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Doc#. 2311406054 Fee: \$98.00

Karen A. Yarbrough Cook County Clerk

Date: 04/24/2023 09:37 AM Pg: 1 of 3

DECEASED JOINT TENANT AFFIDAVIT

)) SS

State of Illinois

County of <u>Co</u>	Cook)ss	
she resides at	undersigned, Izabella Szastak, being first duly sworn t 14 Harrison Ln, Streamwood, County of Cook, Sta s\%	and under penalty of perjury on oath states that te of Illinois.
That he owners of the legal description	he તેવક acquainted with Krzysztof J. Szastak, decea ત્રુંગાંડ commonly known as 14 Harrison Ln, Streamw ion લાકેટhed hereto and made a part hereof as Exhi No. A Γ226933.	ood, IL 60107, and as legally described in the
That the deceased attack	the deceased diad on February 3, 2013, as evidence ached hereto.	ed by a certified copy of the death certificate of the
That th	the deceased died:	
Ţ	Leaving no Last Will and Testament.	
	Leaving a Last Will and Testamen', a copy of white unproven will is to be filed with the Clark of the Polymer, Illinois.	
	Leaving a Last Will and Testament, which was file Division of the Circuit Court of Court	ed in the Unproven Will Box of the Probate ty, Illinois on
	Leaving a Last Will and Testament which was proof County, Illinois, on	ot at ed in the Probate Division of the Circuit Court as Case #
That from the E	Estate of the Deceased:	
	All State Inheritance and/or Federal Estate Taxes thereof is attached hereto.	which were due have been paid and evidence
(P)	No State Inheritance and/or Federal Estate Taxes	s were due.
either individua	value of the estate of the deceased, including both really or in tenancy by the entirety at the time of the deceased. October 199 dollars.	
to issue a Title mentioned Title	this affidavit for the purpose of inducing OLD REPL e Insurance Policy(s), describing the above mention the Commitment/Policy and agrees to indemnify said willfully made herein.	ed property and/or referenced in the above
Date: 04	Affiant's	Signature ZCISTUX
Subscribed and	nd Sworn before me this 17 day of April, 2023.	
My Commission	on Expires: 04/12/205	d mra
After re		Public
6444 N.	ima Title, LLC. V. Milwaykee Ave.	OFFICIAL SEAL WOJCIECH MALYSZKO
Chiec Ph. 3	coge, IL 60631 312-651-6070	NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES: 7/12/2025

CERTIFICATION OF DEATH RECORD

EXHIBIT "A"

COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS

MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH

	3 0010250	MC	DICAL EXAMI	NEK'S CASE N	IUMBER 042F	E0 13		UAII	EISSUED	6/29/201
DECEDENT'S LEGAL NAME KRZYSZTOF SZASTA	4K					SEX MALE	•	OF DEATH	03, 2013	
COUNTY OF DEATH		,	LAST BIRTHDAY	,		OF BIRTH				
COOK		58 Y	/EARS			INE 01, 1954				
CITY OR TOWN HOFFMAN ESTATES				1	R OTHER INSTITU					
PLACE OF DEATH				SAIN1 A	LEXIUS MEDI	CAL CENTER	<u> </u>			
EMERGENCY ROOM	/ OUTPATIENT									
BIRTHPLACE		ITY NUMBER	STATUS AT TI	ME OF DEATH	SURVIVING I	SPOUSE/CIVIL UNIO	M PARTNERS MA	OEN NAME	EVER WUS	ARMED
POLAND			MARRIED			LA KOPEC			FORCES?	
RESIDENCE 14 HARRISON LANE	5		APT	NO	STREAMW				NSIDE CITY LI YES	MITS?
COOK IL	ZIP CODE 30107			ARENT'S MAME PRIOR TO FIRST MARRIAGE/CIVIL UNION USZ SZASTAK			MOTHERICO-PARENTS NAME PRIOR TO FIRST MARRIAGEICIVIL UMON ALINA LINIARSKA			
NFORMANTS NAME IZABELLA SZASTAK	C)/x	RELATIONSHIP MAILING ADDRESS WIFE 14 HARRISON LANE, STREAM					, STREAM	MWOOD, IL, 60107		
			1			LOCATION - CITY OR TOWN AND STATE		TE DATE OF DISPOSITION FEBRUARY 06, 2013		
UNERAL HOME COUNTRYSIDE FUNE	RAL HOME - ST	WD, 1640	GRENMEA	NDOWS BLV), STREAMW(OOD, IL, 6010	7		<u>_</u>	•
FUNERAL DIRECTOR'S NAME TIM MOULTON					4	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015750				
OCAL REGISTRAR'S NAME DAVID ORR	· • • • • • • • • • • • • • • • • • • •	DA				ITE FILED WITH LOCAL REGISTRAR FEBRUARY 5, 2013				
AUSE OF DEATH PAR	TI ARTERIOSCI	LEROTIC C	ARDIOVASCU	AR DICEASE						
IMMEDIATE CAUSE	a						<u></u>	Ü UNK	NOWN U	NKNOWN
(Final disease or condition		Oue to (or as a contr. que, te of):					— B	. ". —	··-	
resulting in dealth)	b	0/,					ŽŲ.			
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ART II Enter other significant o	conditions contributions	ng lo death b			<u>*</u>		WAS AN AUT	OPSY PERF	ORMED? NC	· · · · · · · · · · · · · · · · · · ·
ART II Enter other algoriticant o	c conditions contributions	ng to death b			<u>*</u>	0/1/	WERE AUTO	PSY FINDIN	GS USED TO	····
	c onditions contributions	ng to death k			<u>*</u>	0//	WERE AUTO	PSY FINDIN AUSE OF D	GS USED TO)
	c 	ng to death b			<u>*</u>	70/4	WERE AUTO	PSY FINDING AUSE OF D DEATH	GS USED TO)
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ENALE PREGNANCY STATUS NOT APPLICABLE ATE OF HUURY	conditions contributions		oul not resulting m	the underlying or	o) Puse given in PART		WERE AUTO	PSY FINDING AUSE OF D DEATH	GS USED TO EATH? N/A	
ENALE PREGNANCY STATUS NOT APPLICABLE ATE OF HUURY	conditions contributions		oul not resulting m	the underlying or	o) Puse given in PART		WERE AUTO	PSY FINDING AUSE OF D DEATH	GS USED TO EATH? N/A	
EMALE PREGNANCY STATUS NOT APPLICABLE ATE OF INJURY COATION OF INJURY			oul not resulting m	the underlying or	o) Puse given in PART		WERE AUTO COMPLETE C WINNER OF IATURAL	PSY FINDIN AUSE OF D DEATH	GS USED TO EATH? N/A	WORK?
PART II Enter other algoriticant of the pregnancy status NOT APPLICABLE DATE OF INJURY COATION OF INJURY DESCRIBE HOW INJURY OCCUPATION THE DECEASED?		TIME OF IN	oul not resulting in	PLACE OF INJ	o) Puse given in PART	TE PRONOUNCE!	WERE AUTO COMPLETE C WINNER OF IATURAL	PSY FINDIN AUSE OF D DEATH	GS USED TO EATH? N/A INJURY AT	WORK? SPECIFY
EMALE PREGNANCY STATUS NOT APPLICABLE DATE OF INJURY COATION OF INJURY DESCRIBE HOW INJURY OCCUP STEEND THE DECEASED? ERTIFIER	RRED- DATE LAST SEEN A	TIME OF IN	WAS MEDICAL	PLACE OF INJ	o) Puse given in PART		WERE AUTO COMPLETE C WINNER OF IATURAL IF TR	PBY FINDIN AUSE OF D DEATH	GS USED TO EATH? N/A INJURY AT 1 ION INJURY, TIME OF DEA: 12:02 AM	WORK? SPECIFY
EMALE PREGNANCY STATUS NOT APPLICABLE NATE OF INJURY COATION OF INJURY ESCRIBE HOW INJURY OCCUI	DATE LAST SEEN /	TIME OF IN	WAS MEDICAL CORONER CO	PLACE OF INJ	o) Puse given in PART	TE PRONOUNCE!	WERE AUTO COMPLETE OF IATURAL IF TR 03, 2013	PBY FINDING AUSE OF DEATH ANSPO (14	GS USED TO EATH? N/A INJURY AT V ION INJURY, TIME OF DEA' 12:02 AM	WORK? SPECIFY



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.





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File No: AT220933

UNOFFICIAL COPY

EXHIBIT "A"

LOT 424 IN OAK KNOLL FARMS UNIT SIX, BEING A SUBDIVISION OF PART OF THE EAST HALF OF SECTION 22, TOWNSHIP 41 NORTH, RANGE 9, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property Address: 14 HARRISON LN STREAMWOOD, IL 60107

Parcel ID Number: 06-22-217-015-0000



This page is only a part of a 2021 ALTA® Commitment for Title Insurance issued by Old Republic 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 A. Part II-Exceptions.

Commitment for Title Insurance 2021 v. 01.00

