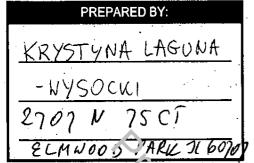
UNOFFICIAL COPY

SPECIAL NOTICE:

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





×1934417105×

Doc# 1934417105 Fee \$88.00

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

EDWARD H. HOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 12/10/2019 02:39 PM PG: 1 OF 3

SURVIVING TENANT AFFIDAVIT
I, KRYSTYNA LAGUNA WYXXAhe surviving tenant of the tenancy created by the deed with the document
number: 95715577 do hereby declare under oath that the tenant WOJCIECH WYSOCKI
died on 01.042004 as evidenced by the at ached certified copy of her/his death certificate (see attached).
I also declare that the aforementioned tenant was an curver of property with the following details: LEGAL DESCRIPTION
PROPERTY IDENTIFICATION NUMBER (PIND
12-25-401-020000
COMMONLY KNOWN ADDRESS:
2707 N 75 CT
Ellywood Park Jl 60707
NOTARY & AFFIANT SIGNATURE SECTION BELOW
Subscribed & Sworn to me by:
Krystyma Lagung Wxsask
Affiant Signature: Affiant Signature: AFFX NOT OFFICIAL SEAL IP IN THES SECTION IZABELA KUPIEC NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES: 06/22/20 MY COMMISSION EXPIRES: 06/22
19/7/au/7·

DEPARTMENT OF PUBLIC HEALTH CITY OF CHICAGO

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

_10N_U_**0**_/UU4_



SHEET IS A TRUE COPY OF A RECORD BY VIRTUE OF THE LAWS OF THE STATE THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO KEPT BY ME IN ORDINANCE OF SAID **ACCOMPANYING CERTIFICATE ON THIS** OF ILLINOIS AND THE ORDINANCES OF CERTIFY THAT I AM THE KEEPER OF LAW AND ORDINANCES. THE CITY OF CHICAGO; THAT THE THE CITY OF CHICAGO, DO HEREBY NECISTRAR OF VITAL STATISTICS OF JOHN L. WILHELM M.D., LOCAL

