



**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.

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 04/28/2021 02:26 PM PG: 1 OF 3

**PREPARED BY:**  
Law Offices of Margaret M. Las PC  
14516 John Humphrey Drive  
Orland Park, IL 60462

**SURVIVING TENANT AFFIDAVIT**

I, ALINA GASIOR the surviving tenant of the tenancy created by the deed with the document number: 94336984 do hereby declare under oath that the tenant WITOLD GASIOR died on 09/13/2020 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 LEGAL DESCRIPTION

**PROPERTY IDENTIFICATION NUMBER (PIN):**

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

**COMMONLY KNOWN ADDRESS:**

8645 S. NEWLAND AVENUE  
BURBANK, IL 60459

**NOTARY & AFFIANT SIGNATURE SECTION BELOW**

**Subscribed & Sworn to me by:**  
Alina Gasior  
**Affiant Signature:**  
Alina Gasior  
**On the Following Date:**  
2-12-21

**AFFIX NOTARY SEAL IN THIS SECTION**  
MARGARET LAS  
Official Seal  
Notary Public, State of Illinois  
My Commission Expires Dec 10, 2021

*(Handwritten signature)*

S  
P 3  
S 1  
M Y  
SC Y  
E Y  
INT

# UNOFFICIAL COPY

LEGAL DESCRIPTION:

THE SOUTH 55 FEET OF THE NORTH 455 FEET OF LOT 262 IN FREDERICK H. BARTLETT'S SECOND ADDITION TO FREDERICK H. BARTLETT'S 79TH STREET ACRES, BEING A SUBDIVISION OF THE EAST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 31, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN: 19-31-321-025-0000

Property of Cook County Clerk's Office

# CERTIFICATION OF DEATH RECORD

## UNOFFICIAL COPY

WILL COUNTY LOCAL REGISTRAR  
JOLIET, ILLINOIS  
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2020 0084861

DATE ISSUED 9/15/2020

DECEDENT'S LEGAL NAME WITOLD GASIOR		SEX MALE	DATE OF DEATH SEPTEMBER 13, 2020	
COUNTY OF DEATH WILL	AGE AT LAST BIRTHDAY 80 YEARS	DATE OF BIRTH JUNE 20, 1940		
CITY OR TOWN JOLIET		HOSPITAL OR OTHER INSTITUTION NAME JOLIET AREA INSTITUTION HOSPICE INC		
PLACE OF DEATH HOSPICE FACILITY				
BIRTHPLACE POLAND	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME ALINA SWIECH	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 13150 FOX HILL DRIVE	APT. NO.	CITY OR TOWN LEMONT	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60439	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION UNAVAILABLE	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION STEFANIA GASIOR
INFORMANT'S NAME ALINA GASIOR		RELATIONSHIP WIFE	MAILING ADDRESS 13150 FOX HILL DRIVE, LEMONT, IL, 60439	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION RESURRECTION CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE JUSTICE, IL	DATE OF DISPOSITION SEPTEMBER 19, 2020	
FUNERAL HOME ZARZYCKI MANOR CHAPELS LTD WILLOW SPRINGS, 8999 SOUTH ARCHER AVENUE, WILLOW SPRINGS, IL, 60480				
FUNERAL DIRECTOR'S NAME CLAUDETTE A ZARZYCKI			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015211	
LOCAL REGISTRAR'S NAME SUSAN OLENEK			DATE FILED WITH LOCAL REGISTRAR SEPTEMBER 15, 2020	
CAUSE OF DEATH PART I: BLADDER CANCER				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Due to (or as a consequence of)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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 SEPTEMBER 12, 2020	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 05:14 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED SEPTEMBER 14, 2020	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH MUHAMAD KRAD MD, 250 WATER STONE CIRCLE, JOLIET, ILLINOIS, 60431			PHYSICIAN'S LICENSE NUMBER 036-128267	

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.

*Susan Olenek*  
Susan Olenek  
Executive Director and Local Registrar  
Will County Health Department



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

HOLD UP TO LIGHT TO VERIFY TRUE WATERMARK