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KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 07/29/2021 09:12 AM PG: 1 OF 2

PREPARED BY:

J. SOCHACKI

4800 N. HARLEM AVE

HARWOOD HTS, IL 60706

SURVIVING TENANT AFFIDAVIT

I, MARGARET RYDELSKI the surviving tenant of the tenancy created by the deed with the document number: 25153447 do hereby declare under oath that the tenant JOSEPH C. RYDELSKI died on _____ 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

THE EAST 52 FEET OF THE WEST 95 FEET OF LOT 17 IN KOESTER AND ZANDER'S ADDITION TO WEST IRVING PARK
A SUBDIVISION OF THE SOUTH 1/2 OF OF THE NORTH EAST 1/4 OF SECTION 20, TOWNSHIP 40 NORTH, RANGE 13,
EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

PROPERTY IDENTIFICATION NUMBER (PIN)

1 3 - 2 0 - 2 1 7 - 0 4 5 - 0 0 0 0

COMMONLY KNOWN ADDRESS:

5829 W. GRACE ST., CHICAGO, IL 60634

NOTARY & AFFIANT SIGNATURE SECTION BELOW

Subscribed & Sworn to me by:

Margaret Rydelshi

Affiant Signature:

7/2/2021

On the Following Date:

Joseph F. Sochacki



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STATE OF ILLINOIS
(County of Cook)

NOVEMBER 3, 2015

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is the true and correct copy of the original Record on file, all of which appears from the records and files in my office. IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David J. Orr
COUNTY CLERK

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 16.10	STATE OF ILLINOIS	STATE FILE NUMBER	
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH		
		624211		
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS DECEASED B C 1506 D E 663 PARENTS CAUSE CERTIFIER DISPOSITION	1. DECEASED NAME: FIRST MIDDLE LAST Joseph C. Rydelski		2. SEX: M	
	3. DATE OF DEATH (MONTH, DAY, YEAR) December 20, 1990			
	4. COUNTY OF DEATH: Cook		5a. AGE - LAST BIRTHDAY (MOS. DAYS) 38	5b. UNDER 1 YEAR: 5c. UNDER 1 DAY: 5d. DATE OF BIRTH (MONTH, DAY, YEAR) February 28, 1952
	6a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: Chicago		6b. HOSPITAL OR OTHER INSTITUTION NAME (IF NOT REL. OTHER, GIVE STREET AND NUMBER): 5829 West Grace	
	6c. IF HOSP. OR INST. INDICATE DOA OR EMER. RM. INPATIENT (SPECIFY): Hospice			
	7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): Chicago, Ill		8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married	8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): Margaret Moy
	9. SOCIAL SECURITY NUMBER		10. USUAL OCCUPATION: Meat Cutter	11. KIND OF BUSINESS OR INDUSTRY: Butcher
	12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): 12. 12			
	13a. RESIDENCE (STREET AND NUMBER): 5829 West Grace		13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO.: Chicago	13c. INSIDE CITY (YES/NO): Yes
	13d. STATE: Illinois		13e. ZIP CODE: 60634	14. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.): White
14a. FATHER NAME: FIRST MIDDLE LAST Chester Rydelski		14b. MOTHER NAME: FIRST MIDDLE (MAIDEN) LAST Vera Iverson		
15. INFORMANT'S NAME (TYPE OR PRINT): Margaret Rydelski		16. RELATIONSHIP: Wife	17. MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP): 5829 W. Grace Chicago, Illinois	
18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.				
Immediate Cause (Final disease or condition resulting in death) → (a) Cerebral Vasculitis DUE TO, OR AS A CONSEQUENCE OF CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATIFYING THE UNDERLYING CAUSE LAST. (b) _____ DUE TO, OR AS A CONSEQUENCE OF (c) _____				
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION	20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? NO	
21a. (I) (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON: 12-10-1990		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): Yes	21c. HOUR OF DEATH: 9:00 P M.	
22a. SIGNATURE: <i>Alan Shepard</i>			22b. DATE SIGNED (MONTH, DAY, YEAR): 12-22-1990	
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): Alan Shepard M.D., 233 E. Erie Chicago, Illinois			22d. ILLINOIS LICENSE NUMBER: T-022446	
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): Sam Ho M.D.			NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
24a. BURIAL CREMATION REMOVAL (SPECIFY): Burial	24b. CEMETERY OR CREMATORY NAME: Maryhill	24c. LOCATION: CITY OR TOWN STATE: Niles, Illinois	24d. DATE: (MONTH, DAY, YEAR): 12-24-1990	
25a. FUNERAL HOME: NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP: Gibbons Funeral Home 5917 West Irving Pk Rd Chicago, Illinois 60634				
25b. FUNERAL DIRECTOR'S SIGNATURE: <i>Thomas J. Gibbons</i>		25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 7068		
26a. LOCAL REGISTRAR'S SIGNATURE: <i>Virginia S. Parker</i>		26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): DEC 24 1990		