



2308722021

**NOTICE OF DEATH AFFIDAVIT AND
ACCEPTANCE OF TRANSFER ON
DEATH INSTRUMENT**

Doc# 2308722021 Fee \$88.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 03/28/2023 12:18 PM PG: 1 OF 4

Mail recorded instrument to:

Thaddeus S. Kowalczyk Esq.
6052 West 63rd St.
Chicago, IL
60638-4342

(The space above for Recorder's use only)

THE UNDERSIGNED BENEFICIARY, being duly sworn on oath, states as follows:

That **STANISLAWA STOCH**, died on January 16, 2022, and **WOJCIECH STOCH**, died on January 26, 2023. A copy of the death certificate for **STANISLAWA STOCH & WOJCIECH STOCH** are attached to this affidavit.

That both were residents of Cook County, Illinois, owning residential real estate legally described as follows:

LOT 30 IN LANSDOWNES HICKORY HILLS, A SUBDIVISION OF THE NORTHEAST 1/4 OF THE NORTHEAST 1/4 OF SECTION 14, TOWNSHIP 37 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

That the street address of the residential real estate is **10429 S. 81st Ave., Palos Hills, IL 60465** and the Permanent Real Estate Index Number(s) is **23-14-223-004-0000**

That the Transfer on Death Instrument is dated November 6, 2019, and recorded as Document Number 1931046043 on November 6, 2019, in the Office of the Recorder for Cook County, Illinois.

That the undersigned whose name and address appear below is the beneficiary entitled to receive the Transfer on Death Instrument:

STACY MANFREDINI, of 11135 South 84th Ave, Apt. 3A, Palos Hills, IL 60465
[formerly residing at 14807 Oakcreek Ct., Orland Park, IL 60467]

IN WITNESS WHEREOF, the undersigned beneficiary hereby accepts the transfer of residential real estate under the transfer on death instrument this 24th day of March, 2023.


STACY MANFREDINI

UNOFFICIAL COPY

STATE OF ILLINOIS)
) ss
 COUNTY OF COOK)

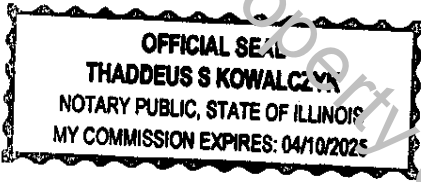
I, the undersigned, a Notary Public in and for the said County, in the State aforesaid, DO HEREBY CERTIFY THAT **STACY MANFREDINI**, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that she signed, sealed and delivered the said instrument as her free and voluntary act and swore on oath as to the above foregoing affidavit.

Signed and sworn to before me this 24th day of March 2023

Commission expires: *4-10-25*

Thaddeus S. Kowalczyk

 NOTARY PUBLIC



This instrument was prepared by:

Thaddeus S. Kowalczyk, Attorney at Law, 6052 West 63rd St., Chicago, IL 60638-4342

Property of Cook County Clerk's Office

CERTIFICATION OF DEATH RECORD

UNOFFICIAL COPY

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2022 0007038

DATE ISSUED 2/7/2023

DECEDENT'S LEGAL NAME STANISLAWA STOCH		SEX FEMALE	DATE OF DEATH JANUARY 16, 2022	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 81 YEARS	DATE OF BIRTH OCTOBER 16, 1940		
CITY OR TOWN PALOS HILLS		HOSPITAL OR OTHER INSTITUTION NAME 10429 S 81ST AVE		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE POLAND	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME WOJCIECH STOCH	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 10429 S 81ST AVE	APT. NO.	CITY OR TOWN PALOS HILLS	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60465	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION WODYSTAW PRZEWOREK	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ANNA SUTY
INFORMANT'S NAME WOJCIECH STOCH		RELATIONSHIP HUSBAND	MAILING ADDRESS 10429 S 81ST AVE, PALOS HILLS, IL, 60465	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION TRI COUNY CREMATORY	LOCATION - CITY OR TOWN AND STATE CHANNAHON, IL	DATE OF DISPOSITION JANUARY 24, 2022	
FUNERAL HOME HILLS FUNERAL HOME LTD, 10201 SOUTH ROBERTS ROAD, PALOS HILLS, IL, 60465				
FUNERAL DIRECTOR'S NAME JASON CHRIS LEONARD			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014798	
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH			DATE FILED WITH LOCAL REGISTRAR JANUARY 21, 2022	
CAUSE OF DEATH PART I: PANCREATIC CANCER				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ <small>Due to (or as a consequence of)</small>		
		b. _____ <small>Due to (or as a consequence of)</small>		
		c. _____ <small>Due to (or as a consequence of)</small>		
PART II: Enter other <i>significant conditions contributing to death</i> 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? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 11:10 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED JANUARY 18, 2022	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH MUHAMAD KRAD, 250 WATER STONE CIR, JOLIET, ILLINOIS, 60431			PHYSICIAN'S LICENSE NUMBER 036128267	

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

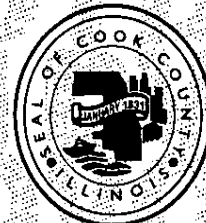
THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



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.

Karen A. Yarbrough
 Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

2475809

UNOFFICIAL COPY

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2023 0008724

DATE ISSUED 2/16/2023

DECEDENT'S LEGAL NAME WOJCIECH STOCH		SEX MALE	DATE OF DEATH JANUARY 26, 2023	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 82 YEARS	DATE OF BIRTH APRIL 11, 1940		
CITY OR TOWN PALOS HILLS		HOSPITAL OR OTHER INSTITUTION NAME 10429 S 81ST AVE		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE POLAND	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 10429 S 81ST AVE	APT. NO.	CITY OR TOWN PALOS HILLS	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60465	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION STANISLAW STOCH	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION KATARYNA UNAVAILABLE
INFORMANT'S NAME GREG MANFREDINI		RELATIONSHIP SON-IN-LAW	MAILING ADDRESS 14923 DOGWOOD DR, ORLAND PARK, IL, 60462	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION TRI-COUNTY CREMATORY	LOCATION: CITY OR TOWN AND STATE CHANNAHON, IL	DATE OF DISPOSITION FEBRUARY 02, 2023	
FUNERAL HOME HILLS FUNERAL HOME LTD, 10201 SOUTH POTTERS ROAD, PALOS HILLS, IL, 60465				
FUNERAL DIRECTOR'S NAME JASON CHRIS LEONARD			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014798	
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH			DATE FILED WITH LOCAL REGISTRAR FEBRUARY 2, 2023	
CAUSE OF DEATH PART I: METASTATIC PROSTATE CANCER				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. Due to (or as a consequence of)		
		b. Due to (or as a consequence of)		
		c. Due to (or as a consequence of)		
		Due to (or as a consequence of)		
PART II: Enter other <i>significant conditions contributing to death</i> 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? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 03:35 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED JANUARY 27, 2023	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH MUHAMAD KRAD, 250 WATER STONE CIR, JOLIET, ILLINOIS, 60431			PHYSICIAN'S LICENSE NUMBER 036128267	

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

2478047



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.

Karen A. Yarbrough
 Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM