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STATE OF ILLINOIS)
) SS.
COUNTY OF COOK)

Doc#: 1401419066 Fee: \$52.00
RHSP Fee:\$9.00 RPRF Fee: \$1.00
Karen A.Yarbrough
Cook County Recorder of Deeds
Date: 01/14/2014 11:26 AM Pg: 1 of 8

Estate of)
)
DAGNI MIELIULIS)
)
Deceased)

AFFIDAVIT OF HEIRSHIP

Olivia Mieliulis Banda, being duly sworn upon oath deposes and swears as follows:

1. The decedent, Dagni Mieliulis, died testate, at Michigan City, Laporte County, Indiana, on the 28th day of September, 2012, at the age of 86 years. A copy of her Last Will and Testament dated August 18, 1987 was filed on January 14, 2014 with the Clerk at the Circuit Court of Cook County, Illinois.

2. Olivia Mieliulis Banda is the daughter of Dagni Mieliulis and resides at 3619 Birchwood Trail, Michiana Shores, Indiana 46360

3. That at the time of the death of the decedent, Dagni Mieliulis, was an owner of real estate in the City of Chicago, County of Cook and State of Illinois commonly known as 4302 South Fairfield, Chicago, IL 60632, and legally described as follows:

LOTS 1 AND 2 IN BLOCK 4 IN E.C. HULING AND COMPANY'S SUBDIVISION OF THE NORTH 18 ACRES OF THE WEST ½ OF THE SOUTHEAST ¼ OF SECTION 1, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN: 19-01-400-009-0000

4. The decedent was married once and then to Povilas Mieliulis, who predeceased the decedent and the following children and no others were born to or adopted by the Dagni Mieliulis:

A. OLIVIA MIELIULIS BANDA, married to Javier Banda, residing at 3619 Birchwood Trail, Michiana Shores, Indiana 46360.

5. The Last Will and Testament dated August 18, 1987 was filed with the Clerk of Circuit Court of Cook County on January 14, 2014. It provides for distribution of her real property to Olivia Mieliulis Banda. There are no other legatees or devisees named in this Will.

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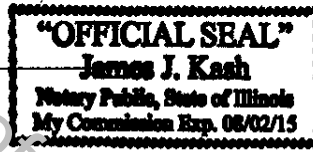
6. Based on the foregoing, decedent left surviving as her only heirs and legatees the following, who survived the decedent, and in the absence of an indication to the contrary, is of legal age, is mentally competent, and, is a natural child:

A. OLIVIA MIELIULIS BANDA, her daughter.

Olivia Mielulis Banda
OLIVIA MIELIULIS BANDA

Subscribed and Sworn to before
me this 10 day of January, 2014.

James J. Kash
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

Property of Cook County Clerk's Office



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

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TRUE COPY OF RECORD OF
REGISTRATION ON FILE AT
LA PORTE COUNTY HEALTH
DEPARTMENT

Local No 000852

EDR No 00000282370

State No

1. Decedent's Legal Name (First, Middle, Last) DAGNI MIELIULIS				1a. Maiden Name (If female) TORNAU		2. Sex FEMALE	3. Time Of Death 12:30 PM	4. Date Of Death (Month/Day/Year) 09/28/2012	
5. Social Security Number ██████-3924	6a. Age - Yrs 86	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 01/01/1926		8. Birthplace (City and State or Foreign Country) UNAVAILABLE, LIT	
8. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival			10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street and Number) ST ANTHONY MEMORIAL HEALTH CENTERS									
12. City Or Town, State, And Zip Code MICHIGAN CITY, IN, 46360					13. County Of Death LAPORTE		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name				15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation MEDICAL RECEPTIONIST		17. Kind Of Business/Industry VETERANS ADMINISTRATION	
18. Residence - State ILLINOIS		18a. County COOK		18b. City Or Town CHICAGO					
18c. Street And Number 4302 SOUTH FAIRFIELD						18d. Apt. No.	18e. Zip Code 60632	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education ASSOCIATE DEGREE (AA, AS)		20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race White				
22. Father's Name (First, Middle, Last) HARALDAS TORNAU				23. Mother's Name (First, Middle, Last) ELIZABETH TORNAU			23a. Mother's Maiden Last Name BAHR		
24. Informant's Name OLIVIA BANDA		24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 3619 BIRCHWOOD TRAIL, MICHIANA SHORES, IN 46360					
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) BETHENIA CEMETERY			25c. Location - City, Town, And State JUSTICE, IL				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility KUIPER FUNERAL HOME, 9039 KLEINMAN ROAD, HIGHLAND, IN 46322					27a. Funeral Home License Number: FH10300021		
27b. Signature Of Indiana Funeral Service Licensee: MICHELLE L. HANRAHAN, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD20900062			
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.									Approximate Interval: Onset To Death
Immediate Cause (Final Disease Or Condition Resulting In Death)			A. CONGESTIVE HEART FAILURE					1 WEEK	
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last			B. _____					Due to (Or As A Consequence Of):	
			C. _____					Due to (Or As A Consequence Of):	
			D. _____					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						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
						30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No			
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year			33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined				
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code	
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41. Signature, Of Person Certifying Cause Of Death: ANIL CHAWLA, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: ANIL CHAWLA, 3723 FRANKLIN STREET, MICHIGAN CITY, IN 46360						44. License Number 01038935A		45. Date Certified 10/10/2012	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: AILEEN STILLER, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): OCT 11 2012			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									

