

SATURN TITLE LLC  
1030 W. HIGGINS RD  
SUITE 365  
PARK RIDGE, IL 60068

UNOFFICIAL COPY

2026A08  
10F1



\*2023415025\*

Doc# 2023415025 Fee \$88.00

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

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 08/21/2020 02:32 PM PG: 1 OF 3

**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.**

**PREPARED BY:**

LYSINSKI & ASSOCIATES, P.C.  
4418 N. MILWAUKEE AVE  
CHICAGO, ILLINOIS 60630

**SURVIVING TENANT AFFIDAVIT**

I, Malgorzata Murczek the surviving tenant of the tenancy created by the deed with the document number: 0517327032 do hereby declare under oath that the tenant Stanislaw Murczek died on 12-31-2006 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

**PROPERTY IDENTIFICATION NUMBER (PIN)**

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

**COMMONLY KNOWN ADDRESS:**

4534 N. HARDING AVENUE  
CHICAGO, ILLINOIS 60625

**NOTARY & AFFIANT SIGNATURE SECTION BELOW**

Subscribed & Sworn to me by:

Malgorzata Murczek

Affiant Signature:

On the Following Date:

AFFIX NOTARY STAMP IN THIS SECTION

# UNOFFICIAL COPY

## Legal Description

LOT 6 IN ANDREW J. SCHULTZ'S SUBDIVISION OF SIX (6) RODS SOUTH AND ADJOINING THE NORTH THIRTEEN AND THREE QUARTERS (13-3/4) RODS OF THE NORTH 1/2 OF THE SOUTH WEST 1/4 OF THE NORTH WEST 1/4 OF SECTION 14, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, (EXCEPT THE EAST 330 FEET OF THE SOUTH SIX (6) RODS OF THE NORTH NINETEEN AND THREE QUARTERS (19-3/4 RODS), IN COOK COUNTY, ILLINOIS.

Address: 4534 N. Harding Ave., Chicago, IL 60625

PIN #: 13-14-114-025-0000

Property of Cook County Clerk's Office

REGISTRATION DISTRICT NO. 1610

STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 118158

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR) 1 Stanislaw Murczek Male 31, 2006

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER BIRTH DATE (MONTH, DAY, YEAR) 4 Cook Chicago 02 June 15, 1944

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) POLAND 6a. Married 6b. Malgorzata (Chmist) 7. Social Security Number 11a. Inventory 8b. Manufacturing

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13a. 4534 N. Harding Chicago 13b. Chicago

DATE ILLINOIS 13f. 60625 14a. White 14b. Male 14c. Yes 14d. Middle 14e. Middle 14f. Wiktorina 14g. Radol

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE LAST 15. Jan Murczek 16. Wiktorina Radol

DECEASED'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17a. Malgorzata Murczek 17b. Wife 17c. 4534 N. Harding Chicago, IL 60625

IMMEDIATE CAUSE (Final disease or condition resulting in death) (a) COLON CANCER (b) DUE TO, OR AS A CONSEQUENCE OF (c) 1 YEAR

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) (c)

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION 20a. 20b.

WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. YES

HOUR OF DEATH DATE SIGNED (MONTH, DAY, YEAR) 21c. 9:15 P.M. 22b. 1.2.2007

ILLINOIS LICENSE NUMBER 22d. 036096069

NAME OF ATTENDING PHYSICIAN (M.D. OR D.O.) CHICAGO, IL 60631

BURIAL CREMATION, REMOVAL (SPECIFY) 24a. Burial 24b. St. Adalbert 24c. Niles, IL 24d. 1/4/2007

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. Tohl Funeral Home 4325 W. Lawrence Ave. Chicago, IL 60630

LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26a. 26b. JAN 03 2007

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO JAN 03 2006

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



CITY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.