

AFTER RECORDING, MAIL TO:

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

UNOFFICIAL COPY



\*2025415091\*

Doc# 2025415091 Fee \$88.00

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

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 09/10/2020 03:01 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:**

Caesar Z. Styka, P.C.

15 Spinning Wheel. Rd., Ste. 236

Hinsdale, IL 60521

**SURVIVING TENANT AFFIDAVIT**

I, Jozef Kukulka the surviving tenant of the tenancy created by the deed with the document number: 0819255002 do hereby declare under oath that the tenant Anna Kukulka died on 01/13/2019 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**

Lot 23 and the West Half of the Vacated Alley Lying East of and Adjoining Said Lot 23 in Block 14 in the Hulbert Devonshire Terrace, a Subdivision in the Southwest Quarter of Section 35, Township 41 North, Range 12, East of the Third Principal Meridian, According to the Plat Thereof Recorded May 23, 1924 in Book 188 of Plats, Pages 27, as Document No. 8432592, in Cook County, Illinois.

**PROPERTY IDENTIFICATION NUMBER (PIN)**

0 9 - 3 5 - 3 1 2 - 0 1 4 - 0 0 0 0

**COMMONLY KNOWN ADDRESS:**

811 S. Western Ave.

Park Ridge, Illinois 60068

**NOTARY & AFFIANT SIGNATURE SECTION BELOW**

**Subscribed & Sworn to me by:**

Jozef Kukulka

**Affiant Signature:**

X

*Jozef Kukulka*

**On the Following Date:**

09/04/2020

OFFICIAL SEAL  
AFFIX NOTK GICHOCKAMP IN THIS SECTION  
NOTARY PUBLIC - STATE OF ILLINOIS  
MY COMMISSION EXPIRES:12/17/23

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

STATE FILE NUMBER 2019 0003035

DATE ISSUED 1/16/2019

DECEDENT'S LEGAL NAME ANNA KUKULKA		SEX FEMALE	DATE OF DEATH JANUARY 13, 2019	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 56 YEARS	DATE OF BIRTH FEBRUARY 16, 1962		
CITY OR TOWN PARK RIDGE		HOSPITAL OR OTHER INSTITUTION NAME 811 S WESTERN AVE		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE POLAND	SOCIAL SECURITY NUMBER <del>██████████</del>	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME JOZEF KUKULKA	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 811 S WESTERN AVE	APT. NO.	CITY OR TOWN PARK RIDGE	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60068	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION STANISLAW SZUBA	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ZOFIA SZUBA
INFORMANT'S NAME JOZEF KUKULKA		RELATIONSHIP HUSBAND	MAILING ADDRESS 811 S WESTERN AVE, PARK RIDGE, IL, 60068	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION MARYHILL CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE NILES, IL	DATE OF DISPOSITION JANUARY 17, 2019	
FUNERAL HOME SKAJA TERRACE FUNERAL HOME, 7812 N. MILWAUKEE AVENUE, NILES, IL, 60714				
FUNERAL DIRECTOR'S NAME JOHN ROBERT SKAJA			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014764	
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH			DATE FILED WITH LOCAL REGISTRAR JANUARY 15, 2019	
CAUSE OF DEATH	PART I	METASTATIC ADENOID CYSTIC CANCER		MONTHS
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.			
	b.	Due to (or as a consequence of)		
	c.	Due to (or as a consequence of)		
		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 PREGNANT WITHIN LAST YEAR			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? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 07:30 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED JANUARY 14, 2019	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH MICHAEL C MARSCHKE, 650 RIDGE AVE, EVANSTON, ILLINOIS, 60201			PHYSICIAN'S LICENSE NUMBER 03607483 <b>0856053</b>	

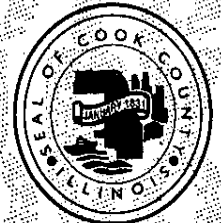
THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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**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

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