

# UNOFFICIAL COPY

Doc#: 2323508005 Fee: \$107.00

Karen A. Yarbrough

Cook County Clerk

Date: 08/23/2023 09:10 AM Pg: 1 of 6

Prepared By & Return To:

Julie Kennedy-Schuljak

2951 189<sup>th</sup> Street

Lansing, IL 60438

Property of Cook County Clerk's Office

## **RECORDING COVER PAGE**

Fidelity National Title - OC23013264

Heirship Affidavit

# UNOFFICIAL COPY

**Fidelity National Title Company**

**AFFIDAVIT  
(HEIRSHIP)**

State of Illinois

County of Cook )ss.

I/We, Julie Kennedy-Schuljak of lawful age, being first duly sworn, upon his/her oath deposes and states:

That he/she/they was/were personally well acquainted with Patrick M. Schuljak (hereinafter referred to as decedent) during his/her lifetime, having known him/her for 17 years, and that affiant(s) bears the following relationship to said decedent:

Wife

Affiant(s) further states that the said decedent departed this life at Community Hospital, in the County of Lake State of Indiana on or about 1-9-2013 (attach copy of death certificate).

Affiant(s) further states that he/she/they was/were acquainted with the family and relatives of the said decedent, and the value and nature of the property owned by the decedent at the time of his/her death. The following statements and answers to the following questions are based upon the personal knowledge of affiant(s) and are true and correct:

- At the time of the decedent's death, the decedent was an owner of the premises commonly known as: 2951 189th St. Lansing, IL 60438
- (a) Was an estate ever opened for said decedent in a court of law? NO  
(b) If so, when, where and what was the case number? \_\_\_\_\_
- Did the decedent leave a will? NO (attach copy, if any)
- The marital status at the time of the decedent's death was as follows: (Indicate if the decedent was or was not married at the time of the decedent's death—or co-party in a civil union pursuant to the Illinois Religious Freedom Protection and Civil Union Act or any substantially similar legal relationship recognized by another states). In the alternative, state that the decedent was never married or in a civil union:  
Married
- Please indicate the number of times the decedent was married or in a civil union, the name of each spouse or civil union partner, and how each marriage or civil union was terminated—for example, by death or by dissolution of marriage.  
1 time to Julie Kennedy-Schuljak
- If the spouse/co-party died after the decedent please state the date that any surviving spouse/co-party died:  
\_\_\_\_\_

# UNOFFICIAL COPY

## AFFIDAVIT (HEIRSHIP) (continued)

7. The names of all children of the decedent by any marriage, illegitimate children and adopted children are as follows and no other children were born or adopted by the decedent other than those children named below:

<u>Sean Patrick Schuljak</u>	_____
<u>Connor Michael Schuljak</u>	_____
_____	_____
_____	_____
_____	_____

8. (a) The name of any children listed at 7 (above) who died before the decedent:

Name	Date of Death
<u>None</u>	_____
_____	_____
_____	_____

(b) The names of the children of any child listed at 8 (a):

Name	Date of Death if now deceased	Parents
<u>None</u>	_____	_____
_____	_____	_____
_____	_____	_____

9. If there were no descendants (children, grandchildren, etc.) of the decedent living at the time of his/her death, then list the names of the father, mother, brothers and sisters of the decedent, and, if applicable, the dates of their deaths.

Name	Relationship	Date of Death if now deceased
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. That the total value of the estate of the decedent including the taxable interest in the aforesaid property is \$185,000 total appraisal of property

# UNOFFICIAL COPY

## AFFIDAVIT (HEIRSHIP) (continued)

11. That no claims have been filed against decedent and that all expenses of illness (doctor's, ambulance, hospitalization, etc.) and/or funeral expenses have been paid in full; or, that the following claims or expenses will be paid from the proceeds of the aforesaid property:

None

12. That the estate is not liable or subject to any claim on the part of anyone for personal or nursing services rendered or room and board furnished to the decedent, except as follows (to whom and how much):

None

IN WITNESS WHEREOF, the undersigned affiant(s) state(s) on the date(s) set forth below, that the foregoing above statements are true and makes this affidavit to induce Chicago Title Insurance Company to issue its commitment and its title insurance policy on the aforesaid property, free and clear of claims, administration expenses, taxes and other exceptions, if any, relating to the estate of said decedent.

**AFFIANT(S):**

Julie Kennedy-Schuljak  
Signature

Julie Kennedy-Schuljak  
Print Name

Address: 2951 189th St.

Lansing, IL 60438

Phone: 708-927-0010

Email: rschuljak98@yahoo.com

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

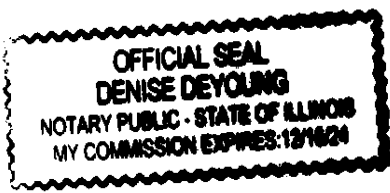
Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Subscribed and sworn to before me this 16 of Aug, 2023.