CITY OF CHICAGO STATE OF ILLINOIS COUNTY OF COOK STATE OF ILLINOIS

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	25a. PIETRYKA – FUNERAL DIBECTOR'S SIGNATURE 25b. LOCAL REGISTRAR'S SIGNATURE	BURIAL CREMATION, REMOVAL (SPECIFY) 24a. BURIAL FUNERAL HOME N	IICIAN'S NAM	I CERTIFY THAT IN MY OPININ THE INQUISITION, THIS DEA 21a. AND DUE TO THE CAUSE(S) CORONER'S - MESICAL EXAMINER'S	MJURY AT WORK PLACE OF IN. IXESNO) FACTORY, OFFI 20e. 20f.	PART II. Other significant conditions control N. TURAL ACCIDENT, HOMICIDE, SUCIDE, MOETERAMINED, (SPECIFY)	STATING THE UNDERLYING SAUSE LAST. (c)	ONDITIONS, IF ANY AUTHOR GIVE RISE TO (b)	isease or condition resulting in death)	19, PARTI. Enter the disease	ORMANT'S NAME (TYPEOR PRINT	FATHER-NAME FIRST TADEUSZ	TATE ZIPCODE 131. 6C	2707 N. 75	<u>321-76-3384</u>	BRITHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. POLAND SOCIAL SECURITY NUMBER	6a CHICAGO	4.	COUNTY OF DEATH	REGISTERED NUMBER	DISTRICT NO. 16.10	
一、子がオーター・スク	DENICOLO 5734 I	LOCAL CEME STREET AN	ype (Hint) 5 M M	THAT IN MY OPINION BASED UPON MY INVESTIGATION AND JISTTON, THIS DEATH OCCURRED ON THE DATE, AT THE PLOTO THE CAUSE(S) STATED, AND THAT	PLACE OF INJURY (ATHOME, FARM, STREET, LOC FACTORY, OFFICE BUILDING, ETC.) (SPECIFY) 20g	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART1 N TURAL, ACCIDENT, HOMICIDE, SUICIDE, WINDETERMINED, (SPECIFY) SUICIDE, WINDETERMINED, (SPEC	DUE TO, OR ÁS A CONSEQUENCE OF	TO, OR AS	وحسرا	iseases, injuries, or complications that	1 200	WYSOCKI	ODE RACE (WHITE, BLACK AMERI (NDIAN, 902) (SPECIF)	Ct • 13b.	R	WIDOWED, DIVORCED (SPECIFY) 8a. MARRIED USUAL OCCUPATION		XICOL	AST	065 LANO	MEDICAL EX	1
11/2	W. DIVERSEY AVE RT J. PIETRYKA R. D.	DR RED.	nour	THE DECEDENT WASH	ATION (C(T), 'al		0		e on each ime.	W L F E	TIONSHIP MAILING ADDR	MOTHER-NAME FIRST	OF HISPANIC ORIGIN	ELMWOOD PARK	11b PAINTING	NAME OF BURVIVING SPOUSE (MAIDE 8b. KRYSTYNA LAC	TION-NAME (IF NOT IN	DAYS HOURS	∐₹×		EXAMINER'S ~ CORO	34447 21 11 11 11 21
	FUNERAL DIRECTOR'S ILLINOIS LICENS 25C. 034-015413 DATE FILED BY LOCAL REGISTRAR P	POLAND 24d.	SIGNED	DATE SIGNED (MONTH)	ATE)	AUTORY COMPEN (NS) (NS			T. Osense	not enter the mode of dying, such as call dial are respiratory	(STREET AND NO, ORR.)	MIDDLE SIWIK	ORYES-IFYES, SF SPECIFY:	(YESNO)		(MAIDEN MAME IF WIFE) LAGUNA LAGUNA	NUMBER	1(DATE OF BIRTH MONTH DAY, YEAR)	ų	CORONER'S	77.77
/ 4	ILL 60639 ILLINOISLICENSE NUMBER 15413 LREGISTRAR (MONTH, DAY, YEAR)	Е (МОМП, ОЙУ, УЕАЯ) 1/12/04 ZIP	MONTH, DAY, YEAR)	21c. M. M.	IFFEMALE WAS THERE A PREGNANCY IN PAST THREE MONTHS?	WERE AUTOPS YENDINGS AVAILABLE PROPITO COMPLETION OF CAUSE OF DEATHY (YES NOT) 19b. ER NATURE OF INJURY MENTIONED IN		·		spiratory SETWEEN ONSET AND DEATH	- 1	(MAIDEN) LAST	PECIFY CUBAN, M.C., CA. I. PUERTO RICAN, Mc.)	COOS	College (1-4 or 5+)	WAS DECEASED EVERING S. ARMED FORCES? (YE. M.). 9. NO	PHOSP ORINST, INDICATEDOA. OPEMER, RM, INPATIENT (SPECIFY) 6C. DOA	1952	DAY, YEAR)	102		

1934417105 Page: 2 of 3

Cumply Illinois (her all 1934417105 Page: 3 of 3	Sa Alexandre
Lot twenty-six [26] (except the North six and the roll one hundred the (133) feet and the North ter and sixty-seven three (3) in Ellsworth in the West half of the South East Range twelve (12), East of the Third Principal Meridian, in Cook County, Illinios.	
PIN: 12-25-401-020-0000	
TO HAVE AND TO HOLD the above granted premises unto the grantees forever not as tenants in common but as joint tenants with the right of survivorship. • R DEPT-D1 RECORDING	\$31.50
. 145555 TRAN 9530 10/20/95 1	ki : lies (i()
together with the appurtenances attached hereto: IN WITNESS WHEREOF. Grantor has caused its corporate seal to be hereunto affixed, and hame to be signed by its Assistant Vice President and attested by its Trust Administrator of said corporation, this 3rd day of October 19 95	15577
95715577	
SEAL. MIDWEST TRUST SERVICES, INC. as Trustee aforesaid, and not personally.	· .

Trust Administrator

Clort's Office