

# UNOFFICIAL COPY

**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.**



\*1909544001\*

Doc# 1909544001 Fee \$42.00

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

EDWARD M. HOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 04/05/2019 12:15 PM PG: 1 OF 3

**PREPARED BY:**

Robert F. Blyth

3800 N. Central Ave.

Chicago, IL 60634

## SURVIVING TENANT AFFIDAVIT

I, Eugene Toczek the surviving tenant of the tenancy created by the deed with the document number: 24317828 do hereby declare under oath that the tenant Frances Toczek died on 05/14/1999 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**

See Attached "Exhibit A"

**PROPERTY IDENTIFICATION NUMBER (PIN)**

1 3 - 2 6 - 1 1 9 - 0 1 2 - 0 0 0 0

**COMMONLY KNOWN ADDRESS:**

2925 N. Harding Avenue

Chicago, IL 60618

**NOTARY & AFFIANT SIGNATURE SECTION BELOW**

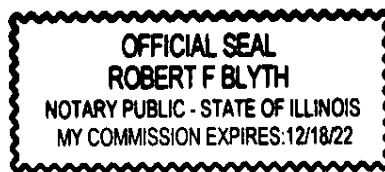
Subscribed & Sworn to me by:

*Eugene E. Joseph*  
Affiant Signature:

JANUARY 8, 2019  
On the Following Date:

*Robert F. Blyth, Notary Public*

1-8-2019



CCRD REVIEW *[Signature]*

# CERTIFICATION OF DEATH RECORD

## UNOFFICIAL COPY

STATE OF ILLINOIS

STATE FILE NUMBER

DISTRICT NO. **18.10**

REGISTERED NUMBER

### MEDICAL CERTIFICATE OF DEATH

**608672**

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)  
**1. Frances M. Toczek 2female 3May 14, 1999**

COUNTY OF DEATH AGE—LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)  
**4. Cook 5a. 67 5b. 5c. 5d. March 29, 1932**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT, (SPECIFY)  
**6a. Chicago 6b. Northwestern Memorial Hospital 6c. Inpatient**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)  
**7. Chicago Ill. 8a. Married 8b. Eugene F. Toczek 9. NO**

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)  
**11a. Operator 11b. Computers 12. Elementary/Secondary (0-12) College (1-4 or 5-) 4 Yrs.**

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY  
**13a. 2925 N. Harding Ave. 13b. Chicago 13c. Yes 13d. Cook**

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)  
**13e. Illinois 13f. 60618 14a. White 14b.  NO  YES SPECIFY**

FATHER—NAME FIRST MIDDLE LAST MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST  
**15. Julius Nagy 16. Mathilda Drimel**

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)  
**17a. Cheryl Vajdik 17b. Medical Records 17c. 251 E. Huron; Chicago, IL 60611**

**18. PART I.** Enter the diseases, 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) Cardiac Arrest	10 minutes
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	(b) DUE TO, OR AS A CONSEQUENCE OF Acidosis and hypotension	3 days
	(c) DUE TO, OR AS A CONSEQUENCE OF Staph aureus endocarditis and sepsis	5 days

**PART II.** Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. **liver failure secondary to cryptogenic cirrhosis; renal failure secondary to sepsis:** AUTOPSY (YES/NO) WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)  
**19a. NO 19b. NO**

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?  
**20a. 20b. 20c. YES  NO**

I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) HOUR OF DEATH  
**21a. I did last attend alive/May 14, 1999. 21b. no 21c. 6:50 P.M.**

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. DATE SIGNED (MONTH, DAY, YEAR)  
**22a. SIGNATURE *Greg Cohen* 22b. May 14, 1999**

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER  
**22c. Greg Cohen M.D., 251 E. Huron; Chicago, IL 60611. 22d. 125-038688**

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.  
**23. Steven Flamm M.D.**

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)  
**24a. Burial 24b. St. Adalbert 24c. Niles Illinois 24d. May 18, 1999**

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP  
**25a. Casey Laskowski & Sons 4540 W. Diversey Ave. Chicago Illinois 60639**

FUNERAL DIRECTOR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER  
**25b. *Casey Laskowski* 25c. 034-008345**

DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)  
**26a. *Sheela Lynn, RSM* 26b. MAY 18 1999**

February 1, 2019

0870068

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.

*Karen A. Yarbrough*  
Karen A. Yarbrough  
Cook County Clerk



# UNOFFICIAL COPY

Property of Cook County Clerk's Office

TO TEST FOR AUTHENTICITY: The face of this document has a green background. Verification of some of the security features can be accomplished by:

- Identifying invisible UV fibers embedded in the paper.
- Applying fresh liquid bleach to activate color stain chemical protection reaction.
- Face of document has a green border with ornate lines including reverse microtext.
- This backer copy is constructed with a microtext border. Inspection under magnifier shows "ILLINOISDEATHCERTIFICATE" in microtext.
- Document is protected with embossed Cook County seals.
- Inspect background with a magnifier to verify the encrypted NaNOcopy™ algorithm in body of document.
- Photocopying this document produces the word "VOID" across the face.

U.S. Security Patents: 6,692,030, 7,196,822

[www.isp-vft.com](http://www.isp-vft.com) Ref: 223574

# UNOFFICIAL COPY

## LEGAL DESCRIPTION

### EXHIBIT "A"

THE SOUTH 20 FEET OF LOT 23 AND LOT 22 (EXCEPT THE SOUTH 15 FEET THEREOF) IN BLOCK 3 IN BAKER'S SUBDIVISION OF THE SOUTH HALF OF THE NORTH HALF OF LOT 15 IN DAVLIN, KELLEY AND CARROLL'S SUBDIVISION OF THE NORTH WEST QUARTER OF SECTION 26, TOWNSHIP 40 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN:13-26-119-012-0000

Address of Real Estate: 2925 N. Harding, Chicago, Illinois 60618

Property of Cook County Clerk's Office