STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

IN RE ESTATE OF)
)
)
HELEN M. KOKOT)
)
Deceased)

1601219010

Doc#: 1601219010 Fee: $44.00
RHSP Fee:$9.00 RPRF Fee: $1.00
Karen A.Yarbrough
Cook County Recorder of Deeds
Date: 01/12/2016 09:56 AM Pg: 1 of 4

AFFIDAVIT OF HEIRSHIP

NOW COMES, **KARLYNN KOKOT**, being duly sworn on oath and deposes and states as follows:

1) That she resides at 1377 Wentworth Avenue, Calumet City, IL 60409.

2) That she is the daughter of the Decedent, **HELEN M. KOKOT**, and is of legal age and no disability.

3) That the Decedent died a resident of the City of Calumet City, County of Cook, State of Illinois on February 17, 2008 as evidenced by the death certificate attached hereto as "Exhibit A".

4) That the Decedent owned the property commonly known as 1377 Wentworth Avenue, Calumet City, Illinois 60409 and legally described as follows:

LOT TWENTY-FIVE (25) AND THE NORTH HALF OF LOT TWENTY-FOUR (24) IN BLOCK TWO (2) IN GOLD COAST FIRST ADDITION, BEING A SUBDIVISION OF THAT PART OF FRACTIONAL NORTH EAST QUARTER (N.E.1/4) LYING SOUTH OF THE CENTER LINE OF PRAIRIE ROAD AND WEST OF A LINE WHICH IS PARALLEL TO AND 743.2 FEET WEST OF THE ILLINOIS-INDIANA STATE LINE, ALSO A SUBDIVISION OF THAT PART OF THE NORTH HALF OF THE NORTH HALF OF THE FRACTIONAL SOUTH EAST QUARTER (S.E.1/4) LYING WEST OF A LINE WHICH IS PARALLEL TO AND 743.2 FEET WEST OF THE ILLINOIS-INDIANA STATE LINE, ALL IN SECTION 20, TOWNSHIP 36 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

P.I.N. 30-20-204-046-0000

5) That the Decedent was married once to **KARL L. KOKOT** who predeceased the decedent on March 23, 1989, a copy of his death certificate is attached hereto as "Exhibit B".

BM

6.) That the following are the only children born to or adopted by the decedent and **KARL L. KOKOT** during their marriage or during their lifetime:

KARLYNN KOKOT	**legal age**	**no disability**
THOMAS KOKOT	**legal age**	**no disability**
DANIEL KOKOT	**legal age**	**no disability**

7.) That the Affiant makes this Affidavit for the sole purpose of establishing the following as the only heirs at law of the Decedent, **HELEN M. KOKOT:**

KARLYNN KOKOT, Daughter
THOMAS KOKOT, Son
DANIEL KOKOT, Son

KARLYNN KOKOT, AFFIANT

SUBSCRIBED AND SWORN to before me this 11th day of January, 2016.

NOTARY PUBLIC

OFFICIAL SEAL
JOHN F PELKEY
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:12/16/17

This Instrument Prepared by and Mail to:

JOHN F. PELKEY
Attorney at Law
1461 Ring Road
Calumet City, IL 60409
708-862-0101

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

"A"

Local No. H16-08 State No.

1. Decedent's Legal Name (First, Middle, Last)	1a. Maiden Last Name (If Female)	2. Sex	3. Time Of Death	4. Date Of Death (Month/Day/Year)
Helen M. Kokot	Kisala	Female M	9:14 PM	Feb 17,2008

5. Social Security Number	5a. Age Yrs	5b. Under 1 Year Months	5c. Under 1 Month Days	5d. Under 1 Day Hours	5e. Under 1 Hour Minutes	7. Date Of Birth (Month/Day/Year)	8. Birthplace (City And State Or Foreign Country)
[redacted]3466	82					August 20, 1925	Chicago, IL

9. Ever In U.S. Armed Forces? ☐ Yes ☒ No ☐ Unknown

10. If Death Occurred In A Hospital: ☒ Inpatient ☐ Emergency Department Outpatient ☐ Dead On Arrival

10a. If Death Occurred Somewhere Other Than A Hospital: ☐ Hospice Facility ☐ Decedent's Home ☐ Nursing Home/Long-Term Care Facility ☐ Other (Specify)

11. Facility Name (If Not Institution, Give Street And Number)
St. Margaret Mercy North Campus

12. City Or Town, State, And Zip Code
Hammond, IN 46320

13. County Of Death
Lake

14. Marital Status At Time Of Death ☐ Married ☐ Married, But Separated ☐ Divorced ☒ Widowed ☐ Never Married ☐ Unknown

15. Surviving Spouse's Name
None

15a. (If Wife)Give Maiden Last Name
NA

16. Decedent's Usual Occupation
Homemaker

17. Kind Of Business/Industry
Own home

18. Residence – State
Illinois

18a. County
Cook

18b. City Or Town
Calumet City

18c. Street And Number
1377 Wentworth Ave.

18d. Apt. No.

18e. Zip Code
60409

18f. Inside City Limits? ☒ Yes ☐ No

19. Decedent's Education
Please select education level: 13

20. Decedent Of Hispanic Origin
Please select Hispanic origin, if any: No

21. Decedent's Race
Please select race: White

22. Father's Name (First, Middle, Last)
Frank Kisala

23. Mother's Name (First, Middle, Last)
Mary Kisala

23a. Mother's Maiden Last Name
Kuzniar

24. Informant's Name
Karlynn Kokot

24a. Relationship To Decedent
Daughter

24b. Mailing Address (Street And Number, City, State, Zip Code)
1377 Wentworth Calumet City, IL 60409

25. Place Of Disposition

25a. Method Of Disposition: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify):

25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)
Holy Cross Cemetery

25c. Location – City, Town, And State
Calumet City, Illinois

26. Was Coroner Contacted? ☐ Yes ☒ No

27. Name And Complete Address Of Funeral Facility
LaHayne Funeral Home
6955 Southeastern Hammond, IN 46320

27a. Funeral Home License Number:
FH19400005

27b. Signature Of Indiana Funeral Service Licensee
Ellen B LaHayne

27c. License Number (Of Licensee)
FDO 1000847

Cause Of Death (See Instructions And Examples)

28. 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 The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.

Approximate Interval: Onset To Death

Immediate Cause (Final Disease Or Condition Resulting In Death) A. End Stage Alzheimers Dx.

Due To (Or As A Consequence Of): B.

Sequentially List 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

Due To (Or As A Consequence Of): C

Due To (Or As A Consequence Of): D.

Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I: Hypertension

29. Was An Autopsy Performed?

30. Were Autopsy Findings Available To Complete The Cause Of Death?

THIS CERTIFIES THAT THIS IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY IN HEALTH DEPARTMENT

FEB 25 2008

31. Did Tobacco Use Contribute To Death? ☐ Yes ☐ Probably ☒ No ☐ Unknown

32. If Female: ☒ Not Pregnant Within Past Year ☐ Pregnant At Time Of Death ☐ Not Pregnant, But Pregnant Within 42 Days Of Death ☐ Not Pregnant, But Pregnant 43 Days To 1 Year Before Death ☐ Unknown If Pregnant Within The Past Year

33. Manner Of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could Not Be Determined

34. Date Of Injury (Month/Day/Year)

35. Time Of Injury

36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)

36a. Injury At Work? ☐ Yes ☐ No

37. Location Of Injury - State

38. Location Of Injury - City Or Town

38a. Street & Number

38b. Apt. No.

Susan J Bast D.O.

39 Describe How Injury Occurred

40. If Transportation Injury, Specify: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

41. Signature Of Person Certifying Cause Of Death: William Zato DO

42. Certifier (Check Only One): ☒ Certifying Physician ☐ Coroner ☐ Health Officer

43. Name, Address And Zip Code Of Person Certifying Cause Of Death: William Zato, DO 1121 S. Indiana Ave Crown Point, IN 46307

44. License Number: 02000629

45. Date Certified: 2/21/08

46. Additional Funeral Service Provider: Schroeder-Lauer Funeral Home 3227 Ridge Lansing, IL

47. *Aka:

48. Signature of Local Health Officer: Susan J Bast D.O.

49. For Registrar Only – Date Filed (Month/Day/Year): February 25, 2008

State Form 10110 (R7/9-07) ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal. THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH "B"

