

# UNOFFICIAL COPY



Doc#: 1402917016 Fee: \$64.00  
RHSP Fee:\$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 01/29/2014 10:54 AM Pg: 1 of 3

When Recorded Return To:  
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## AFFIDAVIT OF DEATH OF JOINT TENANT

58566706-2399531  
Title Order No. 58566706  
Loan No. 1186663990

I, Robert R. Klimczak, of legal age, being first duly sworn, deposed and say:

That Rhonda Klimczak, the decedent mentioned, is the same person as, Rhonda Klimczak, named as one of the parties in that certain Joint Tenancy Deed from Thomas R. Darcy and Geraldine B. Darcy (married to each other) not in tenancy in common but in joint tenancy to Robert R. Klimczak and Rhonda Klimczak, his wife not in tenancy in common, but in joint tenancy, Dated September 28, 1984, Recorded October 2, 1984 in Instrument/Case # 3397665.

Said deed conveying real property described as follows:

Tax Id Number(s): 03-31-304-007-0000

Land Situated in the City of Arlington Heights, in the County of Cook in the State of IL

Lot 5 in Block 10 in Thomas A. Catino's First Addition to Arlington Heights Unit No. 4, being a Subdivision of part of the West Half of Section 31, Township 42 North, Range 11 East of the Third Principal Meridian. According to the Plat thereof registered in the Office of the Registrar of Titles of Cook County, Illinois on June 3, 1970 as Document No. 2505783.

Commonly known as: 626 S Allen Ln, Arlington Heights, IL 60005

S 11  
P 3  
S 11  
M 11  
SC 11  
E 11  
INT 11

Dated: 1-9-14

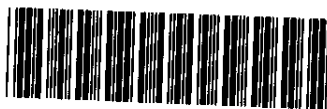
Robert R. Klimczak

STATE OF ILLINOIS )  
 ) S.S. )  
COUNTY OF COOK )

# UNOFFICIAL COPY

Robert R. Klimczak proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(This area for official notarial seal)



\*U04529040\*

1371 1/15/2014 79227401/1

Property of Cook County Clerk's Office

# STATE OF ILLINOIS CERTIFICATE OF DEATH

# UNOFFICIAL COPY

REGISTRATION DISTRICT NO. <b>16.0</b>		STATE FILE NUMBER	
LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last) <b>Rhonda Klimczak</b>		2. SEX <b>female</b>	3. DATE OF DEATH (Month/Day/Year) (Spell Month) <b>August 18, 2008</b>
4. COUNTY OF DEATH <b>Cook</b>	5a. AGE AT LAST BIRTHDAY (Years) <b>54</b>	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____
7a. CITY OR TOWN <b>Arlington Heights</b>		7b. HOSPITAL OR OTHER INSTITUTION NAME (if not in either, give street and number) <b>Northwest Community Hospital</b>	
7c. PLACE OF DEATH (Check only one: see instructions)			
IF DEATH OCCURRED IN A HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival		IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long-term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____	
8. BIRTHPLACE (City and State or Foreign Country) <b>Chicago, IL</b>	9. SOCIAL SECURITY NUMBER <b>[REDACTED]-7631</b>	10. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) <b>Robert Klimczak</b>
12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	13a. RESIDENCE (Street and Number) <b>626 S. Allen</b>	13b. APT. NO.	13c. CITY OR TOWN <b>Arlington Heights</b>
13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13e. COUNTY <b>Cook</b>	13f. STATE <b>IL</b>	13g. ZIP CODE <b>60005</b>
14. FATHER'S NAME (First, Middle, Last) <b>Martin Grade</b>		15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>Muriel Spivack</b>	
16a. INFORMANT'S NAME <b>Robert Klimczak</b>	16b. RELATIONSHIP <b>husband</b>	16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) <b>626 S. Allen, Arlington Heights, IL 60005</b>	
17. METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): _____	18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) <b>Memorial Park</b>	19. LOCATION - CITY, TOWN AND STATE <b>Skokie, Illinois</b>	20. DATE OF DISPOSITION (Month/Day/Year) <b>August 22, 2008</b>
21a. FUNERAL HOME NAME <b>Lloyd Mandel Levayan Funerals</b>	21b. FUNERAL DIRECTOR'S SIGNATURE <i>John J. Leadroot, Jr.</i>	21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034-014622</b>	21d. FUNERAL HOME STREET AND NUMBER <b>4750 W. Dempster, Skokie, Illinois 60076</b>
21e. FUNERAL HOME CITY OR TOWN <b>Skokie, Illinois</b>	21f. FUNERAL HOME STATE <b>Illinois</b>	21g. FUNERAL HOME ZIP <b>60076</b>	23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) <b>AUG 21 2008</b>
24. CAUSE OF DEATH (See instructions and examples)			
24. 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 etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. <b>Intracranial Bleeding / NON-traumatic</b>		Due to (or as a consequence of):
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):
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause on an in PART I.	c. _____		Due to (or as a consequence of):
25. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	26. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past 12 months <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"/> Pregnant at time of death <input type="checkbox"/> Pregnant within one year of death but time unknown <input type="checkbox"/> Unknown if pregnant within the past 12 months	25. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No
27. DATE OF INJURY (Month/Day/Year)	31. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	32. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)	29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Pending investigation
30. LOCATION OF INJURY Street and Number	31. TIME OF INJURY	32. PLACE OF INJURY	33. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No
34. DESCRIBE HOW INJURY OCCURRED:	35. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify): _____	36. IF TRANSPORTATION INJURY, SPECIFY:	37. (DID/DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON <b>8/18/08</b>
37. (DID/DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON <b>8/18/08</b>	38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	39. DATE PRONOUNCED (Month/Day/Year) <b>August 18, 2008</b>	40. TIME OF DEATH <b>11:42</b> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.
41. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.	42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) <b>ALEXANDER SHAPIRO D.O., 15 Salt Creek Ln., Hinsdale, IL 60521</b>	43. PHYSICIAN'S LICENSE NUMBER <b>036-113145</b>	44. TITLE OF CERTIFIER <b>D.O.</b>
44. TITLE OF CERTIFIER	45. DATE CERTIFIED (Month/Day/Year) <b>8/19/08</b>	46. SIGNATURE OF CERTIFIER <i>Alexander Shapiro</i>	47. SIGNATURE OF COUNTY CLERK <i>David J. Orr</i>

Illinois Department of Public Health - Division of Vital Records  
(Based on the 2003 U.S. Standard Certificate)

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

STATE OF ILLINOIS)  
County of Cook)

DAVID ORR, County Clerk

August 21, 2008

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is the true and correct copy of the original Record on file, all of which appears from the records and files in my office.  
IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

*David J. Orr*  
COUNTY CLERK