



Doc# 1927006068 Fee \$88.00

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

EDWARD M. HOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 09/27/2019 12:20 PM PG: 1 OF 2

**DECEASED JOINT TENANCY AFFIDAVIT**

State of Illinois )  
 ) SS.  
County of Will )

SHIRLEY PIETKIEWICZ, hereinafter called Affiant(s) being duly sworn states that she resides at: 5049 S. Luna Avenue, Chicago, IL 60638. That Affiant was acquainted with HENRY A. PIETKIEWICZ, hereinafter referred to as Deceased, and at the time of Decedent's death, was one of the owners of the land in Cook County, Illinois, described as:

Lots 28 (except the South 18 feet thereof), Lots 29 and 30 in Crane View Archer Avenue Home Addition to Chicago, a Subdivision of the West Half of the West Half of Section 9, Township 38 North, Range 13, East of the Third Principal Meridian, (except the North 9.225 feet and except also a strip of land 66 feet in width across the West Half of the Southwest Quarter of said Section 9, to be used for railroad purposes described in deed to James T. Maher, dated April 20, 1896 and recorded May 4, 1896, as Document Number 2388034, in Cook County, Illinois.

Permanent Index Number: 19-09-125-018-0000 & 19-09-125-049-0000

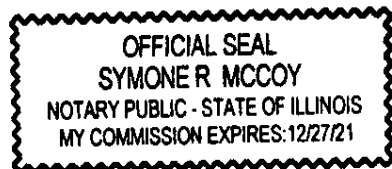
That the Deceased died on March 14, 2013, as evidenced by a copy of Deceased's death certificate attached hereto. That the Deceased, at the time of his/her death, held his/her share of the above-mentioned property as a joint tenant.

Subscribed and sworn before me  
this August 1, 2019.

Symone R McCoy  
Notary Public

Shirley Pietkiewicz  
Affiant's Signature

This instrument prepared by:  
Robert J. Zapolis, Zapolis & Associates, 9991 191st Street, Mokena, IL 60448



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**UNOFFICIAL COPY**

**COOK COUNTY CLERK VITAL RECORDS  
CHICAGO, ILLINOIS  
MEDICAL CERTIFICATE OF DEATH**

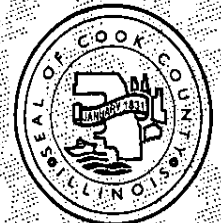
STATE FILE NUMBER 2013 0021937

DATE ISSUED 3/20/2013

DECEDENT'S LEGAL NAME HENRY A PIETKIEWICZ		SEX MALE	DATE OF DEATH MARCH 14, 2013	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 82 YEARS	DATE OF BIRTH SEPTEMBER 16, 1930		
CITY OR TOWN BERWYN		HOSPITAL OR OTHER INSTITUTION NAME MAC-NEAL MEMORIAL HOSPITAL		
PLACE OF DEATH EMERGENCY ROOM / OUTPATIENT				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED] 0227	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME SHIRLEY BELL	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 5049 SOUTH LUNA AVENUE	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60638	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ADAM PIETKIEWICZ	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION STEPHANIA SARKOWICZ
INFORMANT'S NAME SHIRLEY PIETKIEWICZ		RELATIONSHIP WIFE	MAILING ADDRESS 5049 SOUTH LUNA AVENUE, CHICAGO, IL 60638	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION MAPLE LAKES CREMATORIUM	LOCATION - CITY OR TOWN AND STATE JUSTICE, IL	DATE OF DISPOSITION MARCH 18, 2013	
FUNERAL HOME DAMAR-KAMINSKI-FUNERAL HOME & CREMATORIUM, 7861 S. 88TH AVE, JUSTICE, IL 60458				
FUNERAL DIRECTOR'S NAME MARK A KAMINSKI SR			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014496	
LOCAL REGISTRAR'S NAME ELIZABETH A PECHOUS			DATE FILED WITH LOCAL REGISTRAR MARCH 18, 2013	
<b>CAUSE OF DEATH</b>				
PART I: ACUTE CORONARY SYNDROME		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	TWO HOURS	
IMMEDIATE CAUSE (Final disease or condition resulting in death)			FIVE YEARS	
a. Due to (or as a consequence of): CHRONIC OBSTRUCTIVE PULMONARY DISEASE				
b. Due to (or as a consequence of):				
c. Due to (or as a consequence of):				
PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I			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 MARCH 14, 2013	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 5:54 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED MARCH 16, 2013	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH CHANDRAKANT BHAKTA, MD, 6238 SOUTH ARCHER AVENUE, CHICAGO, ILLINOIS, 60638			PHYSICIAN'S LICENSE NUMBER 036056662	

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 WORDS VOID APPEARS WHEN PHOTOCOPIED

NOT EMBOSSED STATE AND COUNTY SEALS AT BOTTOM