Local No. 226

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

MAR 27 1989 — Date Issued

Franklin D. Premuda M.D. — Hammond Health Commissioner

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME: FIRST KARL; MIDDLE L.; LAST KOKOT
2. SEX: Male
3. DATE OF DEATH (Mo., Day, Yr.): MARCH 23, 1989
4. SOCIAL SECURITY NUMBER: [redacted]-7487
5a. AGE—Last Birthday (Years): 71
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): Jan. 9, 1918
7. BIRTHPLACE (City and State or Foreign Country): Chicago, Illinois
8. YEAR LAST SERVED IN U.S. ARMED FORCES?: No
9a. PLACE OF DEATH (Check only one. See instructions.): HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER: [ ] Nursing Home [ ] Residence [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): St. Margaret
9c. CITY, TOWN, OR LOCATION OF DEATH: Hammond
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Helen Kisala
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Metallurgist
12b. KIND OF BUSINESS/INDUSTRY: Steel
13a. RESIDENCE—STATE: Illinois
13b. COUNTY: Cook
13c. CITY, TOWN, OR LOCATION: Calumet City
13d. STREET AND NUMBER: 1377 Wentworth
13e. INSIDE CITY LIMITS? (Yes or no): Yes
13f. FARM: No
13g. ZIP CODE: 60409
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) [X] No [ ] Yes Specify:
15. RACE—American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+): 4

PARENTS

17. FATHER'S NAME (First, Middle, Last): Joseph Kokot
18. MOTHER'S NAME (First, Middle, Maiden Surname): Michalina Kendra

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Helen Kokot
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1377 Wentworth Calumet City, Il. 60409
19c. Relationship: Wife

DISPOSITION

20a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify)
20b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): March 27, 1989 Holy Cross Cemetery
20c. LOCATION—City or Town, State: Calumet City, Illinois
21a. SIGNATURE OF FUNERAL DIRECTOR: Anthony Solan
21b. LICENSE NUMBER (of Licensee): 1051840
22. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: 3002893 Solan F.H. 7109 Calumet, Hammond for Nowak F.H. Calumet City, Il. 60409

PRONOUNCING PHYSICIAN ONLY

ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

Complete items 23a-c only when certifying physician is not available at time of death to certify cause of death

23a. To the best of my knowledge, death occurred at the time, date, and place stated. Signature and Title: Prudencio Quesada M.D.
23b. LICENSE NUMBER: 01037227
23c. DATE SIGNED (Month, Day, Year): March 3-23-89.
24. TIME OF DEATH: 1940 P M
25. DATE PRONOUNCED DEAD (Month, Day, Year): 3-23-89. March 23, 1989
26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no): NO.

CAUSE OF DEATH

SEE INSTRUCTIONS

27. PART I. Enter the diseases, injuries, 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.

Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Gastro intestinal bleeding — Gastro Intestinal Bleeding
DUE TO (OR AS A CONSEQUENCE OF):
b. Chronic lymphatic leukemia — Chronic Lymphatic Leukemia
DUE TO (OR AS A CONSEQUENCE OF): Pulmonary Emphysema and Cor Pulmonale
c. Pulmonary emphysema and Cor Pulmonale
DUE TO (OR AS A CONSEQUENCE OF):
d.

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
Congestive heart failure, diabetes mellitus, incarcerated inguinal hernia — Incarcerated Inguinal Hernia; Congestive Heart Failure, Diabetes Mellitus

28a. WAS AN AUTOPSY PERFORMED? (Yes or no): No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)

SEE INSTRUCTIONS

CERTIFIER

29a. CERTIFIER (Check only one)

[X] CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23)
To the best of my knowledge, death occurred due to the cause(s) and manner as stated.

[ ] PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death)
To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

[ ] MEDICAL EXAMINER [ ] CORONER [ ] HEALTH OFFICER
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 as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER: John Lanman MD
29c. LICENSE NUMBER: 1F203
29d. DATE SIGNED (Month, Day, Year): March 24, 1989
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print): John Lanman M.D. 716 Seberger Dr., Munster Indiana 46321

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Franklin D. Premuda M.D.
32. DATE FILED (Month, Day, Year): MAR 27 1989

CORONER OR MEDICAL EXAMINER USE ONLY

33. MANNER OF DEATH: [ ] Natural [ ] Accident [ ] Suicide [ ] Homicide [ ] Pending Investigation [ ] Could not be Determined
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? (Yes or no)
34d. DESCRIBE HOW INJURY OCCURRED
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)