

# UNOFFICIAL COPY



Doc#: 1500734031 Fee: \$46.00  
RHSP Fee: \$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 01/07/2015 10:05 AM Pg: 1 of 5

130602800196

6/8

## AFFIDAVIT OF HEIRSHIP

Re: 6627-6629 W. Albion<sup>ALL</sup> AVE  
Chicago, IL 60631  
ATGF #130602800196, 130602800197

### LEGAL DESCRIPTION:

LOTS 3 AND 4 IN THE SUBDIVISION OF LOTS 10, 11 AND 12 IN SWANSON'S RESUBDIVISION OF BLOCK 51 IN NORWOOD PARK, IN THE SOUTH EAST ¼ OF SECTION 31, TOWNSHIP 41 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. PINS: 10-31-408-004-0000 and 10-31-408-003-0000

Commonly known as 6627 and 6629 W. Albion, Chicago, IL 60631

Now comes the Affiant, **PATRICIA D. HAYE**, after being duly sworn upon oath, and states as follows:

That Affiant is familiar with the family and heirs of **ANTONINA OKAJEWICZ, STEVEN OKAJEWICZ AND EDWARD OKAJEWICZ**.

1. **ANTONINA OKAJEWICZ** died 06/03/1970. She had no will. Death certificate attached. She was married once to Dominik Okajewicz who predeceased her on 05/13/1954. He had no will. Death certificate attached. That the estate was not taxable.

That two children were born to this marriage and to Antonina Okajewicz and none were adopted by the marriage or by her:

a) son **STEVEN OKAJEWICZ**, who died 12/14/1977, estate 78P 384, Docket 386, Page 325. He had no will. His wife, Charlotte J. Okajewicz, predeceased him on 09/13/1977, death certificate attached. His estate left the entire estate to his brother, EDWARD T. OKAJEWICZ. That the estate was not taxable.

Attorneys' Title Guaranty Fund, Inc.  
1 S. Wacker Dr. STE 2400  
Chicago, IL 60606-4650  
Attn: Search Department

SC  
INT  
SPS

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b) son EDWARD OKAJEWICZ, married twice, once to Sara Okajewicz that no children were born to this marriage or adopted and she predeceased in 1989. He married once more to Regina M. Okajewicz who survived him. Edward died on August 4, 2007. Copy of death certificate attached. No estate was opened, but his will, which was filed in Cook County, on August 4, 2007, left everything to his spouse, Regina M. Okajewicz. The estate was closed and no taxes were due. NO CHILDREN were born to Edward Okajewicz, and none adopted. (Although his will refers to children, they were the children of his spouse, Regina M. Okajewicz.)

That the affiant makes these statements to induce ATGF to issue a title insurance policy to the buyer, ROBERT RIOS, showing that title is in the Estate of Regina M. Okajewicz, date of death, March 20, 2010, estate No. 2010 P. 3849. Patricia D. Haye is the independent Executor.

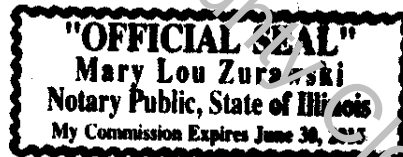
and if called upon to testify, would testify to the same.

*Patricia D. Haye*

PATRICIA D. HAYE

Subscribed and sworn to before me this 26th day of October, 2014.

*Mary Lou Zurawski*  
\_\_\_\_\_  
Notary Public



Prepared by and  
Return to:

Mary Lou Zurawski #71149  
Attorney at Law  
628 Berkshire Lane  
Des Plaines, IL 60016  
(773) 792-1885

STATE OF ILLINOIS  
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER  
616622

JUNE 5, 1970

REGISTRATION DISTRICT NO. 16.10  
DECEASED—NAME ANTONINA OKAJEWICZ  
FIRST MIDDLE LAST  
SEX FEMALE  
DATE OF BIRTH (MONTH, DAY, YEAR) SEPTEMBER 13, 1894  
PLACE OF BIRTH (MONTH, DAY, YEAR) JUNE 3, 1970  
COUNTY COOK

RACE WHITE NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) WHITE  
AGE—LAST BIRTHDAY (YRS.) 75  
UNDER 1 YEAR UNDER 1 DAY UNDER 1 HOUR UNDER 1 MIN.  
HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) SYDNEY R. FORKOSH MEMORIAL HOSPITAL  
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Chicago

CITIZEN OF WHAT COUNTRY U.S.A.  
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED  
NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) SYDNEY R. FORKOSH

SOCIAL SECURITY NUMBER 347-03-6922  
USUAL OCCUPATION Housewife  
KIND OF BUSINESS OR INDUSTRY Own Home  
U.S. WAR VETERAN (YES/NO) NO  
WAR OR DATES OF SERVICE

RESIDENCE ILLINOIS COOK  
CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO  
INSIDE CITY (YES/NO) YES  
STREET AND NUMBER 6627 ALBION

FATHER—NAME not available  
MOTHER—MAIDEN NAME not available

INFORMANT'S SIGNATURE Dorothea Pleff  
RELATIONSHIP RECORDS 2544 MONTROSE CHICAGO, ILLINOIS  
MAILING ADDRESS (STREET AND NO. OR R. F. D. NO. OR TOWN, STATE, ZIP)  
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DEATH WAS CAUSED BY  
[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]  
PART I IMMEDIATE CAUSE  
(a) CEREBRAL INFARCTION (CEREBRAL STROKE)  
DUE TO OR AS A CONSEQUENCE OF:  
(b) CEREBRAL THROMBOSIS  
DUE TO OR AS A CONSEQUENCE OF:  
(c)

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.  
PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE OF DEATH IN PART I (a)  
DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION  
ATTENDED THE DECEASED FROM 5-26-70 TO 6-3-70  
HOUR OF DEATH 10:00 A.M.  
HOURS AND LAST SAW HIM/HER ALIVE ON: 6-3-70  
AUTOPSY (YES/NO) YES  
IF SUFFERED IN DETERMINING CAUSE OF DEATH (YES/NO) YES

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE, AND FROM THE CAUSE(S) STATED.  
NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED.  
SIGNATURE Dr. L.E. Perez  
DATE SIGNED 6/4/1970  
ILLINOIS LICENSE NUMBER 3576

MAILING ADDRESS—CERTIFIER Dr. L.E. Perez, 755 N. Ashland Ave., Chicago, Illinois 60622  
BIRTHPLACE (STATE OR FOREIGN COUNTRY) POLAND  
CITY OR TOWN Chicago, Illinois  
STREET AND NUMBER OR R. F. D. NO. 755 N. Ashland Ave., Chicago, Illinois  
CITY OR TOWN Chicago, Illinois  
STATE Illinois  
ZIP 60622

BURIAL CEMETERY OR CREMATORY NAME St. Adalbert  
LOCATION Niles, Illinois  
CITY OR TOWN Niles, Illinois  
STATE Illinois  
DATE 6-6-70  
CITY OR TOWN Niles, Illinois  
STATE Illinois  
ZIP 60646

FUNERAL HOME KOOP Funeral Home, 5844-48 N. Milwaukee Ave., Chicago, Ill. 60646  
FUNERAL DIRECTOR'S SIGNATURE Thaddeus M Larkowski  
FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 7233

LOCAL REGISTRAR'S SIGNATURE Murray C. Brown  
CHICAGO BOARD OF HEALTH DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)  
Chicago Civic Center, Room 105 Concourse Level, Chicago 60602 JUN 5 1970

ILLINOIS DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL RECORDS  
BASED ON 1968 U.S. STANDARD CERTIFICATE

STATE OF ILLINOIS  
COUNTY OF COOK } SS  
CITY OF CHICAGO

I, Murray C. Brown, M.D., Local Registrar of Vital Statistics of the City of Chicago, do hereby certify that I am the keeper of the records of births, stillbirths and deaths of the City of Chicago by virtue of the laws of the State of Illinois and the ordinances of the City of Chicago; that the accompanying certificate on this sheet is a true copy as a record kept by me in pursuance of said laws and ordinances.

**This Certified Copy VALID Only When Original BLUE SEAL And BLUE SIGNATURE Are Affixed.**

Murray C. Brown  
LOCAL REGISTRAR



REGISTRATION DISTRICT NO. 16.10  
REGISTERED NUMBER

STATE OF ILLINOIS  
**MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER  
**627997**

DECEASED—NAME: Steven Steven John Okajewicz  
FIRST MIDDLE LAST  
SEX: Male  
DATE OF DEATH: December 14, 1977  
(MONTH, DAY, YEAR)

1. RACE: White  
2. AGE—LAST BIRTHDAY (YR., MO., DAY): 53  
3. UNDER 1 YEAR UNDER 1 DAY: 6 August 3, 1924  
4. PLACE OF BIRTH: Cook  
5. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: Chicago  
6. HOSPITAL OR OTHER INSTITUTION—NAME: (IF NOT IN EITHER, GIVE STREET AND NUMBER)

7a. BIRTHPLACE (STATE OR FOREIGN): Illinois  
7b. CITIZEN OF WHAT COUNTRY: United States  
7c. US. WAR VETERAN: Yes  
7d. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIDOWED, NEVER MARRIED, DIVORCED, WIDOWED):  
8. SOCIAL SECURITY NUMBER: 348-14-5048  
9. USUAL OCCUPATION: Machinist  
10. KIND OF BUSINESS OR INDUSTRY: Grass Mach.  
11. WAR OR DATES OF SERVICE: World War Two  
12. RESIDENCE: Illinois  
13a. COUNTY: Cook  
13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO.: Chicago  
13c. STREET AND NUMBER: Yes 146504 North Nava  
14. MOTHER—MAIDEN NAME: Ann Gacka

15. FATHER—NAME: Dominic Okajewicz  
16. MOTHER—MAIDEN NAME: Ann Gacka  
17a. INFORMANT'S SIGNATURE: Dorothy Williams  
17b. RECORDS: 17c. 333 East Huron Street Chicago, Illinois  
17d. REHOSPITAL MAILING ADDRESS (STREET AND NO. OR R. P. D., CITY OR TOWN, STATE, ZIP)

18. PART I. DEATH WAS CAUSED BY: Old and recent myocardial infarction  
19. IMMEDIATE CAUSE: (a) Diabates Mellitus  
20. DUE TO OR AS A CONSEQUENCE OF: (b) Diabates Mellitus  
21. DUE TO OR AS A CONSEQUENCE OF: (c) Diabates Mellitus

22. DATE OF OPERATION, IF ANY: November 19, 1977  
23. MAJOR FINDINGS OF OPERATION: (a) Old and recent myocardial infarction  
24. PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I: (a) Diabates Mellitus

25. DECEASED FROM: November 19, 1977  
26. TIME LAST SEEN ALIVE: December 14, 1977  
27. HOUR OF DEATH: 1:05 A. M.  
28. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE, AND FROM THE CAUSE(S) STATED.  
29. SIGNATURE: *Henry C. Brown*  
30. MAINTAINING ADDRESS—CERTIFIER: 333 East Huron Street Chicago Illinois 60611

31. BIRTHPLACE (STATE OR FOREIGN): Illinois  
32. CITIZEN OF WHAT COUNTRY: United States  
33. US. WAR VETERAN: Yes  
34. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIDOWED, NEVER MARRIED, DIVORCED, WIDOWED):  
35. SOCIAL SECURITY NUMBER: 348-14-5048  
36. USUAL OCCUPATION: Machinist  
37. KIND OF BUSINESS OR INDUSTRY: Grass Mach.  
38. WAR OR DATES OF SERVICE: World War Two  
39. RESIDENCE: Illinois  
40a. COUNTY: Cook  
40b. CITY, TOWN, TWP. OR ROAD DISTRICT NO.: Chicago  
40c. STREET AND NUMBER: Yes 146504 North Nava  
41. MOTHER—MAIDEN NAME: Ann Gacka

42. FATHER—NAME: Dominic Okajewicz  
43. MOTHER—MAIDEN NAME: Ann Gacka  
44. INFORMANT'S SIGNATURE: Dorothy Williams  
45. RECORDS: 46. 333 East Huron Street Chicago, Illinois  
47. REHOSPITAL MAILING ADDRESS (STREET AND NO. OR R. P. D., CITY OR TOWN, STATE, ZIP)

48. PART I. DEATH WAS CAUSED BY: Old and recent myocardial infarction  
49. IMMEDIATE CAUSE: (a) Diabates Mellitus  
50. DUE TO OR AS A CONSEQUENCE OF: (b) Diabates Mellitus  
51. DUE TO OR AS A CONSEQUENCE OF: (c) Diabates Mellitus

