

UNOFFICIAL COPY

Doc#: 2133321667 Fee: \$98.00
Karen A. Yarbrough
Cook County Clerk
Date: 11/29/2021 01:31 PM Pg: 1 of 4

AFFIDAVIT

THE EAST 125 FEET OF THE NORTH 39 FEET (EXCEPT THE SOUTH 26 INCHES OF THE WEST 28 FEET THEREOF) OF LOT 14 IN THE SUBDIVISION OF THE SOUTHEAST QUARTER OF THE SOUTHWEST QUARTER AND THE SOUTH HALF OF THE SOUTHWEST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 32, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property Address: 3732S 61ST AVE CICERO, IL 60804
Parcel ID Number: 16-32-321-044-0000

file nr: AT 211213
After recording mail to:
Altima Title, LLC.
144 N. Milwaukee Ave.
Chicago, IL 60631
ph. 312-651-6070

143
MD

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AFFIDAVIT OF HEIRSHIP

STATE OF ILLINOIS)
) SS ESTATE OF Allan Wisniewski, Deceased.
 COUNTY OF Cook)

And now on this 27 day of October, 2021, after being first duly sworn under oath, testifies and deposes as follows, to wit:

1. My name is Nicole Wisniewski-slager. I am over the age of twenty-one (21) years of age and, to my understanding, am otherwise competent to give testimony.
2. I reside at 3732 S. 61st Ave. Cicero, IL 60804
3. I sister and the only sibling (state relationship to deceased) knew him/her in his/her lifetime.
4. Allan Wisniewski, owner of the property commonly known as:
16-32-321-044-0000 (legal description and PIN attached)
 died on 12/23/17 in the City of Joliet, County of Will, State of Illinois. EXHIBIT "A"
5. The decedent was married one (0) time(s), to _____
6. (0) children were born to the decedent and _____, as follows, and are assumed to be of majority age, unless otherwise noted:

7. No persons were adopted by the decedent.
8. The parents of the decedent are Barbara Poltorak-Koukol & Zbigniew Wisniewski both said parents are alive. Only two children were born to the parties, and none were adopted.
9. The decedent died intestate.
10. That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of \$200,000.00 dollars.

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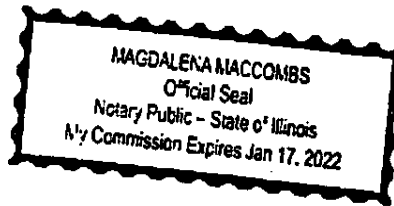
- 11. That all the descendants medical, hospital and funeral bills have been paid in full.
- 12. The forgoing is based upon my own personal knowledge and belief, is true, and if called upon as a witness I would competently and consistently testify thereto.

FURTHER AFFIANT SAYETH NOT.

Nicole Wisniewski-Slager
AFFIANT

SUBSCRIBED AND SWORN TO ME THIS 16 DAY OF November, 2021.

NOTARY PUBLIC



Prepared By: NICOLE WISNIEWSKI-SLAGER
3732 S 61st Ave
Cicero IL 60804
 Telephone: 630 510 4195

After Recording Mail to: NICOLE WISNIEWSKI-SLAGER
3732 S 61st Ave
Cicero IL 60804

Property of Cook County Clerk's Office

EXHIBIT "A"

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WILL COUNTY LOCAL REGISTRAR
JOLIET, ILLINOIS

MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH

STATE FILE NUMBER 2017 0104389 MEDICAL EXAMINER'S CASE NUMBER 17-0670 DATE ISSUED 1/23/2018

DECEASED'S LEGAL NAME ALLAN WISNIEWSKI		SEX MALE	DATE OF DEATH DECEMBER 23, 2017	
COUNTY OF DEATH WILL	AGE AT LAST BIRTHDAY 26 YEARS	DATE OF BIRTH MAY 07, 1991		
CITY OR TOWN NEW LENOX		HOSPITAL OR OTHER INSTITUTION NAME SILVER CROSS HOSPITAL		
PLACE OF DEATH EMERGENCY ROOM / OUTPATIENT				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH NEVER MARRIED/NEVER IN CIVIL UNION	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MARDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 3732 S 61ST AVENUE		APT. NO.	CITY OR TOWN CICERO	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE	ZIP CODE 60804	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ZBIGNIEW WISNIEWSKI	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION BARBARA POLTORAK-KOUKOL
INFORMANT'S NAME BARBARA POLTORAK-KOUKOL		RELATIONSHIP MOTHER	MAILING ADDRESS 13105 RED DRIVE, LEMONT, IL, 60438	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION FOREST CREMATORY	LOCATION - CITY OR TOWN AND STATE ROMEDEVILLE, IL	DATE OF DISPOSITION JANUARY 02, 2018	
FUNERAL HOME ILLINOIS CREMATION CENTERS, 1070 FROHLWING ROAD, LOMBARD, IL, 60148				
FUNERAL DIRECTOR'S NAME MARK JOHN KAZLAUSKAS			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016610	
LOCAL REGISTRAR'S NAME SUSAN OLENEK			DATE FILED WITH LOCAL REGISTRAR JANUARY 19, 2018	
CAUSE OF DEATH PART I MULTIPLE INJURIES				
IMMEDIATE CAUSE (Final disease or condition resulting in death)				
Due to (or as a consequence of):				
b. MOTOR VEHICLE COLLISION				
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				
FEMALE PREGNANCY STATUS NOT APPLICABLE			WAS AN AUTOPSY PERFORMED? YES	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? YES	
			MANNER OF DEATH ACCIDENT	
DATE OF INJURY DECEMBER 23, 2017	TIME OF INJURY 09:39 PM	PLACE OF INJURY ROADWAY	INJURY AT WORK? NO	
LOCATION OF INJURY 143RD ST 447 FEET WEST OF CEDAR ROAD, HOMER GLEN, IL, 60491				
DESCRIBE HOW INJURY OCCURRED: MOTOR VEHICLE CRASH			TRANSPORTATION INJURY, SPECIFY: DRIVER OPERATOR	
ATTEND THE DECEASED?	DATE LAST SEEN ALIVE	WAS MEDICAL EXAMINER OR CORONER CONTACTED?	DATE PRONOUNCED DECEMBER 23, 2017	TIME OF DEATH 10:22 PM
CERTIFIER MEDICAL EXAMINER/CORONER			DATE CERTIFIED JANUARY 19, 2018	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PATRICK K ONEIL, 159 N SCOTT STREET, JOLIET, IL, 60432			PHYSICIAN'S LICENSE NUMBER	

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

