

UNOFFICIAL COPY



Doc# 2311057015 Fee \$88.00

AFTER RECORDING, MAIL TO:

SATURN TITLE, LLC
1030 W. HIGGINS RD.
SUITE 365
PARK RIDGE, IL 60068

2 3 34566

173

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 04/20/2023 10:52 AM PG: 1 OF 4

AFFIDAVIT OF HEIRSHIP

STATE OF ILLINOIS

COUNTY OF COOK

ESTATE OF Miroslawa Adamczewski, Deceased.

And now on this 13th day of April, 2023, Piotr Adamczewski, after being first duly sworn under oath, testifies and deposes as follows, to wit:

1. My name is Piotr Adamczewski, 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 1740 Potter Rd., Park Ridge, IL 60068.
3. I am the son of Miroslawa Adamczewski and knew her in her lifetime.
4. Miroslawa Adamczewski, owner of the property commonly known as:
3054 N. Long Ave., Chicago, IL 60641 (legal description and PIN attached)
died on February 5, 2009 in the City of Chicago, County of Cook, State of Illinois.

The decedent was married one (1) time(s), to Janusz Adamczewski, who predeceased decedent in January 2001.

6. One child was born to the decedent as follows and is assumed to be of majority age, unless otherwise noted:

Piotr Adamczewski

7. No persons were adopted by the decedent.
8. The parents of the decedent were Stanislaw Olszewski and Halina Potega, both said parents are now deceased.

b) 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
\$ 150,000.00 dollars.

11. 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.

Prepared by:
Waldemar Myszyński
2860 S. River Rd #20
Des Plaines IL 60018

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11. 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.


AFFIANT

SUBSCRIBED AND SWORN TO ME THIS 13th DAY OF APRIL, 2023.


NOTARY PUBLIC



COOK COUNTY CLERK OFFICE
RECORDING DIVISION
118 N. CLARK ST. ROOM 120
CHICAGO, IL 60602-1387

Property of Cook County Clerk's Office

UNOFFICIAL COPY

STATE OF ILLINOIS CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO: 16-10	STATE OF ILLINOIS CERTIFICATE OF DEATH	STATE FILE NUMBER
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1. DECEDENT'S LEGAL NAME (include AKAs if any) (First, Middle, Last) MIROSLAWA ADAMCZEWSKI	2. SEX FEMALE	3. DATE OF DEATH (Month/Day/Year) (Spell Month) FEBRUARY 5, 2009
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4. COUNTY OF DEATH COOK	5a. AGE AT LAST BIRTHDAY (Years) 52	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH (Month/Day/Year) MARCH 7, 1956
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7a. CITY OR TOWN CHICAGO	7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) 3054 N. LONG AVE.
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7c. PLACE OF DEATH (Check only one; see instructions)
 If death occurred in a hospital
 If death occurred somewhere other than a hospital
 Hospice facility Nursing Home/Long-term care facility Decedent's home Other (Specify): _____

8. BIRTHPLACE (City and State or Foreign Country) POLAND	9. SOCIAL SECURITY NUMBER	10. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married but separated <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage)	12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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13a. RESIDENCE (Street and Number) 3054 N. LONG AVE.	13b. APT. NO.	13c. CITY OR TOWN CHICAGO	13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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13e. COUNTY COOK	13f. STATE IL	13g. ZIP CODE 60641	14. FATHER'S NAME (First, Middle, Last) STANISLAW OLSZEWSKI	15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) HALINA POTEGA
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16a. INFORMANT'S NAME MR. PETER ADAMCZEWSKI	16b. RELATIONSHIP SON	16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 2442 HESSING ST., RIVER GROVE, ILL. 60171
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17. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): _____	18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) ST. ADALBERT	19. LOCATION - CITY, TOWN AND STATE NILES, ILLINOIS	20. DATE OF DISPOSITION (Month/Day/Year) FEB. 9, 2009
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21a. FUNERAL HOME NAME BARAN FUNERAL HOME LTD.	21b. FUNERAL DIRECTOR'S SIGNATURE <i>John A. Baran</i>	21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031-006867
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21d. STREET AND NUMBER 2644-46 N. CENTRAL AVE.	21e. CITY OR TOWN CHICAGO	21f. ILLINOIS 60639-1395	21g. STATE ILLINOIS	21h. ZIP 60639-1395
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22. LOCAL REGISTRAR'S SIGNATURE <i>John A. Baran</i>	23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) 02 09 09
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CAUSE OF DEATH (See instructions and examples)

24. PART I - Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Metastatic Cancer of Oropharynx	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 months
Due to (or as a consequence of):	
Sequentially list conditions, if any, leading to the cause listed on line a	
b. Metastatic Cancer of Oropharynx	
Due to (or as a consequence of):	
c. Metastatic Cancer of Oropharynx	
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.

25. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No
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27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	28. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death	<input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Pregnant within one year of death, date unknown <input type="checkbox"/> Unknown if pregnant within the past 12 months	29. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Pending investigation
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30. DATE OF INJURY (Month/Day/Year)	31. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	32. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)	33. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No
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34. LOCATION OF INJURY - Street and Number	Apartment Number	City or Town	State	ZIP Code
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35. DESCRIBE HOW INJURY OCCURRED	36. IF TRANSPORTATION INJURY, SPECIFY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify): _____
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37. (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON 1/23/09	38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	39. DATE PRONOUNCED (Month/Day/Year) FEB. 5, 2009	40. TIME OF DEATH 6:10 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.
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41. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.
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42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) FRED R. ROSEN M.D. - 1900 W. POLK ST. - CHICAGO, ILLINOIS 60612	43. PHYSICIAN'S LICENSE NUMBER 036-069684
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44. TITLE OF CERTIFIER PHYSICIAN	45. DATE CERTIFIED (Month/Day/Year) FEB. 6, 2009	46. SIGNATURE OF CERTIFIER <i>Fred R. Rosen</i>
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47. DECEDENT'S EDUCATION - Check the box that best describes the highest degree of	48. DECEDENT OF HISPANIC ORIGIN? - Check the box that best	49. DECEDENT'S RACE - Check one or more races to indicate what the decedent
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This is to certify that this is a true and correct copy of the official death record filed with the Illinois Department of Public Health.

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFICATE COPY VALID WHEN
EMBOSSER SEAL IS APPLIED OVER
REGISTRAR'S SIGNATURE

John A. Baran
M.D.

TERRY MASON, M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF CHICAGO THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN Obedience OF SAID LAWS AND ORDINANCES.

FEB 09 2009

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

UNOFFICIAL COPY

File Number : 2334566

Commitment for Title Insurance
Adopted 6-17-06 Revised 08-01-2016

American Land Title Association

EXHIBIT A

Legal:

LOT 2 IN BLOCK 5 IN KENDALL'S BELMONT AND 56TH AVENUE SUBDIVISION OF THE WEST 1/2 OF THE NORTHWEST 1/4 (EXCEPT THE SOUTH 30 ACRES THEREOF) IN SECTION 28, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Commonly known address: 3054 N. Long Ave., Chicago, IL 60641

PIN #: 13-28-111-022-0000

PIN #:

PIN #:

Township: Jefferson

Property of Cook County Clerk's Office

This page is only a part of a 2016 ALTA® Commitment for Title Insurance (issued by Fidelity National Title Insurance Company). This Commitment is not valid without the Notice, the Commitment to Issue Policy, the Commitment Conditions, Schedule A, Schedule B, Part I-Requirements; (and) Schedule B, Part II-Exceptions; and a counter-signature by the Company or its issuing agent that may be in electronic form).

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