52. DATE OF OPERATION, IF ANY: November 19, 1977  
53. MAJOR FINDINGS OF OPERATION: (a) Old and recent myocardial infarction  
54. PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I: (a) Diabates Mellitus

55. DECEASED FROM: November 19, 1977  
56. TIME LAST SEEN ALIVE: December 14, 1977  
57. HOUR OF DEATH: 1:05 A. M.  
58. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE, AND FROM THE CAUSE(S) STATED.  
59. SIGNATURE: *Henry C. Brown*  
60. MAINTAINING ADDRESS—CERTIFIER: 333 East Huron Street Chicago Illinois 60611

December 16, 1977  
STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO } SS

I, Murray C. Brown, M.D. Local Registrar of Vital Statistics of the City of Chicago, do hereby certify that I am the keeper of the records of births, stillbirths and deaths of the City of Chicago by virtue of the laws of the State of Illinois and the ordinances of the City of Chicago; that the accompanying certificate on this sheet is a true copy as a record kept by me in pursuance of said laws and ordinances.

This Certified Copy VALID  
Only When Original BLUE  
SEAL And BLUE SIGNATURE  
Are Affixed.

*Henry C. Brown*  
LOCAL REGISTRAR



DISTRICT NO. 76.10  
REGISTERED NUMBER  
MEDICAL CERTIFICATE OF DEATH  
NUMBER

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)  
1. COUNTY OF DEATH AGE LAST BIRTHDAY (MOS, YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)  
4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION (NAME, IF NOT IN EITHER, GIVE STREET AND NUMBER) (IF HOSP OR INST, INDICATE B.O.A. OTHER, N.A., A.VENY (SPECIFY))  
6a. Chicago 8b. 6627 W. Albion

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED NEVER MARRIED (WIDOWED, DIVORCED (SPECIFY))  
7. Chicago, IL. 8a. Married 8b. Regina Baranowski  
SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)  
10. 360-18-0869 11a. Quality Control 11b. Manufacturing 12. 10  
RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY  
13a. 6627 W. Albion 13b. Chicago 13c. Yes 13d. Cook

STATE ZIP CODE FACE (WHITE, BLACK, AMERICAN INDIAN etc.) (SPECIFY)  
13a. Illinois 13b. 60631 13c. White  
FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE LAST (M.A.DEN) LAST  
14. Dominick Okajewicz 15. Antonina  
INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)  
17a. Regina Okajewicz 17b. Spouse 17c. 6627 W. Albion Chicago, IL. 60631

18. PART I. Immediate Cause (Final disease or condition resulting in death) (a) NEUROENDOCRINE LIVER TUMOR HEMORRAGE & MOLLUSKS  
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF  
STATING THE UNDERLYING CAUSE LAST. (b) DUE TO, OR AS A CONSEQUENCE OF  
(c)

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.  
DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION  
20a. (MONTH, DAY, YEAR) 20b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21c. 9:00 A.M.  
20c. YES  NO  20d. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?  
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. HOUR OF DEATH  
21b. DATE SIGNED (MONTH, DAY, YEAR) M.  
22a. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22b. ILLINOIS LICENSE NUMBER  
22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 22d. DATE SIGNED (MONTH, DAY, YEAR) M.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)  
24a. Cremation 24b. Cremation Services, Inc. 24c. Schiller Park, Illinois 24d. August 7, 2007  
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP  
25a. Lawrence Funeral Home, 4800 North Austin, Chicago, Illinois 60630

FUNERAL DIRECTOR'S SIGNATURES  
25b. Karen L. Christensen 034-014516  
LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)  
26a. Karen L. Christensen Karen L. Christensen  
26b. AUG 07 2007  
VIR200 (Rev. 5/89) Illinois Department of Public Health—Division of Vital Records (BASED ON 1969 U.S. STANDARD CERTIFICATE)

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO  
AUG 07 2007

TERRY MASON M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS FOR THE CITY OF CHICAGO AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN OBLIVANCE OF SAID LAW AND ORDINANCES.



CITY OF CHICAGO  
DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.