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This Instrument Prepared By:
Barry C. Bergstrom & Associates, Ltd.
3330 - 181st Place
Lansing, IL 60438

MAIL TO:
Barry C. Bergstrom & Assoc.
3330 181st Place, Ste. 104
Lansing, Illinois 60438



Doc#: 1424147001 **Fee:** \$42.00
RHSP Fee:\$9.00 RPRF Fee: \$1.00
Karen A.Yarbrough
Cook County Recorder of Deeds
Date: 08/29/2014 09:12 AM Pg: 1 of 3

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
)SS
COUNTY OF COOK)

The Affiant, MARY E. KOCIELKO, being duly sworn states that the Affiant resides at 1275 Hirsch Avenue, Calumet City, Illinois.

That MARY E. KOCIELKO was acquainted with DONALD J. KOCIELKO, the deceased, who, at the time of his death was one of the owners of the land in Cook County Illinois hereinafter legally described:

LEGAL DESCRIPTION

LOT FIVE (5) IN BLOCK THREE (3) IN RESUBDIVISION OF BLOCKS 1,2,3,4,5,6,7 AND 8 OF BARRETT'S FOREST VIEW ADDITION, SUBDIVISION OF THE WEST HALF (1/2) OF THE NORTHWEST QUARTER (1/4) AND THE NORTH HALF (1/2) OF THE SOUTHWEST QUARTER (1/4) OF THE NORTHWEST QUARTER (1/4) OF SECTION 20, TOWNSHIP 36 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

PIN: 30-20-105-005-0000

Street Address: 1275 Hirsch Ave., Calumet City, IL 60409

That the Decedent died April 29, 2014, as evidenced by a copy of death certificate of the deceased attached hereto.

That the deceased died:

/X/ Leaving no Last Will and Testament.

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// Leaving a Last Will and Testament a copy of which is attached hereto. The original of the Will was filed with the Clerk of the Probate Division of the Circuit Court of Cook County, Illinois and admitted to Probate on _____.

// Leaving a Last Will and Testament which was filed in the Unproved Will Box of the Probate Division of the Circuit Court of Cook County, Illinois on or about _____.

That the total value of the estate of the Decedent, including both real and personal property owned by the Decedent either individually or in joint tenancy at the time of the death of the Decedent, does not exceed the sum of \$5,000,000.00.

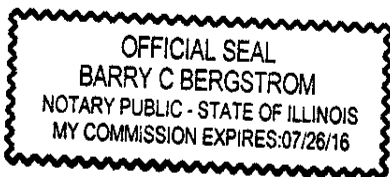
Affiant makes this Affidavit for the purpose of inducing any title insurance company to issue its title insurance policy, describing the real estate referred to above.

Dated: August 26, 2014

Mary E. Kocielko
MARY E. KOCIELKO

Subscribed and sworn to before me
by the said MARY E. KOCIELKO, this 26th
day of August, 2014.

Barry C Bergstrom
Barry C Bergstrom, Notary Public



*** MAKE SURE THE SOCIAL SECURITY NUMBER ON THE DEATH CERTIFICATE IS REDACTED**



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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 17208

Local No 001385

EDR No 00000382845

State No

1. Decedent's Legal Name (First, Middle, Last) DONALD J KOCIELKO				1a. Maiden Name (If female)		2. Sex MALE		3. Time Of Death 10:35 PM		4. Date Of Death (Month/Day/Year) 04/29/2014			
5. Social Security Number 0068		6a. Age - Yrs 75		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) 09/08/1938				8. Birthplace (City and State or Foreign Country) JOLIET, IL									
9. 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 MARGARET MERCY HEALTHCARE CENTERS-HAMMOND													
12. City Or Town, State, And Zip Code HAMMOND, IN, 46320						13. County Of Death LAKE			14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown				
15. Surviving Spouse's Name MARY KOCIELKO				15a. (If Wife) Give Maiden Last Name ZAHRN				16. Decedent's Usual Occupation MAINTAINENCE		17. Kind Of Business/Industry PUBLIC WORKS			
18. Residence - State ILLINOIS			18a. County COOK			18b. City Or Town CALUMET CITY			18d. Apt. No.		18e. Zip Code 60409		
18c. Street And Number 1275 HIRSCH AVENUE													
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No													
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED				20. Decedent Of Hispanic Origin NOT HISPANIC				21. Decedent's Race White					
22. Father's Name (First, Middle, Last) DOMINIC P. KOCIELKO				23. Mother's Name (First, Middle, Last) HELEN ANNA KOCIELKO				23a. Mother's Maiden Last Name CERMAK					
24. Informant's Name MARY KOCIELKO				24a. Relationship To Decedent WIFE				24b. Mailing Address (Street And Number, City, State, Zip Code) 1275 HIRSCH AVENUE, CALUMET CITY, IL 60409					
25. Place Of Disposition													
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) KELLY CARROLL CREMATION SERVICE				25c. Location - City, Town, And State GARY, IN						
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BURNS-KISH FUNERAL HOME INC-HAMMOND, 5840 HOHMAN AVE, HAMMOND, IN 46321						27a. Funeral Home License Number: FH83002819					
27b. Signature Of Indiana Funeral Service Licensee: BRIAN T. BURNS, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD08601763							
Cause Of Death (See instructions and examples)													
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.													
Immediate Cause (Final Disease Or Condition Resulting In Death)								A. <u>ACUTE RESPIRATORY FAILURE</u>		Due to (Or As A Consequence Of)		DAYS	
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. <u>CHRONIC OBSTRUCTIVE LUNG DISEASE</u>		Due to (Or As A Consequence Of)		YEARS	
								C. <u>PULMONARY FIBROSIS</u>		Due to (Or As A Consequence Of)		YEARS	
								D.					
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I													
LUNG CANCER													
31. Did Tobacco Use Contribute To Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input 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 At 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				NOT VALID UNLESS					
41. Signature, Of Person Certifying Cause Of Death: OH JEONG LEE, BY ELECTRONIC SIGNATURE						42. License Number (Certify Only One) 01035185A							
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: OH JEONG LEE, 5500 HOHMAN AVE, HAMMOND, IN 46320						45. Date Certified 05/02/2014							
46. Additional Funeral Service Provider:						47. *Date:							
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): MAY 06 2014							
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)													

