

# UNOFFICIAL COPY

Doc#. 2202640161 Fee: \$98.00  
Karen A. Yarbrough  
Cook County Clerk  
Date: 01/26/2022 01:58 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:**

Law Office of Magdalena A. Murzanski LLC  
11 N. Northwest Highway, Suite 121  
Park Ridge, IL 60068

## SURVIVING TENANT AFFIDAVIT

I, Helena Zoltek the surviving tenant of the tenancy created by the deed with the document number: 1002057167 do hereby declare under oath that the tenant Jan Zoltek died on 12/11/2017 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**

PLEASE SEE ATTACHED HERETO - exhibit A

DEATH CERTIFICATE - exhibit B

**PROPERTY IDENTIFICATION NUMBER (PIN)**

1 7 - 2 2 - 1 0 7 - 0 8 0 - 1 1 5 9

**COMMONLY KNOWN ADDRESS:**

AND PIN 17-22-107-080-1478

1400 S. Michigan Avenue, Apt. 2002, Chicago, IL 60605

**NOTARY & AFFIANT SIGNATURE SECTION BELOW**

**Subscribed & Sworn to me by:**

Helena Zoltek

**Affiant Signature:**

*Helena Zoltek*

**On the Following Date:**

12/16/2021

"OFFICIAL SEAL"  
TERESA L. SAMPIER  
NOTARY PUBLIC, STATE OF ILLINOIS  
MY COMMISSION EXPIRES 5/26/2024

*Teresa Sampier*

UNOFFICIAL COPY

CERTIFICATE OF DEATH RECORDS

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

STATE FILE NUMBER 2017 0099292

DATE ISSUED 12/14/2017

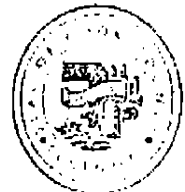
DECEASED'S LEGAL NAME <b>JAN ZOLTEK</b>		SEX <b>MALE</b>	DATE OF DEATH <b>DECEMBER 11, 2017</b>	
COUNTY OF DEATH <b>COOK</b>	AGE AT LAST BIRTHDAY <b>85 YEARS</b>	DATE OF BIRTH <b>JUNE 11, 1932</b>		
CITY OR TOWN <b>OAK LAWN</b>	HOSPITAL OR OTHER INSTITUTION NAME <b>ADVOCATE CHRIST MEDICAL CENTER</b>			
PLACE OF DEATH <b>INPATIENT</b>				
MARRIAGE <b>POLAND</b>	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH <b>MARRIED</b>	PERSON'S CHOICE OF LAST NAME (AFTER MARRIAGE) <b>HELENA TRUTY</b>	EVER BEEN MARRIED BEFORE? <b>NO</b>
RESIDENCE <b>8550 SOUTH MASSASOIT AVENUE</b>		APT. NO.	CITY OR TOWN <b>BURBANK</b>	INSIDE CITY LIMITS? <b>YES</b>
COUNTY <b>COOK</b>	STATE <b>IL</b>	ZIP CODE <b>60459</b>	FATHER'S NAME (LAST, FIRST, MIDDLE) <b>JOE ZOLTEK</b>	MOTHER'S NAME (LAST, FIRST, MIDDLE) <b>ANTONINA KLUSKA</b>
DECEASED'S NAME <b>HELENA ZOLTEK</b>		RELATIONSHIP <b>WIFE</b>	MARITAL ADDRESS <b>8550 SOUTH MASSASOIT AVENUE BURBANK, IL 60459</b>	
METHOD OF DISPOSITION <b>BURIAL</b>	PLACE OF DISPOSITION <b>RESURRECTION CATHOLIC CEMETERY</b>	LOCATION - CITY OR TOWN AND STATE <b>JUSTICE, IL</b>	DATE OF DISPOSITION <b>DECEMBER 16, 2017</b>	
FUNERAL HOME <b>LAWN FUNERAL HOME LTD, 7909 STATE RD, BURBANK, IL, 60459</b>				
FUNERAL DIRECTOR'S NAME <b>DANIEL EDWARD JARKA</b>			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>031009714</b>	
LOCAL REGISTRAR'S NAME <b>DAVID ORR</b>			DATE FILED WITH LOCAL REGISTRAR <b>DECEMBER 13, 2017</b>	
CAUSE OF DEATH		PART I	ASPIRATION PNEUMONIA	
IMMEDIATE CAUSE		a	Due to (b) or (c)	
MIDDLE CAUSE		b	DYSPHAGIA	
UNDERLYING CAUSE		c	SEVERE CHRONIC OBSTRUCTIVE PULMONARY DISEASE	
			Due to (a) or (b)	
PART II Enter other significant conditions contributing to death (not resulting in the underlying cause given in PART I) <b>CHRONIC OBSTRUCTIVE PULMONARY DISEASE, CHRONIC HYPOXIC RESPIRATORY FAILURE WITH HYPERCAPNIA</b>			WAS AN AUTOPSY PERFORMED? <b>NO</b>	
			WERE AUTOPSY FINDINGS THE ONLY COMPLETE CAUSE OF DEATH? <b>N/A</b>	
FEMALE PREGNANCY STATUS <b>NOT APPLICABLE</b>			MANNER OF DEATH <b>NATURAL</b>	
DATE OF INJURY	TYPE OF INJURY	PLACE OF INJURY		DECEASED'S OCCUPATION
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED				IF SEVERE, STATE THE INJURY SUSTAINED
ATTENDED TO DECEASED? <b>YES</b>	DATE LAST SEEN ALIVE <b>DECEMBER 11, 2017</b>	WAS MEDICAL EXAMINER OR CORONER CONTACTED? <b>YES</b>	DATE PRONOUNCED	TIME OF DEATH <b>10:38 AM</b>
CERTIFYING PHYSICIAN			DATE CERTIFIED <b>DECEMBER 13, 2017</b>	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH <b>SARAH USMANI, 11900 SOUTHWEST HIGHWAY, PALOS PARK, ILLINOIS, 60464</b>			PHYSICIAN'S LICENSE NUMBER <b>036125739</b>	

D00161462

This is to certify that this is a true and correct copy from the original death record filed with the Illinois Department of Public Health



*David Orr*  
David Orr  
Cook County Clerk



# UNOFFICIAL COPY

- EXHIBIT A -

**LEGAL DESCRIPTION:****PARCEL 1:**

Unit 2002 and P-639 together with its undivided percentage interest in the common elements in Michigan Avenue Tower II Condominium as delineated and defined in the Declaration of Condominium Ownership and of Easements, Restrictions and Covenants for Michigan Avenue Tower II Condominium recorded as Document 0823418029 as amended from time to time in the Northwest Fractional 1/4 of Section 22, Township 39 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

**PARCEL 2:**

Exclusive Use for Storage Purposes in and to Storage Space No. S-157, a Limited Common Element, as set forth and defined in said Declaration of Condominium attached thereto in Cook County, Illinois.

**PIN AND PROPERTY ADDRESS FOR INFORMATIONAL PURPOSES ONLY:**

17-22-107-080-1159 and 17-22-107-080-1478  
1400 S. MICHIGAN AVE., APT. 2002, CHICAGO, IL 60605