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Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 10/30/2015 08:51 AM Pg: 1 of 4

Property of Cook County Clerk's Office

Deceased Joint Tenant Affidavit

ORNTIC File Number: 1563158
Old Republic National Title
20 South Clark, Suite 2000
Chicago, IL 60603
312/641-7799

1 of 3

Prepared by 3 Meul to:
James J. Morrone
12920 S. Ridgeland Unit C
Palmer Heights, IL 60463

CCRD REVIEWER Red

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**STATE OF ILLINOIS
CERTIFICATE OF DEATH**

REGISTRATION DISTRICT NO. **16.10**

LOCAL FILE NUMBER

STATE FILE NUMBER

1. DECEASED'S LEGAL NAME (include AKA, if any) (Print, Middle, Last)
CHESTER P. PIOTRAK

2. SEX
MALE

3. DATE OF DEATH (Month/Day/Year)
MARCH 17, 2009

4. COUNTY OF DEATH
COOK

5a. AGE AT LAST BIRTHDAY (Year)
83

5b. UNDER 1 YEAR
Months: Days: Hours: Minutes:

5c. UNDER 1 DAY
Hours: Minutes:

6. DATE OF BIRTH (Month/Day/Year)
DECEMBER 1, 1925

7a. CITY OR TOWN
CHICAGO

7b. HOSPITAL OR OTHER INSTITUTION NAME (if not at home, give street and number)
4342 WEST 82ND PLACE

8. PLACE OF DEATH (Check only one, see instructions)
 In a hospital
 Emergency Room/Outpatient Dead on Arrival
 If death occurred somewhere other than a hospital:
 Hospice facility Nursing Home/Long-term care facility Decedent's home Other (Specify):

9. SOCIAL SECURITY NUMBER
[REDACTED]

10. MARITAL STATUS AT TIME OF DEATH
 Married Married but separated Widowed Divorced Never Married Unknown

11. SURVIVING SPOUSE'S NAME (If wife, give her name prior to her marriage)
RITA MUZENSKI

12. EVER IN U.S. ARMED FORCES
 Yes No

13a. RESIDENCE (Street and number)
4342 WEST 82ND PLACE

13b. APT. NO.

13c. CITY OR TOWN
CHICAGO

13d. INSIDE CITY LIMITS
 Yes No

14. FATHER'S NAME (Print, Middle, Last)
PETER PIOTRAK

15. MOTHER'S NAME (Print, Middle, Last)
MARY KURPIEWSKI

16. RELATIONSHIP
WIFE

17. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code)
4342 WEST 82ND PLACE CHICAGO IL 60652

18. METHOD OF DISPOSITION
 Burial Cremation Donation Entombment Other (Specify):

19. PLACE OF DISPOSITION (Name of cemetery, crematory, etc.)
ROSA SEPULCHRE CEMETERY

20. DATE OF DISPOSITION (Month/Day/Year)
MARCH 21, 2009

21. LOCATION - CITY, TOWN AND STATE
ALSIP ILLINOIS

21a. FUNERAL HOME NAME
ROBERT J. SHEEHY & SONS

21b. STREET AND NUMBER
4950 WEST 79TH STREET

21c. CITY OR TOWN
BURBANK

21d. STATE
IL

21e. ZIP
60459

22. FUNERAL DIRECTOR'S SIGNATURE
James M. Sheehy

22a. FUNERAL DIRECTOR'S ILLINOIS LICENSE NO. AND YEAR
034 012007

23. LOCAL REGISTRAR'S SIGNATURE
Shirley M. ...

23a. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year)
03 23 09

CAUSE OF DEATH (See instructions and examples)

24. 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 etiology. If the decedent had a terminal related disease, Parkinson's Disease, or Prion Protein Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one term on a line. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition leading to death) → **NON HODGKINS LYMPHOMA**

25. DOCUMENTARY 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

26. PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

27. DID TOBACCO USE CONTRIBUTE TO DEATH?
 Yes Probably Unknown

28. IF FEMALE:
 Not pregnant within past 12 months
 Not pregnant, but pregnant within 42 days of death
 Not pregnant, but pregnant 43 days to 1 year before death

29. If death occurred at time of death:
 In fatal fall or from assault
 Poisoned within one year of death, but time unknown
 Unknown if pregnant within the past 12 months

30. DATE OF INJURY (Month/Day/Year)

31. TIME OF INJURY
 A.M. P.M.

32. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, residence, etc.)

33. INJURY BY (Vehicle, Fire, etc.)

34. LOCATION OF INJURY - Street and Number
Apartment Number
City or Town
State
ZIP Code

35. DESCRIBE HOW INJURY OCCURRED.

36. IF TRANSPORTATION MODE SPECIFIED:
 Driver/Operator Pedestrian Passenger Other (Specify):

37. DID I (YOU) NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON
1/29/09

38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? Yes No

39. DATE PRONOUNCED (Month/Day/Year)

40. TIME OF DEATH
10:50 AM XX

41. CERTIFIER (Check only one):
 Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated.
 Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated.
 Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

42. NAME ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24)
RAYMOND P. WEISS, MD, 4040 W. 117th St. CHICAGO, IL 60653

43. PHYSICIAN'S LICENSE NUMBER
036070465

44. TITLE OF CERTIFIER
PHYSICIAN

45. DATE CERTIFIED (Month/Day/Year)
3/20/09

46. SIGNATURE OF CERTIFIER
Raymond P. Weiss, MD

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Revised on the 2003 U.S. Standard Certificate

Illinois Department of Public Health - Division of Vital Records

VR200 (Rev. 1/08)

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EXHIBIT A

Lot 128 in Second Addition to Crest Line Highland's Subdivision, Being a Subdivision of Part of the Northeast Quarter and Part of the Northwest Quarter of Section 34, Township 38 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois

Commonly known as: 4342 W. 82nd Place, Chicago, Illinois 60652
P.J.N.: 19-34-207-001-0000

Property of Cook County Clerk's Office