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Doc#: 1617416015 Fee: \$68.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 06/22/2016 10:41 AM Pg: 1 of 4

ESTATE OF **RAYMOND VINCENT SETLAK**)
Deceased) No.

AFFIDAVIT OF HEIRSHIP

DIANE JANOWSKI, LINDA PAPPAS and **KENNETH J. SETLAK** being first duly sworn on their oath, deposes and states as follows:

1. That they are the children of **RAYMOND VINCENT SETLAK**, who died on April 26, 2016.
2. That **RAYMOND VINCENT SETLAK** was married once and only once, and then to **JANET SETLAK**, who predeceased him.
3. That as a result of their marriage three (3) children were born and none adopted, as follows:
 - a. **DIANE JANOWSKI**, who is living and is an adult.
 - b. **LINDA PAPPAS**, who is living and is an adult.
 - c. **KENNETH J. SETLAK**, who is living and is an adult.
4. That **RAYMOND VINCENT SETLAK** never had or adopted any other children.
5. That the only heirs at law of **RAYMOND VINCENT SETLAK** are as follows: **DIANE JANOWSKI**, daughter, **LINDA PAPPAS**, daughter and **KENNETH J. SETLAK**, son.

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- 6. That is such they are the owners of the real estate set forth in Exhibit A & B.

Diane Janowski

 DIANE JANOWSKI

Linda Pappas

 LINDA PAPPAS

Kenneth J. Setlak

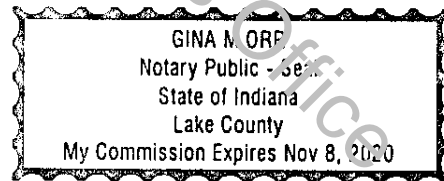
 KENNETH J. SETLAK

Subscribed and sworn to before me this

16th day of June 2016.

Gina M. Ore

 NOTARY PUBLIC





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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 86942

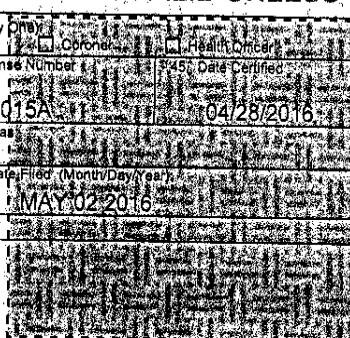
Local No 001414

EDR No 00000509147

State No

1. Decedent's Legal Name (First, Middle, Last) RAYMOND VINCENT SETLAK				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 04:32 PM	4. Date Of Death (Month/Day/Year) 04/26/2016			
5. Social Security Number		6a. Age - Yrs 88	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 04/04/1928		8. Birthplace (City and State of Foreign Country) HARRISBURG, PA		
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival			10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)						
11. Facility Name (If Not Institution, Give Street and Number) ST MARGARET MERCY HEALTHCARE CENTERS-HAMMOND											
12. City Or Town, State, And Zip Code HAMMOND, IN, 46320					13. County Of Death LAKE			14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name				15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation CARPENTER		17. Kind Of Business/Industry CARPENTRY			
18. Residence - State ILLINOIS			18a. County COOK		18b. City Or Town CHICAGO			18c. Street And Number 12851 SOUTH COMMERCIAL AVENUE	18d. Apt. No.	18e. Zip Code 60633	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED			20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race White					
22. Father's Name (First, Middle, Last) JOZEF SETLAK				23. Mother's Name (First, Middle, Last) MARY SETLAK			23a. Mother's Maiden Last Name LOREK				
24. Informant's Name LINDA PAPPAS			24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 15500 MERRILL AVENUE, SOUTH HOLLAND, IL 60473						
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) HOLY CROSS CEMETERY			25c. Location - City, Town, And State CALUMET CITY, IL					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility ANTHONY & DZIADOWICZ FUNERAL HOME, INC.-MUNSTER, 9445 CALUMET AVE, MUNSTER, IN 46321						27a. Funeral Home License Number FH83002916			
27b. Signature Of Indiana Funeral Service Licensee: HENRY J BLAKE, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD01019406					
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.											
Immediate Cause (Final Disease Or Condition Resulting In Death) A. ASPIRATION WITH CARDIORESPIRATORY FAILURE HOURS											
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 B. ACUTE ISCHEMIC STROKE, ASPIRATION PNEUMONIA, AND DEEP VEIN THROMBOSIS DAYS											
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I											
ESSENTIAL HYPERTENSION, HYPOTHYROIDISM						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death		33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation		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)		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code			
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Other					
41. Signature, Of Person Certifying Cause Of Death: RITESH PANWAR, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer					
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: RITESH PANWAR, 5454 HOHMAN AVE., HAMMOND, IN 46320						44. License Number 01075015A		45. Date Certified 04/28/2016			
46. Additional Funeral Service Provider: OPYT FUNERAL HOME						47. *Akas					
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): MAY 02 2016					

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)



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Exhibit A

Lots 22, 23, 24 and 25 in Ford Hegewisch Second Addition to Chicago, being a subdivision of Blocks 1, 2, 3, 4 (except the right of way of the Calumet Western Railroad Company) in the Subdivision of the Northwest $\frac{1}{4}$ of the Southwest $\frac{1}{4}$ of Section 30, Township 37 North, Range 15, East of the Third Principal Meridian, in Cook County, Illinois

Permanent Tax No.: 26-30-305-011-0000, 26-30-305-012-0000, 26-30-040-0000 & 26-30-305-040-0000

Property Address: 1264 S. Escanaba Ave., Chicago, Illinois 60633

Property of Cook County Clerk's Office