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SPECIAL NOTICE:

This form is **NOT** required by law, nor the Cook County Recorder of Deeds (CCRD). CCRD employees **CANNOT** assist with the preparation of this, or **ANY LEGAL FORM.**



Doc# 1800946337 Fee \$40.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 01/09/2018 03:27 PM PG: 1 OF 2

PREPARED BY:

Wilson & Wilson

1023 W. 55th Street

LaGrange, IL 60525

SURVIVING TENANT AFFIDAVIT

I, DOROTHY F. KOZAK the surviving tenant of the tenancy created by the deed with the document number: 20 425 259 do hereby declare under oath that the tenant JAMES J. KOZAK died on 11/09/2017 as evidenced by the attached certified copy of her/his death certificate (see attached).

I also declare that the aforementioned tenant was an owner of property with the following details:

LEGAL DESCRIPTION

LOT 228 IN ELMORE'S HICKORY HEIGHTS, BEING A SUBDIVISION OF THE S 1/2 OF THE SE 1/4 OF SECTION 2, TOWNSHIP 37 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PROPERTY IDENTIFICATION NUMBER (PIN):

2 3 - 0 2 - 4 0 5 - 0 1 3 0 0 0 0

COMMONLY KNOWN ADDRESS:

9300 S. 82ND AVENUE

HICKORY HILLS, ILLINOIS 60457

NOTARY & AFFIANT SIGNATURE SECTION BELOW

Subscribed & Sworn to me by:

DOROTHY F. KOZAK

Affiant Signature:

Dorothy F. Kozak

On the Following Date:

December 29, 2012

Nicholas A. Beisp

OFFICIAL SEAL
NICHOLAS A. BEISP IN THIS SECTION
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 04/14/20

CERTIFICATION OF DEATH RECORD

UNOFFICIAL COPY

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2017 0090634

DATE ISSUED 11/17/2017

DECEDENT'S LEGAL NAME JAMES JOHN KOZAK			SEX MALE	DATE OF DEATH NOVEMBER 09, 2017	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 84 YEARS	DATE OF BIRTH SEPTEMBER 15, 1933		
CITY OR TOWN HICKORY HILLS		HOSPITAL OR OTHER INSTITUTION NAME 9300 SOUTH 82ND AVENUE			
PLACE OF DEATH DECEDENT'S HOME					
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME DOROTHY HIGGINS		EVER IN U.S. ARMED FORCES? YES
RESIDENCE 9300 SOUTH 82ND AVENUE		APT. NO.	CITY OR TOWN HICKORY HILLS		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60457	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JOHN J KOZAK		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JOANNA BARBARA POTERACKI
INFORMANT'S NAME DOROTHY KOZAK		RELATIONSHIP WIFE	MAILING ADDRESS 9300 SOUTH 82ND AVENUE, HICKORY HILLS, IL 60457		
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION MAPLE LAKES CREMATORIUM	LOCATION, CITY OR TOWN AND STATE JUSTICE, IL	DATE OF DISPOSITION NOVEMBER 15, 2017	
FUNERAL HOME ORRICO KOURELIS FUNERAL SERVICES, INC., 637 LENOX STREET, NEW LENOX, IL, 60451					
FUNERAL DIRECTOR'S NAME MICHAEL JOSEPH ORRICO			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014710		
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR NOVEMBER 15, 2017		
CAUSE OF DEATH		PART I: PANCREATIC CANCER		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	1 YEARS
IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>		a. Due to (or as a consequence of)			
		b. Due to (or as a consequence of)			
		c. 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: ATRIAL FIBRILLATION; HTN				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? YES	DATE LAST SEEN ALIVE AUGUST 11, 2017	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 09:54 AM	
CERTIFIER PHYSICIAN				DATE CERTIFIED NOVEMBER 13, 2017	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH MICHAEL MCDONNELL, 5660 95TH STREET SUITE 2, OAK LAWN, ILLINOIS, 60453				PHYSICIAN'S LICENSE NUMBER 036075152	

D00129664



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

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM