

UNOFFICIAL COPY

STATE OF ILLINOIS)
)
COUNTY OF COOK)



Doc#: 1404508266 Fee: \$48.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 02/14/2014 01:35 PM Pg: 1 of 6

ESTATE OF)
)
KAZIMIERA KARBARZ)
)
DECEASED)

AFFIDAVIT OF HEIRSHIP

Now comes Maria Kowalska, who resides at 7035 West 72nd Place, Chicago, IL 60638, she being duly sworn on her oath states as follows:

1. She is the daughter of **KAZIMIERA KARBARZ** and is fully familiar with her family history. That **KAZIMIERA KARBARZ** died testate on February 11, 2009. True and correct copies of the Decedent's death certificate and Last Will and Testament, dated September 15, 2003, are attached to this affidavit;
2. **KAZIMIERA KARBARZ** resided at 4906 S. Kolin Ave, Chicago, IL 60632 for many years prior to her death. She was 88 years of age at the time of her death. **KAZIMIERA KARBARZ's** property is legally described as follows:

Lot 3 in Block 3 in Archer Highlands being H. H. Wessel and Company's Subdivision of the West 1/4 of the West 1/2 of the North East 1/4 of Section 10, also of the East 1/4 (except Railroad right of way) of the East 1/2 of the South West 1/4 of Section 10, Township 38 North, Range 15 East of the Third Principal Meridian in Cook County, Illinois.

Permanent Index Number (PIN): 19-10-216-023-0000

Commonly known as: 4906 S. Kolin, Chicago, IL 60632

3. That during the lifetime of **KAZIMIERA KARBARZ**, the Decedent was married once to **Jan Karbarz**. That the marriage of **KAZIMIERA KARBARZ** and Jan Karbarz was terminated by Jan's death on September 3, 1991;
4. That during the lifetime of **KAZIMIERA KARBARZ** and Jan Karbarz, two (2) children were born to them or to either of them namely;
 - a- Teresa Koziar; and

UNOFFICIAL COPY

b- Maria Kowalska.

5. That during the lifetime of **KAZIMIERA KARBARZ** and Jan Karbarz, no children were adopted by them or either of them and only those two (2) children enumerated above were born to them or to either of them;

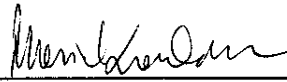
6. That all of the heirs of the Decedent are of legal age, competent and under no legal infirmity.

That this affidavit is made to induce a Judge of the Circuit Court of Cook County, Illinois, County Department - Probate Division, to whom this cause would be assigned to find that **KAZIMIERA KARBARZ**, left surviving her:

- a- Teresa Koziar, daughter of the decedent; and
- b- Maria Kowalska, daughter of the decedent

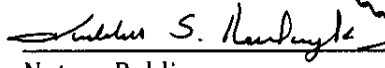
Being her only heirs and next of kin.

FURTHER THIS AFFIANT SAYETH NOT

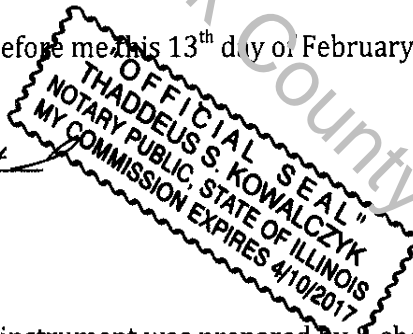


 Maria Kowalska

Subscribed and sworn to before me this 13th day of February 2014.



 Notary Public



This instrument was prepared by & should be mailed to:

Thaddeus S. Kowalczyk, Attorney at Law, 6052 West 63rd St., Chicago, Illinois 60638-4342