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THIS IS A TRUE COPY OF THE RECORD
OF REGISTRATION ON FILE WITH THE
LA PORTE COUNTY HEALTH DEPARTMENT

Adam J. Stubbins
HEALTH OFFICER

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Last Will and Testament

OF

POVILAS MIELIULIS and

DAGNI M. MIELIULIS

HUSBAND AND WIFE

I, POVILAS MIELIULIS and DAGNI M. MIELIULIS, , and each of us, and both of us, being of sound mind and memory, do hereby make, publish and declare this to be our last will and testament, hereby revoking all prior wills, codicils and testamentary dispositions made by us, or either of us, as follows:

ARTICLE I

It is our will and we direct that all debts and funeral expenses of us, or either of us, be paid as soon as practicable after the decease of us, or either of us. We hereby authorize our executor hereinafter named, to pay any and all claims against our estate, or the estate of either of us, whether or not the same have been filed or allowed in the course of the administration of our estate, or the estate of either of us.

ARTICLE II

In the event that I, POVILAS MIELIULIS, should die and my beloved wife, DAGNI M. MIELIULIS, should survive me, then it is my wish that all my property whether real, personal or mixed, I give, devise and bequeath unto my beloved wife, DAGNI M. MIELIULIS.

ARTICLE III

In the event that I, DAGNI M. MIELIULIS, should die and my beloved husband, POVILAS MIELIULIS, should survive me, then it is my wish that all my property whether real, personal or mixed, I give, devise and bequeath unto my beloved husband, POVILAS MIELIULIS.

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ARTICLE IV

In the event that both of us should die in the course of, or as a result of the accident, epidemic or other calamity as shall cause the death of either of us, or upon the death of the survivor of us, the survivor not having revoked this will in whole or in part, or not having made a new will before or after the death of either of us, then we hereby give, devise and bequeath our respective estate to our daughter, OLIVIA DAINA MIELIULIS (BANDA).

ARTICLE V

In the event our daughter, OLIVIA DAINA MIELIULIS (BANDA) should predecease us, or the survivor of us, then and in that event our entire estate, or the estate of the survivor of us, shall pass and be paid over to her children.

ARTICLE VI

The survivor of us is hereby appointed Independent Executor, and we further direct that he or she shall not be required to furnish bond or surety for the performance of his or her duties as such Executor.

In the event of both of our deaths, then we hereby nominate and appoint our daughter, OLIVIA DAINA MIELIULIS (BANDA) as Successor Independent Executor of this our LAST WILL AND TESTAMENT, and that she shall have all rights, powers, duties and obligations herein conferred on the original Executor, and that she shall not be required to furnish bond or surety for

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the performance of her duties as such Successor Independent Executor.

Also, we give, grant and bestow unto our said Independent Executor full power and authority to sell, lease, exchange, encumber, mortgage and convey, without order of court, the whole or any part of our estate, both real and personal, either at public or private sale, to such person or persons, for such price or prices, and upon such terms and conditions as to our Executor shall seem best, and to make, acknowledge and deliver all proper writings and deeds of conveyance, assignment and transfer thereof, and we further direct that no bond or surety shall be required in connection with any such sale. It is our will that no person dealing with our Executor, as such, shall be required to look to the application of any purchase money paid to her.

ARTICLE VII

This will is not executed by us in performance of any contract, whatsoever. While at present our respective wishes as to the disposition of our respective interests in property after our respective deaths are substantially alike, either of us is free to revoke such will in whole or in part, and if he or she

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wishes to do so, to execute a new will, either before or after the death of the other, which shall contain such provisions as he or she may wish.

IN WITNESS WHEREOF, we have hereunto set our hands and seals this 18th day of AUGUST A.D. 1987.

Povilas Mielulis (Seal)

Dagni M. Mielulis (Seal)

The above and foregoing instrument consisting of three pages, this page included was on the day of its date signed and sealed by the said POVILAS MIELIULIS and DAGNI M. MIELIULIS, in our presence and by them and each of them declared to us to be their last will and testament, and we, at their request and in their presence, and in the presence of each other, have hereunto subscribed our names as witnesses thereto, and we further certify that at the time of the execution of the foregoing will, we verily believed the said POVILAS MIELIULIS and DAGNI M. MIELIULIS, each of them to be of sound and disposing mind, memory and understanding.

Lorraine Pleasant RESIDING AT *2221 N. Wood, Chicago, Ill.*

Blanca Stark RESIDING AT *4192 Archer St., Chicago, Ill.*