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Doc#: 1500734032 Fee: \$40.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 01/07/2015 10:06 AM Pg: 1 of 2

130602800196

7/8

AFFIDAVIT OF HEIRSHIP

10-31-408-004-0000
Re: 6627 W. ALBION AVE
Chicago, IL 60631
ATGF #130602800196, 130602800197

LOT 3 IN THE SUBDIVISION OF LOTS 10, 11 AND 12 IN SWANSON'S RESUBDIVISION OF BLOCK 51 IN NORWOOD PARK, IN THE SOUTH EAST 1/4 OF SECTION 31, TOWNSHIP 41 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

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 **EDWARD T. OKAJEWICZ** who died on August 4, 2007. He left a Will dated March 4, 2002 which was filed with the probate court on August 4, 2007. The estate was not probated.

1. That Edward T. Okajewicz was married once to Regina M. Okajewicz, who survived him. She subsequently died on March 10, 2010.

a. That no children were born to this marriage or to Edward T. Okajewicz. Although his Will mentioned children, these were the children of his wife, Regina M. Okajewicz. He did not adopt them.

The parents of Edward T. Okajewicz predeceased him.

The only heir of Edward T. Okajewicz was **REGINA M. OKAJEWICZ**.

That no inheritance taxes were due as the result of his death. That all last expenses, debts and funeral expenses were paid in full and affiant is unaware of any unpaid debts.

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.

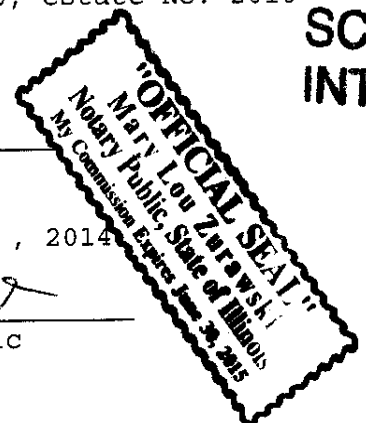
Patricia D. Haye
PATRICIA D. HAYE

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

Return to: Mary Lou Zurawski
628 Berkshire Ln Des Plaines, IL 60016

Mary Lou Zurawski
Notary Public

prepared by:



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DISTRICT NO. **16.10**
REGISTERED NUMBER
MEDICAL CERTIFICATE OF DEATH
NUMBER

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
1. COUNTY OF DEATH **Edward T. Okajewicz** 2. Male 3. August 4 2007
4. **Cook** 5a. BIRTH-AGE (MOS. YRS) 5b. UNDER 1 DAY 5c. UNDER 1 DAY 5d. DATE OF BIRTH (MONTH, DAY, YEAR)
CITY, TOWN, TWP. OR ROAD, DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION (NAME IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSPITAL, INDICATE ROOM OR FLOOR (SPECIFY)
8a. **Chicago** 8b. 6627 W. Albion
9. **Hospice**

10. **Chicago** 11a. **Quality Control** 11b. **Manufacturing** 12. **10** 13a. **6627 W. Albion** 13b. **Chicago** 13c. **Yes** 13d. **Cook**
13a. **Illinois** 13b. **60631** 14a. **White** 14b. **XXNO** 14c. **Yes** 14d. **Specify:**
15. **Dominick Okajewicz** 16. **Antonina** 17a. **Spouse** 17b. **6627 W. Albion Chicago, IL. 60631**
18. **Regina Okajewicz** 19. **Unavailable**

18. PART I. Immediate Cause (Final disease or condition resulting in death) Enter the disease(s), or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.
NEUROENDOCRINE LIVER TUMOR PANCREAS & MOLLUSKS
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b)
STATING THE UNDERLYING CAUSE LAST. (c)
PART II. Other significant conditions contributing to death but not resulting in the underlying causes given in PART I.

20a. DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION
20b. **08/03/07**
21a. **NO** 21b. **NO** 21c. **9:00 A.M.**
22a. SIGNATURE AND ADDRESS OF CERTIFIER (TYPE OR PRINT) NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER
Thomas J. Stabick MD
See Austin, Ste 400L, Evanston, IL 60202
22b. DATE SIGNED (MONTH, DAY, YEAR)
08/06/2007
22c. ILLINOIS LICENSE NUMBER
036 057641

23. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
Chicago, IL. Married
24a. CREMATION SERVICES, INC. NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
24b. Cremation Services, Inc. Schiller Park, Illinois 24d. August 7, 2007
25a. **Lawrence Funeral Home, 4800 North Austin, Chicago, Illinois 60630**
25b. **Karen L. Christensen** 25c. **034-014516**
26a. **AUG 07 2007**
26b. **AUG 07 2007**

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 ORDINANCE OF SAID LAW AND ORDINANCES.


Terry Mason M.D.
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.