130602800196

UNOFFICIAL COPY



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

AFFIDAVIT OF HEIRSHIP

10-31-408-004-0000 Re: 6627 W. Albion AVE Chicago, IL 60631 ATGF #130602800196, 150602800197

LOT 3 IN THE SUBDIVISION OF LOTS 10, 11 AND 12 IN SWANSON'S RESUBDIVISION OF BLOCK 51 IN NORWOOD PARK, IN THE SOUTH LAST 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 Maich 10, 2010.
- a. That no children were born to this marriage of 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. OKAJEVIC.

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

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

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

A prepared by.

Notary Public

S_P P_S_ SC_ INT_ VH200 (Rev. 5/89) AND LAST SAW HIM HERALIVE ON DATE OF OPERATION, IF ANY FUNERAL HOME 24a.Cremation BURIAL, CREMATION, REMOVAL (SPECIFY) 23 13e. 250 FUNERAL DIRECTOR'S SIGNATL TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLA $(c)^2$ And due to the cause(s) stated. STATE NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 22c 13a. NAME AND ADDRESS OF CERTIFIER P2a. SIGNATURE ▶ PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PARTI. CONDITIONS, IF ANY WHICH GIVE RISE TO MMEDIATE CAUSE (a) STATING THE UNDERLYING RESIDENCE (STREET AND NUMBER) SOCIAL SECURITY NUMBER BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 4. COOK
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER disease or condition resulting in death) 18. PART I. ATHER-NAME Immediate Cause (Final VEORMANT'S NAME (TYPE OR PRINT) AUSE LAST Chicago, IL. 360-18-0869 Lawrence Funeral Home, Sico Regina Okajewicz 6627 W. Albion Chicago AUSTIN, Dominick Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory ores, shock, or heart failure. List only one cause on each line. ZIP CODE | 24b. Cremation Services, Inlate | Inl CEMETERY OR CREMATORY-MA. 1 DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF a 60631 MIDDLE MAJOR FINDINGS OF OPERATION Quality Control WARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) USUAL OCCUPATION 21.5 NEW ROENDOCK INC (TYPE OR PRINT) Mrs X Married (MONTH, DAY, YEAR) illinois Department of Public Health—Division of Vital Records, RACE (WHITE, BLACK, AMERICAN INDIAN, 810.) (SPECIFY) X381 morning 8 HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 4800 North Austin, Okajewicz がなるが 000 T IN TOF PRINT) CITY, TOWN, TWP. OR HOAD DISTRICT NO. Versy Kray 17b. Ξ Ç, Karen 116 Manufacturing KIND OF BUSINESS OF INDUSTRY NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) Spowse Chicago

On: : 188 ANIC ORIGIN? (SPECIFYNOORYES-IFYES, SPECIFY CUBAN, MEXX, AN PUERTO RICAN, 80.) Albion S LUCATION Regina Baranowski ŗ MOTHER-NAME 1 11.16% Christensen_{25c} Schiller Park. 17c MAILING ADDRESS (STREET AND NO. ORR. F.O., CITY COTT WIN, STATE, ZIP) 1 Chicago, 6627 W. Albion chicago, EXAMINER NOTIFIED? (YESNO) CITY OF TOWN 21b. 60202 Antonina CANOR 12 EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
Elementary/Secondary (0-12)
College (1-4 or 5+) ö Illinois DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 26b (YES/NO) SPECIFY: Illinois 124d. 034-014516 CHNCER IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20 C. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER WÜST BE NOTIFIED. DATE SIGNED ELINOIS LICENSE NUMBER 21c. HOUR OF DEATH AUG 0 7 2007 (MILE) 9:00 A.M. YES | NO | OP/EMER. RM, N. NATIENT (SPECIFY) COUNTY 60630 S COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b. navailable 100/2001 Hospice ("MAIDEN) LAST WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) August 7,2007 II. £, ETWEEN ONSET AND DEATH (MONTH, DAY, YEAR) (MONTH, DAY, YEAR) 1834.60 NOUTKS 60631 Yes

> Ch rais LOCAL REGISTRAR

ACCOMPANYING CERTIFICATE ON THIS THE CITY OF CHICAGO; THAT THE OF ILLINOIS AND THE ORDINANCES OF SHEET IS A TRUE COPY OF A RECORD LAW AND ORDINANCES KEPT BY ME IN ORDINANCE OF SAID

I TERRY MASON M.D., LOCAL

BY VIRTUE OF THE LAWS OF THE STATE

AND DEATHS FOR THE CITY OF CHICAGO THE RECORDS OF BIRTHS, STILLBIRTHS

CERTIFY THAT I AM THE KEEPER OF REGISTRAR OF VITAL STATISTICS OF

THE CITY OF CHICAGO, DO HEREBY

STATE OF ILLINOIS CITY OF CHICAGO COUNTY OF COOK

Sure

COUNTY OF DEATH

DECEASED-NAME NUMBER

FIRST

MIDDLE Η.

5

0kajewicz UNDER 1 YEAR

UNDER

1DAY

DATE OF BIRTH (MONTH, DAY, YEAR) 5d. January 7,

1926

August 4

DATE OF DEATH

(MONTH, DAY, YEAR) 2007

2 Male SEX

Z

Edward

BIRTHBAY (YRS)

REGISTERED DISTRICT NO.

MEDICAL CERTIFICATE

9

DEATH

NUMBER

MULTICOLOR SIGNATURE SEAL IS THIS CERTIFICATE COPY VALID WHEN AFFIXED.