Denise DeYoung  
Notary Public



# UNOFFICIAL COPY

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH



Local No 000138

EDR No 00000300554

State No 001625

1. Decedent's Legal Name (First, Middle, Last) <b>PATRICK M SCHULJAK</b>		1a. Maiden Name (If female)		2. Sex <b>MALE</b>	3. Time Of Death <b>10:25 AM</b>	4. Date Of Death (Month/Day/Year) <b>01/09/2013</b>
5. Social Security Number   6a. Age - Yrs <b>43</b>	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) <b>04/02/1969</b>	8. Birthplace (City and State or Foreign Country) <b>HAMMOND, IN</b>
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival			10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)		
11. Facility Name (If Not Institution, Give Street and Number) <b>COMMUNITY HOSPITAL</b>						
12. City Or Town, State, And Zip Code <b>MUNSTER, IN, 46321</b>			13. County Of Death <b>LAKE</b>		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name <b>JULIE SCHULJAK</b>		15a. (If Wife) Give Maiden Last Name <b>KENNEDY</b>		16. Decedent's Usual Occupation <b>MATERIALS HANDLER</b>		17. Kind Of Business/Industry <b>AUTOMOBILE</b>
18. Residence - State <b>ILLINOIS</b>		18a. County <b>COOK</b>		18b. City Or Town <b>LANSING</b>		
18c. Street And Number <b>2951 189TH STREET</b>				18d. Apt. No.	18e. Zip Code <b>60438</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GELI COMPLETED</b>		20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>White</b>		
22. Father's Name (First, Middle, Last) <b>GEORGE M SCHULJAK</b>		23. Mother's Name (First, Middle, Last) <b>MARYANN SCHULJAK</b>		23a. Mother's Maiden Last Name <b>DANKO</b>		
24. Informant's Name <b>JULIE SCHULJAK</b>		24a. Relationship To Decedent <b>WIFE</b>	24b. Mailing Address (Street And Number, City, State, Zip Code) <b>2951 189TH STREET, LANSING, IL 60438</b>			
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>CHAPEL LAWN MEMORIAL GARDENS</b>		25c. Location - City, Town, And State <b>SCHERERVILLE, IN</b>		
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	27. Name And Complete Address Of Funeral Facility <b>ANTHONY &amp; DZIADOWICZ FUNERAL HOME, INC. - MUNSTER, 9445 CALUMET AVE, MUNSTER, IN 46321</b>				27a. Funeral Home License Number: <b>FH83002916</b>	
27b. Signature Of Indiana Funeral Service Licensee: <b>KYLE J. KUTLIK, BY ELECTRONIC SIGNATURE</b>				27c. License Number (Of Licensee): <b>FD20800089</b>		
<b>Cause Of Death (See Instructions And Examples)</b>						
28. 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 The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.						Approximate Interval: Onset To Death
Immediate Cause (Final Disease Or Condition Resulting In Death) A. <b>SADDLE PULMONARY EMBOLISM</b>						DAYS
Due to (Or As A Consequence Of):						
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last						
B. _____						Due to (Or As A Consequence Of):
C. _____						Due to (Or As A Consequence Of):
D. _____						
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I				29. Was An Autopsy Performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <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"/> Unknown If Pregnant Within The Past Year		33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined		
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury	36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)		37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
38. Location Of Injury - State		38a. City Or Town	38b. Street & Number	38c. Apt. No.	38d. Zip Code	
39. Describe How Injury Occurred				40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		
41. Signature, Of Person Certifying Cause Of Death: <b>NEHA PIYUSH PATEL, BY ELECTRONIC SIGNATURE</b>				42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>NEHA PIYUSH PATEL, 7905 CALUMET AVE, MUNSTER, IN 46321</b>				44. License Number <b>01067197A</b>		45. Date Certified <b>01/14/2013</b>
46. Additional Funeral Service Provider: <b>SCHROEDER-LAUER FUNERAL HOME</b>				47. *Akas:		
48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>				49. For Registrar Only - Date Filed (Month/Day/Year): <b>JAN 15 2013</b>		
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)						

# UNOFFICIAL COPY

## EXHIBIT A

Order No.: OC23013264

For APN/Parcel ID(s): 33-06-210-008-0000

For Tax Map ID(s): 33-06-210-008-0000

---

LOT 191 IN OAKWOOD ESTATES UNIT NO. 4, BEING A SUBDIVISION OF PART OF THE EAST 1/2 OF THE WEST 1/2 OF THE NORTHEAST 1/4 OF SECTION 6, TOWNSHIP 35 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office