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Doc# 2206042029 Fee \$88.00  
\*2206042029\*  
RHSP FEE:\$9.00 RPRF FEE: \$1.00  
KAREN A. YARBROUGH  
COOK COUNTY CLERK  
DATE: 03/01/2022 03:29 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 Offices of Margaret M. Las PC  
14516 John Humphrey Drive  
Orland Park, IL 60462

**SURVIVING TENANT AFFIDAVIT**

I, Katarzyna Tylka the surviving tenant of the tenancy created by the deed with the document number: 0318320078 do hereby declare under oath that the tenant Stanislaw Tylka died on May 21, 2016 as evidenced by the attached certified copy of her/his death certificate (see attached).

I also declare that the aforementioned tenant was a(n) owner of property with the following details:

**LEGAL DESCRIPTION**

SEE ATTACHED LEGAL DESCRIPTION

**PROPERTY IDENTIFICATION NUMBER (PIN)**

1 9 - 3 2 - 1 2 8 - 0 0 7 0 0 0 0

**COMMONLY KNOWN ADDRESS:**

8106 S. Merrimac Avenue  
Burbank, IL 60462

**NOTARY & AFFIANT SIGNATURE SECTION BELOW**

Subscribed & Sworn to me by:

Katarzyna Tylka  
Affiant Signature:

Katarzyna Tylka  
On the Following Date:

12-21-21

OFFICIAL SEAL  
AFFIX NOTARY SEAL IN THIS SECTION  
NOTARY PUBLIC, STATE OF ILLINOIS  
MY COMMISSION EXPIRES: 8/1/2025

S  
P  
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SC  
INT JP

**CERTIFICATE OF DEATH RECORD**  
UNOFFICIAL COPY

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

STATE FILE NUMBER **2016 0040840** DATE ISSUED **5/24/2016**

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| DECEDENT'S LEGAL NAME<br><b>STANISLAW ANDRZEJ TYLKA</b>  |  |   | SEX<br><b>MALE</b>  | DATE OF DEATH<br><b>MAY 21, 2016</b>            |  |
| COUNTY OF DEATH<br><b>COOK</b>   |  | AGE AT LAST BIRTHDAY<br><b>67 YEARS</b>                                 | DATE OF BIRTH<br><b>NOVEMBER 06, 1948</b>   |   |  |
| CITY OR TOWN<br><b>BURBANK</b>   |  | HOSPITAL OR OTHER INSTITUTION NAME<br><b>8106 SOUTH MERRIMAC AVENUE</b> |   |   |  |
| PLACE OF DEATH<br><b>DECEDENT'S HOME</b>   |  |   |   |   |  |
| BIRTHPLACE<br><b>POLAND</b>  | SOCIAL SECURITY NUMBER                 | STATUS AT TIME OF DEATH<br><b>MARRIED</b>                               | SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME<br><b>KATARZYNA GRUSZKA</b>    |   | EVER IN U.S. ARMED FORCES?<br><b>NO</b>  |
| RESIDENCE<br><b>8106 SOUTH MERRIMAC AVENUE</b>   |  | APT. NO.  | CITY OR TOWN<br><b>BURBANK</b>  |   | INSIDE CITY LIMITS?<br><b>YES</b>  |
| COUNTY<br><b>COOK</b>  | STATE<br><b>IL</b>                     | ZIP CODE<br><b>60459</b>  | FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION<br><b>JOZEF TYLKA</b> |   | MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION<br><b>JADWIGA MARIA FULINSKA</b> |
| INFORMANT'S NAME<br><b>KATARZYNA TYLKA</b>   |  | RELATIONSHIP<br><b>WIFE</b>   | MAILING ADDRESS<br><b>8106 SOUTH MERRIMAC AVENUE, BURBANK, IL, 60459</b>          |   |  |
| METHOD OF DISPOSITION<br><b>BURIAL</b>   |  | PLACE OF DISPOSITION<br><b>CMENTARZ PARAFIALNY</b>                      | LOCATION - CITY OR TOWN AND STATE<br><b>DZIANISZ, POLAND</b>                      | DATE OF DISPOSITION<br><b>MAY 28, 2016</b>      |  |
| FUNERAL HOME<br><b>DAMAR-KAMINSKI FUNERAL HOME &amp; CREMATORIUM, 7861 S. 88TH AVE, JUSTICE, IL, 60458</b>   |  |   |   |   |  |
| FUNERAL DIRECTOR'S NAME<br><b>MARK A KAMINSKI SR</b>   |  |   | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER<br><b>034014496</b>                    |   |  |
| LOCAL REGISTRAR'S NAME<br><b>DAVID ORR</b>   |  |   | DATE FILED WITH LOCAL REGISTRAR<br><b>MAY 24, 2016</b>                            |   |  |
| CAUSE OF DEATH   |  |   |   |   |  |
| PART I. MYOCARDIAL INFARCTION  |  |   |   |   |  |
| IMMEDIATE CAUSE (Final disease or condition resulting in death)  |  |   |   |   |  |
| a. PERIPHERAL VASCULAR DISEASE   |  |   |   |   |  |
| Due to (or as a consequence of)  |  |   |   |   |  |
| b. LARYNX CANCER   |  |   |   |   |  |
| 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.                                  |  |   |   |   |  |
| TOBACCO ABUSE  |  |   | WAS AN AUTOPSY PERFORMED? <b>NO</b>   |   |  |
|  |  |   | WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <b>N/A</b>                 |   |  |
| FEMALE PREGNANCY STATUS<br><b>NOT APPLICABLE</b>   |  |   | MANNER OF DEATH<br><b>NATURAL</b>   |   |  |
| 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?<br><b>YES</b>   | DATE LAST SEEN ALIVE<br><b>UNKNOWN</b> | WAS MEDICAL EXAMINER OR CORONER CONTACTED?<br><b>YES</b>                | DATE PRONOUNCED   | TIME OF DEATH<br><b>06:55 AM</b>                |  |
| CERTIFIER<br><b>PHYSICIAN</b>  |  |   | DATE CERTIFIED<br><b>MAY 23, 2016</b>   |   |  |
| NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH<br><b>DR. AGNIESZKA BANKOWSKA BRUKASZ, MD., 1634 WEST POLK STREET, CHICAGO, ILLINOIS, 60607</b> |  |   |   | PHYSICIAN'S LICENSE NUMBER<br><b>036:111792</b> |  |

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOT REPRODUCIBLE IN ANY MANNER WITHOUT THE WRITTEN PERMISSION OF THE CLERK OF COOK COUNTY



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.

*David Orr*  
 David Orr  
 Cook County Clerk



# UNOFFICIAL COPY

LOT 19 IN GILBERT AND WOLF'S MERRIMAC GARDENS, A SUBDIVISION OF PART OF THE WEST TWO THIRDS OF LOT 3 IN THE SUBDIVISION OF LOT 8 OF THE ASSESSOR'S DIVISION OF THE NORTH HALF OF SECTION 32, TOWNSHIP 38 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office