UNOFFICIAL COPY

REGISTRATION DISTRICT NO. **16.10**
 LOCAL FILE NUMBER

STATE OF ILLINOIS CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (include AKAs if any) (First, Middle, Last) KAZIMIERA KARBARZ		2. SEX Female	3. DATE OF DEATH (Month/Day/Year) (Spell Month) February 11, 2009
4. COUNTY OF DEATH Cook	5a. AGE AT LAST BIRTHDAY (Years) 88	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____
6. DATE OF BIRTH (Month/Day/Year) September 25, 1920		7a. CITY OR TOWN Chicago	
7b. HOSPITAL OR OTHER INSTITUTION NAME (if not in either, give street and number) 4906 S. Kolin		7c. PLACE OF DEATH (Check only one: see instructions)	
IF DEATH OCCURRED IN A HOSPITAL <input 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 checked="" type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____	
8. BIRTHPLACE (City and State or Foreign Country) Poland	9. SOCIAL SECURITY NUMBER 239-62-2335	10. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married but separated <input checked="" 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) None
12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13a. RESIDENCE (Street and Number) 4906 S. Kolin	
13b. APT. NO.		13c. CITY OR TOWN Chicago	13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13e. COUNTY Cook	13f. STATE IL	13g. ZIP CODE 60632	14. FATHER'S NAME (First, Middle, Last) Franciszek Banach
15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Maria Banach		16a. INFORMANT'S NAME Teresa Koziar	
16b. RELATIONSHIP Daughter		16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) IL 60457 9095 W. Forest Dr., Hickory Hills,	
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) Resurrection Cemetery	19. LOCATION - CITY, TOWN AND STATE Justice, IL
20. DATE OF DISPOSITION (Month/Day/Year) Feb. 14, 2009		21a. FUNERAL HOME NAME STREET AND NUMBER CITY OR TOWN STATE ZIP Wolniak Funeral Home, 5700 S. Pulaski Rd., Chicago, Illinois 60629	
21b. FUNERAL DIRECTOR'S SIGNATURE <i>Nancy Wolniak-Cook</i>		21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-011910	
22. LOCAL REGISTRAR'S SIGNATURE <i>Jerry Mason MD</i>		23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) 021809	
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 disorder, 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. enterococcus and e. coli sepsis Due to (or as a consequence of): Sequentially list conditions, if any, leading to the cause listed on line a. b. e. coli urinary tract infection Due to (or as a consequence of): Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST c. dementia Due to (or as a consequence of):			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH days days years
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. pressure ulcers			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 checked="" type="checkbox"/> No			27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
28. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Pregnant within one year of death but time unknown <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past 12 months		29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation	
30. 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)	33. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
34. LOCATION OF INJURY Street and Number Apartment Number City or Town State ZIP Code			35. DESCRIBE HOW INJURY OCCURRED:
36. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) _____			37. (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON 2/9/2009
38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. DATE PRONOUNCED (Month/Day/Year) 02/11/09	40. TIME OF DEATH 07:33 <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) Amy E. Harrison 3231 S. Euclid Ave Berwyn IL 60402			43. PHYSICIAN'S LICENSE NUMBER 036-103485
44. TITLE OF CERTIFIER MD		45. DATE CERTIFIED (Month/Day/Year) 2/13/09	46. SIGNATURE OF CERTIFIER <i>Amy Harrison MD</i>

Illinois Department of Public Health - Division of Vital Records

Based on the 2003 U.S. Standard Certificate

VR200 (Rev. 1/06)

UNOFFICIAL COPY

LAST WILL AND TESTAMENT OF KAZIMIERA KARBARZ

I, KAZIMIERA KARBARZ, of the County of Cook and State of Illinois, being of sound mind and disposing memory, do hereby make, publish and declare this to be my LAST WILL AND TESTAMENT, hereby revoking any and all former Wills and Codicils by me heretofore made.

FIRST: I order my Executrix hereinafter named, to pay all my just debts, taxes and funeral expenses as soon as after my decease as can be conveniently done.

SECOND: All the rest residue and remainder of my estate, real, personal or mixed, of whatsoever character and wheresoever situated and of which I may die seized or possessed or which I may own or have any interest in at the time of my death, I give, devise and bequeath to my daughters, TERESA KOZIAR AND MARIA KOWALSKA, equally, per stirpes and not per capita.

THIRD: I give to my Executrix full power and authority to sell, convey and convert the whole or any part of my estate, real, personal or mixed, at such prices and on such terms as my said Executrix shall deem proper, to settle and compound claims in favor of and against my estate, and for such purposes to execute and deliver all necessary and proper deed, bills of sale or other documents.

FOURTH: I hereby nominate and appoint my daughter, TERESA KOZIAR, as Executrix under this my LAST WILL AND TESTAMENT, and she is to furnish no surety upon her official bond as such Executrix. The powers granted to my Executrix hereunder shall be in addition to all other powers granted by law and shall be exercisable in the discretion of my Executrix and without court order. If, under applicable state law, administration of my estate may be conducted without court supervision and approval of accounts then my Executrix shall so administer my estate. In the event of the death of TERESA KOZIAR or her refusal or inability to act or his resignation or removal as Executrix, I hereby nominate and appoint my daughter, MARIA KOWALSKA, as successor Executrix.

IN WITNESS WHEREOF, I have subscribed my name and affixed my seal this 15 day of September, 2003.

Kazimiera Karbarz (SEAL)

UNOFFICIAL COPY

The foregoing instrument, containing three (3) pages, this page and the attached Affidavit of Attesting Witness included, was on the date thereof subscribed by the Testatrix, KAZIMIERA KARBARZ, as and for and was at the time declared by her to be her LAST WILL AND TESTAMENT, in the presence of us, who at the time, at her request and in her presence and in the presence of each other, have heretofore set our names as attesting witnesses; and we do hereby declare that in our opinion at the time of signing the said WILL the said Testatrix, KAZIMIERA KARBARZ was of sound and disposing mind, memory and understanding.

Elizabeth Luino

9-15-03

Name

Address

Andrew Wojcik

*5097 So. ARCHER - #200
CHICAGO, IL*

Name

Address

Name

Address

Property of Cook County Clerk's Office

