

PREPARED BY:

Law Office of Katarzyna Sak, P.C.
7720 W. Touhy Ave., Ste. D
Chicago, IL 60631

MAIL RECORDED DOCUMENT TO:

Law Office of Katarzyna Sak, P.C.
7720 W. Touhy Ave., Ste. D
Chicago, IL 60631



Doc# 2331834026 Fee \$88.00

RHSP FEE:\$18.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 11/14/2023 02:19 PM PG: 1 OF 2

(Reserved for Recorder's Use Only)

SURVIVING TENANT AFFIDAVIT

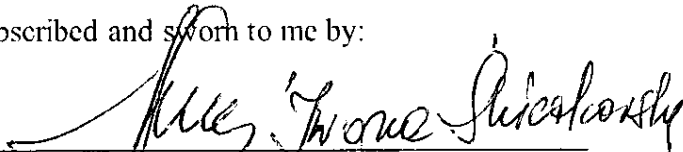
I, IWONA SWIERKOWSKI, the wife of LESZEK SWIERKOWSKI, deceased, who was the tenant of the joint tenancy created by the deed with the document number 92313455, hereby declare under oath that the tenant LESZEK SWIERKOWSKI died on January 28, 2008, as evidenced by the attached certified copy of his death certificate (see attached). I also declare that the aforementioned tenant was an owner of property with the following details:

BUILDING 14, UNIT 1-A IN RIVER'S EDGE CONDOMINIUM, AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE: CERTAIN BLOCKS AND THAT PART OF THE UNIDENTIFIED OUTLOT IN RIVER'S EDGE PLANNED UNIT DEVELOPMENT OF THE WEST 1/2 OF THE NORTHWEST 1/4 OF SECTION 16, TOWNSHIP 41 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, WHICH SURVEY IS ATTACHED AS EXHIBIT "A" TO THE DECLARATION OF CONDOMINIUM FILED AS DOCUMENT LR-3212037, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS.

COMMONLY KNOWN AS: 172 Grove Ave, Unit A, Des Plaines, IL 60016

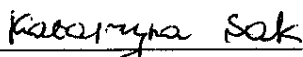
PIN: 09-16-100-071-1053, 09-16-100-069-1053 (underlying)

Subscribed and sworn to me by:



IWONA SWIERKOWSKI, Affiant

Given under my hand and official seal this 16th day of October 2023.



Notary Public



UNOFFICIAL COPY

STATE OF ILLINOIS CERTIFICATE OF DEATH

Illinois Department of Public Health - Division of Vital Records (Based on the 2003 U.S. Standard Certificate) VR200 (Rev. 7/08)

REGISTRATION DISTRICT NO. 16.0Y		STATE OF ILLINOIS CERTIFICATE OF DEATH		STATE FILE NUMBER	
LOCAL FILE NUMBER		1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last) LESZEK SWIERKOWSKI		2. SEX MALE	3. DATE OF DEATH (Month/Day/Year) (Spell Month) JANUARY 28, 2008
4. COUNTY OF DEATH COOK		5a. AGE AT LAST BIRTHDAY (Years) 54	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH (Month/Day/Year) JANUARY 8, 1954
7a. CITY OR TOWN INVERNESS		7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) 195 MARIE DR			
7c. PLACE OF DEATH (Check only one; see instructions)					
IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival		IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long-term care facility <input checked="" type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____			
8. BIRTH PLACE (City and State or Foreign Country) POLAND	9. SOCIAL SECURITY NUMBER [REDACTED]	10. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married but separated <input 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) IWONA WAKWAROW	12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13a. RESIDENCE (Street and Number) 195 MARIE DR		13b. APT. NO.	13c. CITY OR TOWN INVERNESS	13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
13e. COUNTY COOK	13f. STATE IL	13g. ZIP CODE 60010	14. FATHER'S NAME (First, Middle, Last) MIECZYSLAW SWIERKOWSKI		15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) JANINA GREGORSA
16a. INFORMANT'S NAME IWONA SWIERKOWSKI		16b. RELATIONSHIP WIFE		16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 195 MARIE DR INVERNESS ILLINOIS 60010	
17. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): _____		18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) ALL SAINTS		19. LOCATION - CITY, TOWN AND STATE DES PLAINES IL	20. DATE OF DISPOSITION (Month/Day/Year) JANUARY 31, 2008
21a. FUNERAL HOME NAME MALEC & SONS FUNERAL HOME		STREET AND NUMBER 6000 N. MILWAUKEE AVE.		CITY OR TOWN CHICAGO	STATE ILLINOIS
21b. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-011619		21d. WESLEY A. STINICH	
22. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>		23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) JAN 29 2008			
24. CAUSE OF DEATH (See instructions and examples) 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. Cardiopulmonary arrest due to malignant brain tumor Sequentially list conditions, if any, leading to the cause listed on line a. b. Malignant brain tumor Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST c. _____ PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 YR 2 YR
27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		28. IF FEMALE: <input type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Pregnant within one year of death but time unknown <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past 12 months		29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation	
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)	
34. LOCATION OF INJURY - Street and Number		Apartment Number		City or Town	
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): _____			
37. (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON 11/21/08		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		39. DATE PRONOUNCED (Month/Day/Year) January 28, 2008	
40. TIME OF DEATH 2:25 A.M.		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.			
42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) Dr. YOGESH N. GANDHI 1901 W. HARRISON CHICAGO IL 60612		43. PHYSICIAN'S LICENSE NUMBER 036-066177			
44. TITLE OF CERTIFIER MD		45. DATE CERTIFIED (Month/Day/Year) JANUARY 29 2008		46. SIGNATURE OF CERTIFIER <i>[Signature]</i>	

JAN 29 2008
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.

STATE OF ILLINOIS
County of Cook
DAVID ORR, County Clerk

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files in my office, attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

[Signature]
DAVID ORR
COUNTY CLERK