TH AVE, JUSTICE, IL, 60458				
FUNERAL DIRECTOR'S NAME MARK A KAMINSKI SR			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014496	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR AUGUST 28, 2012	
<b>CAUSE OF DEATH</b> PART I. MULTIPLE INJURIES				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ Due to (or as a consequence of)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		b. AUTOMOBILES STRIKING PEDESTRIAN  Due to (or as a consequence of)		
		c. _____ Due to (or as a consequence of)		
PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I.			WAS AN AUTOPSY PERFORMED? NO	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT APPLICABLE			MANNER OF DEATH ACCIDENT	
DATE OF INJURY AUGUST 26, 2012	TIME OF INJURY 02:43 AM	PLACE OF INJURY STREET	INJURY AT WORK? NO	
LOCATION OF INJURY 8100 SOUTHBOUND AT ROBERTS RD, BRIDGEVIEW, IL, 60455				
DESCRIBE HOW INJURY OCCURRED: SUBJECT WAS CROSSING STREET AND WAS STRUCK BY VEHICLES.			IF TRANSPORTATION INJURY, SPECIFY PEDESTRIAN	
ATTEND THE DECEASED?	DATE LAST SEEN ALIVE	WAS MEDICAL EXAMINER OR CORONER CONTACTED?	DATE PRONOUNCED AUGUST 26, 2012	TIME OF DEATH 03:00 AM
CERTIFIER MEDICAL EXAMINER/CORONER			DATE CERTIFIED AUGUST 27, 2012	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PONNI ARUNKUMAR MD, 2121 W HARRISON ST, CHICAGO, IL, 60612			PHYSICIAN'S LICENSE NUMBER	

Record Amended on: 8/28/2012

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

*David Orr*  
David Orr  
Cook County Clerk



**ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE**

THE WORD VOID APPEARS WHEN PHOTOCOPIED