

# UNOFFICIAL COPY

Prepared by & mail to:  
JOHN R. HUBENY  
200 E. Chicago Ave, Suite 200  
Westmont, IL 60554



## AFFIDAVIT

Doc#: 1323933045 Fee: \$40.00  
RHSP Fee: \$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 08/27/2013 10:21 AM Pg: 1 of 2

Walter Wiza, hereinafter referred to as the affiant, states under oath that the affiant resides at 8221 West 30<sup>th</sup>, North Riverside, IL 60546; that the affiant was acquainted with Peter P. Wiza, Jr., the decedent; that at the time of death, the decedent was one of the owners of the property located at 10020 Kent Street, Westchester, IL 60154, by virtue of properly recorded deed, said property located in Cook County, Illinois, and legally described as follows:

LOT 89 IN GEORGE F. NIXON AND COMPANY'S FAIRVIEW ADDITION TO WESTCHESTER, BEING A SUBDIVISION OF SECTION 21, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

*PIN # 15-21-305-012*

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

That the decedent died on December 5, 2009, leaving ~~(no)~~(a) last will and testament;  
That the total value of decedent's estate, including the taxable interest in the above property was \$ 323,000.00; and  
That the value of the above property individually was \$ 161,500.00.

That the affiant makes this affidavit to induce **PROFESSIONAL NATIONAL TITLE NETWORK, INC.** to issue its policy of title insurance on the above described property.

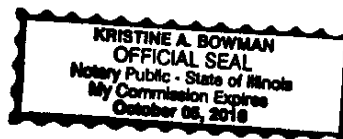
The affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold **PROFESSIONAL NATIONAL TITLE NETWORK, INC.**, harmless and to reimburse the Fund for all loss, costs, damages, suites, attorney's fees and expenses and every kind and nature which the fund may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

1. Claims against the estate of Peter P. Wiza, Jr., the decedent;
2. Illinois State Inheritance Tax and Federal Tax which may be charges against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights to contribution.

Walter Wiza (Seal)

STATE OF ILLINOIS )  
 ) SS  
COUNTY OF DUPAGE )

Subscribed and Sworn to before me  
this 15th day of July, 2013.  
Kristine A. Bowman  
Notary Public



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# CERTIFICATE OF DEATH COPY

## DUPAGE COUNTY HEALTH DEPARTMENT WHEATON, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2009 0088755

DATE ISSUED 12/09/2009

DECEDENT'S LEGAL NAME PETER P WIZA JR		SEX MALE	DATE OF DEATH DECEMBER 05, 2009	
COUNTY OF DEATH DU PAGE	AGE AT LAST BIRTHDAY 88 YEARS	DATE OF BIRTH JUNE 06, 1921		
CITY OR TOWN WESTMONT		HOSPITAL OR OTHER INSTITUTION NAME BURGESS SQUARE HEALTHCARE CTR		
PLACE OF DEATH NURSING HOME / LONG TERM CARE FACILITY				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED]	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME ELEANOR KOELLE	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 10020 KENT	APT. NO.	CITY OR TOWN WESTCHESTER		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60154	FATHER'S NAME PETER WIZA	MOTHER'S NAME PRIOR TO FIRST MARRIAGE MARIE SARACH
INFORMANT'S NAME WALTER WIZA		RELATIONSHIP SON	MAILING ADDRESS 8221 30TH STREET, NORTH RIVERSIDE, IL, 60546	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION THE LAKES CREMATORY	LOCATION - CITY OR TOWN AND STATE LAKE VILLA, IL	DATE OF DISPOSITION DECEMBER 09, 2009	
FUNERAL HOME CONBOY-WESTCHESTER FUNERAL HOME, 10301 CERMAK RD, WESTCHESTER, IL, 60154				
FUNERAL DIRECTOR'S NAME MATTHEW PETER CONBOY			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015476	
LOCAL REGISTRAR'S NAME MAUREEN T MCHUGH			DATE FILED WITH LOCAL REGISTRAR DECEMBER 8, 2009	
CAUSE OF DEATH PART I. CANCER OF PROSTATE WITH METASTASIS WITH DYSPHASIA				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	1 MONTHS	
		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 significant conditions contributing to death 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	
DID TOBACCO USE CONTRIBUTE TO DEATH? NO	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? YES	DATE LAST SEEN ALIVE DECEMBER 03, 2009	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 01:05 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED DECEMBER 07, 2009	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DILIP PATEL, 135 SOUTH PALMER, ELMHURST, ILLINOIS, 60126			PHYSICIAN'S LICENSE NUMBER 036-048800	



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.

*Maureen T. McHugh*  
Maureen T. McHugh  
Local Registrar

Not valid without the embossed seal of the  
DuPage County Health Department