UNOFFICIAL COPY

STATE OF ILLINOIS)
) SS:
COUNTY OF COOK)



Doc# 1703946021 Fee \$42.00

RHSP FEE:\$9.00 RPRF FEE: \$1.00

KAREN A.YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 02/08/2017 10:54 AM PG: 1 OF 3

THIS DOCUMENT PREPARED BY AND MAIL TO:

JOHN M. MORRONE, ATTORNEY 12820 S. Ridgeland Ave., Unit C Palos Heights, L 60463

DECEASED JOINT TENANCY AFFIDAVIT

MARIA KACZOP, being first duly sworn, deposes and says:

- 1) That she resides at 14215 Timothy, Orland Park, IL 60462.
- 2) That she was acquainted with ZBIGNIEW A. KACZOR, who died on December 26, 2013 as evidenced by the attached copy of death certificate.
- That decedent was one of the owners of the land described commonly known as 14215 Timothy, Orland Park, IL 6/402.
- 4) That title to said property above is currently held by MARIA KACZOR and ZBIGNIEW A. KACZOR.
- 5) That said decedent left leaving no Last Will and Testament.
- That the total value of said decedent's estate for State of Illinois Inheritance Tax/Estate and Federal Estate Tax purposes does not exceed \$1,000.00.

MARIA KACZOR

SUBSCRIBED AND SWORN TO BEFORE

me this 33 day of January, 20

Notary Public

OF FICIAL SEAL
JOHN M MORRONE
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 07/25/17

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EXHIBIT "A" TO THE DECEASED JOINT TENANCY AFFIDAVIT

LEGAL DESCRIPTION:

LOT 70 IN CLEARVIEW ESTATES UNIT NUMBER 1, A SUBDIVISION OF PART OF THE SOUTHEAST 1/4 OF SECTION 3, TOWNSHIP 36 NORTH, RANGE 12, EAST OF THE THIRD I RINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

COMMONLY KNOWN AS.

14215 TIMOTHY, ORLAND PARK, IL 60462

P.I.N.: 27-03-406-008-0000

GERTIFICATION OF DEATH RECORD

COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS

MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH

STATE FILE NUMBER 2013 0098025	MEDICAL EXAMINER'S CASE NUMB	DATE ISSUED 12/30/2013
DECEDENT'S LEGAL NAME ZBIGNIEW A KACZOR		SEX DATE OF DEATH MALE DECEMBER 26, 2013
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 55 YEARS	DATE OF BIRTH FEBRUARY 11, 1958
CITY OR TOWN PALOS HEIGHTS	e representation design that the contract of t	HER INSTITUTION NAME IMUNITY HOSPITAL
PLACE OF DEATH EMERGENCY ROOM / OUTPATIENT		
[[[28] 28] 28[28] 28[28] 28[28] 28[28] 28[28] 28[28] 28[28] 28[28] 28[28] 28[28] 28[28] 28[28]	Y NUMBER STATUS AT TIME OF DEATH 132 MARRIED	MARIA JAWOR EVER IN U.S. ARMED FORCES? NO
RESIDENCE 14215 TIMOTHY DR	2000 to 1	TY OR TOWN DRIAND PARK YES YES
COOK STATE ZIP CODE	FATHERICO PARENT'S NAME PRIOR TO FIRST MARRIA JAN KACZOR	ELEONORA GRZEGOWSKA
INFORMANTS NAME PIOTR KACZOR	RELATIONSHIP SON	MAILING ADDRESS 14215 TIMOTHY DR. ORLAND PARK, IL; 60462
3	OF DISPOSITION SUPPRECTION CATHOLIC CEMETERY	DOCATION CITY OR TOWN AND STATE DATE OF DISPOSITION DECEMBER 30, 2013
FÜNERALHOME ZIMMERMAN & SANDEMAN ORLAND FH, 9: 00 1/2 143RD ST.; ORLAND PARK, IL; 60462		
FUNERAL DIRECTOR'S NAME SCOTT SANDEMAN		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014403
LOCAL REGISTRAR'S NAME DAVID ORR		DATE FILED WITH LOCAL REGISTRAR DECEMBER 30, 2013
IMMEDIATE CAUSE	EROTIC CARDIOVASCULA 1 DISEASE	F F UNKNOWN UNKNOWN
(Final disease or condition resulting in death) b	Due to (or as a c. risequence of):	ROXIMA AND D
	Dite to (or as a consequence of):	APP ONTERIN
C		
PART II. Enter other significant conditions contribution	Due to (or as a consequence of) g to death but not resulting in the underlying cause	
		WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A
FEMALE PREGNANCY STATUS: NOT APPLICABLE		MANNER OF DEATH:
DATE OF INJURY	TIME OF INJURY PLACE OF INJURY	INJURY AT WORK?
LOCATION OF INJURY		
DESCRIBE HOW INJURY OCCURRED		IF TRANSPC 1*A TON INJURY; SPECIFY:
ATTEND THE DECEASED? DATE LAST SEEN A	LIVE WAS MEDICAL EXAMINER OR CORONER CONTACTED?	DATE PRONOUNCED TIME OF DEATH DECEMBER 26, 2013 01.34 ÅM
CERTIFIER MEDICAL EXAMINER/CORONER	j jogovitnoomavitos	DATE CERTIFIED DECEMBER 27, 2013
NAME: ADDRESS AND ZIP CODE OF PERSON COMPL STEPHEN J CINA MD, 2121 W HARRIS	ETING CAUSE OF DEATH	PHYSICIAN'S LICENSE NUMBER



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.



