## SATURN TIFLE 1/10 1030 W. HIGGINS RD.

SUITE 365

ARK RIDGE, IL 60068

Cook County Recorder of Deeds (CCRD). CCRD employees **CANNOT** assist with the preparation of this, or ANY LEGAL FORM.

SPECIAL NOTICE:

This form is **NOT** required by law, nor the

821576

Doc# 1817855205 Fee \$64.00

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

KAREN A.YARBROUGH

'COOK COUNTY RECORDER OF DEEDS

DATE: 06/27/2018 02:46 PM PG: 1 OF 3

PREPARED BY:
Conrad Skibs
6020 W Hagins, SteC
Chicago il 60630

SURWIVI	NG TENANT AFFIDAVIT	
, , , ,	Surviving tenant of the tenancy created by the deed with the document	
•	eraby declare under oath that the tenantA. Stefarsh:	
died on 07/09/1996 as evidenced by the attriched 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		
	I CN (CO · P)	
	C <sub>2</sub>	
PROPERTY IDENTIFICATION NUMBER (PIN)		
13-17-227-009-5000		
COMMONLY KNOWN ADDRESS:		
4433 N. Marmora		
Chiango IL 60630		
NOTARY & AFFIANT SIGNATURE SECTION BELOW		
Subscribed & Sworn to me by:  Affiant Signature:  John A Stephen On the Following Date:	OFFICIAL SEAL MIECZYSLAW SKIBA AFFIX IOTA RY PUBLIC STATE OF ILLINOIS SECTION MY COMMISSION EXPIRES:05/28/21	
June 22, 2018		

MULTICOLOR SIGNATUHE SEAL IS THIS CERTIFIED COPY VALID WHEN

VR200 (Rev. 5/89)

FUNERAL DIRECTOR'S SIGNATURE

BURIAL, CREMATION, REMOVAL (SPECIFY)
24a, BURIAL

23.ELIZABETH



SHEET IS A TRUE COPY OF A RECORD THE RECORDS OF BIRTHS, STILLBURTHS LAWS AND ORDINANCES KEPT BY ME IN PURSUANCE OF SAID ACCOMPANYING CERTIFCATE ON THIS THE CITY OF CHICAGO, THAT THE OF ILLINOIS AND THE ORDINANCES OF BY VIHTUE OF THE LAWS OF THE STATE AND DEATHS FOR THE CITY OF CHICAGO CERTIFY THAT I AM THE KEEPER OF CHE CITY OF CHICAGO, DO HEREBY REGISTRAH OF VITAL STATISTICS OF L SHEILA LYNE, RSM, LOCA

**DEPARTME** 

CITY OF CHICAGO COUNTY OF COOK

STATE OF ILLINOIS

COMA BRAIN ANEURYSM PART II. Other significant conditions contributing to death but not 258. CASEY LASKONSKI NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 22 ELIZABETH PULAWSKI, STEFANSKI Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory artisst, shock, or heart failure. List only one cause on each line. MARMORA 13r.60630 240. MAKYHILL CEMETERY OR CREMATORY-NAME (a) SUBARACHNOID HEMORRHAGE DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF KUCHEJDA MD. 11a HOMEMAKER MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) USUAL OCCUPATION MAJOR FINDINGS OF OPERATION  $\bigcirc$ MARRIED MONTH, DAY, YEAR) 14a WHITE WLODEK 4540-50 MD. faokowsky (WHITE, BLACK, AMERICAN 7122 W HIGGINS CHICAGO 2996 TIME, DATE AND PHACE AND DUE TO THE CAUSE(S) STATED STREET AND NUMBER OR R.F.D. 447 W. TALCOTT CHICAGO II (DARABLE OF C.) CITY, TOWN, TWP, OR ROAD DISTRICT NO 13b. CHICAGO 176.HUSBAND 176. 4433 116. HOME KIND OF BUSINESS OR INDUSTRY NAME OF SURVIVING SPOUSE يح 240 LOCATION DINERSEY OF HISPANIC ORIGIN? (SPECIFY NOOR YES-IF YES, SPECIFY CUBAN, MEXICAN, OF FRITO RICAN, etc.) MOTHER-NAME 146. 成100 NILES MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR LUDWIKA EXAMINER NOTIFIED? (MAIDEN NAME, IF WIFE) FIRST CITY OR TOWN □ YES . STEFANSKI EBUCATION (SPECIFY ONL Elementary Secondary (0-12) CHGO. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER DATE FILED BY LOCAL REGISTRAR (MONTH, DA <sub>25c</sub> 034-008345 H ΙĿ SPECIFY: YES/NO) NSIDE CITY 13c. YE5 MIDDLE AUTOPSY (YES-NO) 19a. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? NO HOUR OF DEATH MUST BE NOTIFIED. 22036-071954 ILLINOIS LICENSE NUMBER DATE SIGNED 22b. JULY 10, NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CONONER OR MEDICAL EXAMINER (BASEDON 1989 U.S. STANDARD CERT)F/CATE IL STATE YES | NO SE HIGHEST GRADE COMP College (1-4 or 5 + ) 13d. COOK COUNTY WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES NO) 19b. 240. JULY DATE X021X L., N. STATE, ZIP) CH60. WAS DECEASED EVER IN U.S ARMED FORCES? (YES:NO 20 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH (MONTH, DAY, YEAR) 10:30P M (MONTH, DAY, YEAR) COMPLETED) DAYS 0 7.98B 60639 12, 1996 IL 60630 LAST 1996 AFFIXED.

CHICAGO

OF

700a

AST SAW HIM/HER ALIVE ON

DATE OF OPERATION, IF ANY

NAME AND ADDRESS OF CERTIFIER

SIGNATURE >

TO THE BEST OF MY KNOWLEDGE, DEATHO

CONDITIONS, IF ANY WHIGH GIVE RISE TO MAINEDIATE CAUSE (a) CTATING THE UNDERLYING

<u>ි</u>

ease or condition

ting in death)

ediate Cause (Final

LEON

MEDICAL CERTIFICATE OF DEATH

d H

COUNTY OF DEATH

MARY

**PIOOLE** 

AGE-LAST BIRTHDAY

MOS.

STEFANSKI

2 FEMALESJULY 9,

1996

DATE OF DEATH (MONTH, DAY, YEAR,

STATE FILE

DATE OF BIRTH (MONTH, DAY, YEAR)

ğ

HOURS

6b RESURRECTION MEDICAL

CENTER

OP/EMER, RM, INPATIENT (SPECIFY)

1932

INPATIENT

COOK

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER

6a. CHICAGO

BIRTHPLACE (CITY AND STATE OR FOREIGN GOUNTRY)

SIDENCE (STREET AND NUMBER

SECURITY NI IMBER 00450

4433

EA-NAME

HONACY

STATE OF ILLINOIS

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REGISTRATION DISTRICT NO.

REGISTERED

DECEASED-NAME

1817855205 Page: 3 of 3

## **UNOFFICIAL COPY**

## **Legal Description**

Property Tax Identification Number: 13-17-227-009-0000 Property Address: 4433 N. Marmora Ave., Chicago, IL 60630

LOT 32 IN BLOCK 7 IN WALTER G. MCINTOSH'S WILSON AVENUE ADDITION TO CHICAGO, A NTHLE 13 EAL

ODERTHOOP COOK COUNTY CLERK'S OFFICE SUBDIVISION IN THE SOUTHWEST 1/4 OF THE NORTHEAST 1/4 OF SECTION 17, TOWNSHIP 40 NORTH, PANCE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.