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1319646079

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

Doc#: 1319646079 Fee: \$64.00
RHSP Fee:\$9.00 RPRF Fee: \$1.00
Karen A.Yarbrough
Cook County Recorder of Deeds
Date: 07/15/2013 01:00 PM Pg: 1 of 3

DECEASED JOINT TENANCY AFFIDAVIT

That WLDYSLAWA ZALESNY being duly sworn states that she resides at 6801
W. 88TH STREET, City of OAK LAWN, IL 60453.

That she was acquainted with STANISLAW ZALESNY, deceased, who, at the
time of his death STANISLAW ZALESNY was one of the owners of the land in Cook
County, Illinois described as follows:

LOT 1, IN BLOCK 11 IN RIDGELAND PARK ADDITION, BEING A SUBDIVISION OF
THAT PART LYING EAST OF AND ADJOINING THE CENTER LINE OF NEENAH
BROOK OF THE NORTH ½ OF THE NORTH EAST ¼ (EXCEPT THE SOUTH 352 FEET
OF THE EAST 620 FEET OF SAID NORTH 1/2) OF SECTION 6, TOWNSHIP 37
NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN SAID CENTER LINE
OF NEENAH BROOK BEING A STRAIGHT LINE DRAWN FROM A POINT ON THE
NORTH LINE OF SAID SECTION 6, A DISTANCE OF 758 FEET WEST OF THE NORTH
EAST CORNER THEREOF; TO A POINT ON THE SOUTH LINE OF SAID NORTH ½ OF
THE NORTH EAST ¼ OF SECTION 6, A DISTANCE OF 1229.75 FEET WEST OF THE
SOUTH EAST CORNER THEREOF IN COOK COUNTY, ILLINOIS.

That the deceased died on 5-4-12 as evidenced by a certified
copy of death certificate of the deceased which is attached hereto.

That the deceased died:

X

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 on or about.

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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

\$ 50,000.00

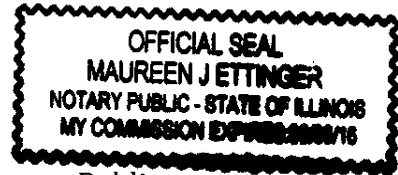
Affiant makes this affidavit for that purpose of transferring his property interest from the deceased to his surviving spouse and their children

Wladyslaw Zalesny
Affiant's Signature

SUBSCRIBED and SWORN to before me on

This day of July, 2013

(SEAL) Maureen J. Ettinger



Notary Public

Property of Cook County Clerk's Office

CERTIFICATION OF DEATH RECORD

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COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2012 0033706

DATE ISSUED 05/07/2012

DECEDENT'S LEGAL NAME STANISLAW ZALESNY		SEX MALE	DATE OF DEATH MAY 04, 2012	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 83 YEARS	DATE OF BIRTH AUGUST 05, 1928		
CITY OR TOWN OAK LAWN		HOSPITAL OR OTHER INSTITUTION NAME 6401 WEST 88TH STREET		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE POLAND	SOCIAL SECURITY NUMBER ■■■■-1113	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME WLDYSLAWA WIATER	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 6401 WEST 88TH STREET		APT. NO.	CITY OR TOWN OAK LAWN	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60453	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION STANISLAW ZALESNY	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ANIELA WIJAS
INFORMANT'S NAME WLDYSLAWA ZALESNY		RELATIONSHIP WIFE	MAILING ADDRESS 6401 WEST 88TH STREET, OAK LAWN, IL, 60453	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION RESURRECTION CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE JUSTICE, IL	DATE OF DISPOSITION MAY 07, 2012	
FUNERAL HOME LAWN FUNERAL HOME LTD, 7909 STATE RD, PURBANK, IL, 60459				
FUNERAL DIRECTOR'S NAME DANIEL EDWARD JARKA			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031009714	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR MAY 4, 2012	
CAUSE OF DEATH PART I. DEMENTIA				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	UNKNOWN UNKNOWN	
		b.	Due to (or as a consequence of):	
		c.	Due to (or as a consequence of):	
			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 NATURAL	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?	
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED:			IF TRANSPORTATION INJURY, SPECIFY.	
ATTEND THE DECEASED? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 08:40 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED MAY 04, 2012	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PAOLA SMITH, 1441 BRANDING LN, DOWNERS GROVE, IL, 60515			PHYSICIAN'S LICENSE NUMBER 036076179	

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

NOT FOR FACILE SECURITY/HOLOGRAPHIC FOLDS AT BOTTOM