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Doc#: 1508408153 Fee: \$40.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 03/25/2015 03:11 PM Pg: 1 of 2

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

PROPERTY ADDRESS:
6220 S. Narragansett Avenue
Chicago, Illinois 60638

PIN: 19-18-429-042-0000 and
19-18-429-035-0000

The undersigned affiant being first duly sworn and under penalty of perjury on oath states that she resides at the address below.

That she was acquainted with GREZEGORZ BARTOSZEWSKI deceased who, at the time of his death, was one of the owners of the land described as:

**LOT 9 (EXCEPT THE NORTH 1.40 FEET THEREOF) IN FREDERICK H. BARTLETT'S
NARRAGANSETT PARK 1ST ADDITION, BEING A RE-SUBDIVISION OF LOTS 1 AND 4 OF BLOCK 8 IN
HALL'S ADDITION TO CHICAGO, BEING A SUBDIVISION OF THE EAST 1/2 OF THE SOUTH EAST
1/4 OF SECTION 18, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN
AND
THE EAST 1/2 OF THE NORTH 1/2 OF LOT 5 (EXCEPT THE SOUTH 62 FEET THEREOF) IN BLOCK 8
IN HALL'S ADDITION TO CHICAGO, BEING A SUBDIVISION OF THE EAST 1/2 OF THE SOUTH
EAST 1/4 OF SECTION 18, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL
MERIDIAN, IN COOK COUNTY, ILLINOIS.**

That the deceased died SEPTEMBER 3, 2014, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

That from the Estate of the deceased:

No State Inheritance and /or Federal Estate Taxes were due.

That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased does not exceed the sum of (\$100,000.00) ONE HUNDRED THOUSAND dollars.

State of Illinois
County Cook

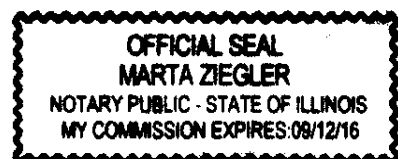
Dated: March 2, 2015

MARGARET BARTOSZEWSKI
9323 South 52nd Avenue
Oak Lawn, Illinois 60453

Subscribed and sworn to before me by the said MARGARET BARTOSZEWSKI

this 2nd day of MARCH, 2015

Marta Ziegler
Notary Public



Prepared by:
The Law Offices of Eileen Kerlin Walsh, P.C., 11301 South Harlem Avenue, Worth, Illinois 60482

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**COOK COUNTY CLERK VITAL RECORDS
CHICAGO, ILLINOIS
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2014 0066941

DATE ISSUED 9/8/2014

DECEDENT'S LEGAL NAME GRZEGORZ BARTOSZEWSKI		SEX MALE	DATE OF DEATH SEPTEMBER 03, 2014	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 82 YEARS	DATE OF BIRTH MARCH 11, 1932		
CITY OR TOWN PALOS HEIGHTS		HOSPITAL OR OTHER INSTITUTION NAME MANOCARE OF PALOS HEIGHTS EAST		
PLACE OF DEATH HOSPICE FACILITY				
BIRTHPLACE POLAND	SOCIAL SECURITY NUMBER 347-44-4647	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME HENRYKA ODROWSKI	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 9315 S 52ND AVENUE		APT. NO.	CITY OR TOWN OAK LAWN	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60453	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION TEOFIL BARTOSZEWSKI	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MARIA OCHYLSKI
INFORMANT'S NAME HENRYKA BARTOSZEWSKI		RELATIONSHIP WIFE	MAILING ADDRESS 9315 S 52ND AVE, OAK LAWN, IL, 60453	
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION HOLY SEPULCHRE CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE ALSIP, IL	DATE OF DISPOSITION SEPTEMBER 06, 2014
FUNERAL HOME THOMPSON AND KUENSTER FUNERAL HOME, 5570 W. 95TH STREET, OAK LAWN, IL, 60453				
FUNERAL DIRECTOR'S NAME ROBERT BERNARD KUENSTER			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011257	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR SEPTEMBER 5, 2014	
CAUSE OF DEATH PART I. CONGESTIVE HEART FAILURE				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	WEEKS	
		b.	Due to (or as a consequence of):	
		c.	Due to (or as a consequence of):	
			Due to (or as a consequence of):	
PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I.			WAS AN AUTOPSY PERFORMED? NO	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS: NOT APPLICABLE			MANNER OF DEATH NATURAL	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?	
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED:			IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 02:15 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED SEPTEMBER 05, 2014	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH HAMB: KHILSEH, MD, 3830 W 95TH, EVERGREEN PARK, ILLINOIS, 60805			PHYSICIAN'S LICENSE NUMBER 036110790	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

David Orr
David Orr
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE