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ESTATE OF

FRANK KONIECZNY

DECEASED

AFFIDAVIT OF HEIRSHIP

ELEANOR KLIMALA and BARBARA FICNER on oath say:

1. The decedent, FRANK KONIECZNY died at Chicago, Illinois on the 12th day of March, 1967 at the age of 56 years.

2. That at the time of the death of the decedent, FRANK KONIECZNY, he was the owner of real estate in the City of Chicago, County of Cook and State of Illinois commonly known as 4544 South Albany Avenue, and legally described as follows:

Lot 24 in McCartney's Subdivision of the South 198.66 feet of Block 14 in Stewart's Subdivision of the Southwest quarter of Section 1, Township 38 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Index No. 19-01-318-037 Lots

3. We are of legal age and reside at 4544 South Albany, Chicago, Illinois. We are daughters of the decedent.

4. The decedent was married only once and then to KATHERINE KONIECZNY who predeceased him having died on the 27th day of October, 1964.

5. The following children and no others were born to or adopted by the decedent, FRANK KONIECZNY:

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(1) ELEANOR KLIMALA married to ANTHONY KLIMALA and residing at 4544 South Albany, Chicago, Illinois.

(2) BARBARA FICNER married to JOSEPH FICNER and residing at 4544 South Albany Avenue, Chicago, Illinois.

6. Based on the foregoing, decedent left surviving as his only heirs the following, all of whom survived the decedent, and, in the basence of an indication to the contrary, are of legal age, are mentally competent and, are natural children:

ELEANOR KLIMALA, his daughter

BARBARA FICNER, his daughter

7. That all expenses and claims against his estate have been satisfied in full. That there are now no claims, legacies and Federal estate nor State inheritance taxes due nor due in the future; that said FRANK KONIECZNY at no time received old age assistance benefits from the State of Illinois or from any other State nor any kind from State or Federal agencies which might in any nature result in a claim or charge against his estate.

Eleanor Klimala

Barbara Ficner

Signed and sworn to before me

NOVEMBER 25 1985.

Notary Public

This instrument prepared by:

[redacted]
Attorney at Law
4192 Archer Avenue
Chicago, Illinois 60632

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ORIGINAL #343

FILL IN WITH TYPEWRITER OR LEGIBLE PRINTING

VS 200—BUREAU OF STATISTICS—ILLINOIS DEPARTMENT OF PUBLIC HEALTH

1964 revision based on the U. S. Standard Certificate of Death.

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 74705

REGISTRATION DISTRICT NO. 16.10 REGISTERED NUMBER

DECEDENT'S BIRTH NO.

Field	Entry
1. PLACE OF DEATH a. STATE	ILLINOIS
b. COUNTY	COOK
c. ☒ INSIDE corporate limits and in City, Village, or Incorporated Town	CHICAGO
d. ☐ OUTSIDE corporate limits and in Township name / Road District No.	
e. LENGTH OF STAY in 1c or 1d	53 YEARS
f. NAME OF HOSPITAL OR INSTITUTION	MOUNT SINAI HOSPITAL
g. LENGTH OF STAY IN 1f	5 DAYS
h. If not in hospital or institution, give Street & No. or R.F.D. and Post Office	
2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE	ILLINOIS
b. COUNTY	COOK
c. ☒ INSIDE corporate limits and in City, Village, or Incorporated Town	CHICAGO
d. ☐ OUTSIDE corporate limits and in Township name / Road District No.	
e. LENGTH of RESIDENCE AT 2c or 2d	53 YEARS
f. RESIDENCE ADDRESS (Street & No. or R.F.D. and Post Office)	4543 SOUTH ALBANY AVENUE
g. Did decedent reside ON A FARM?	YES ☐ NO ☒
3. NAME OF DECEASED a. (FIRST) b. (MIDDLE) c. (LAST)	CATHERINE KONIECZNY
4. DATE OF DEATH (MONTH) (DAY) (YEAR)	OCTOBER 27, 1964
5. SEX	FEMALE
6. RACE	WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	MARRIED
8. DATE OF BIRTH	8/20/11
9. AGE (in years last birthday)	53
10a. USUAL OCCUPATION	HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY	HOME
11. BIRTHPLACE (City and state or foreign country)	CHICAGO, ILLINOIS
12. Citizen of what country?	U.S.A.
13. FATHER'S FULL NAME	FRANK GORNIAK
14. MOTHER'S FULL MAIDEN NAME	MARY LIBERDA
15. Was deceased ever in U. S. Armed Forces? (Yes, no, or unknown) (Give war or dates of service)	NO -----
16. SOCIAL SECURITY NUMBER	334-14-1272
17. INFORMANT a. SIGNATURE	Helen Pavalon (signature)
b. ADDRESS	2750 W 15TH PLACE,
c. RELATIONSHIP TO DECEASED	CLERK HOSPITAL RECORDS

18. MEDICAL CAUSE OF DEATH
PART I. DEATH WAS CAUSED BY: (Enter only one cause per line for (A), (B) and (C))

	Cause	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	HEART FAILURE	
Conditions, if any, which gave rise to the above IMMEDIATE CAUSE (A), stating the UNDERLYING cause last. due to (B)	ARTERIO SCLEROTIC HEART DISEASE	
due to (C)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART I (A)

20. AUTOPSY? YES ☒ NO ☐

19a. DATE OF OPERATION, IF ANY 19b. MAJOR FINDINGS OF OPERATION

NOTE: If an injury was involved in this death, the Coroner must be notified.

21. I hereby certify that I attended the deceased from Feb 1, 1964 19 to Oct. 27 19 64, that I last saw the deceased alive on Oct. 26 19 64 and death occurred at 6:30 A M. from the causes and on the date stated above.

Signature ▶ Frank Swiatek M.D. Date Signed Oct. 27, 1964 Illinois License No. 14709

Address 2209 West Cermak Road Phone Vi 7-6262

22. DISPOSITION BURIAL XXXXXXXXXXXX Date 10 31 64
CEMETERY Resurrection
LOCATION Justice- Ill.

23. FUNERAL DIRECTOR Fortuna Funeral Home
SIGNATURE ▶ John J. Fortuna
ADDRESS 4400 So. Kedzie, Chicago, Ill. License No. 4497

24. Received for filing on 68991ESS OCT 28 1964 (Signed) Samuel L. Andelman, M.D. LOCAL REGISTRAR

October 28, 1964

STATE OF ILLINOIS
COUNTY OF COOK } SS
CITY OF CHICAGO

I, Samuel L. Andelman, M.D., Local Registrar of Vital Statistics of the City of Chicago, do hereby certify that I am the keeper of the records of births, stillbirths and deaths of 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 pursuance of said laws and ordinances.

This Certified Copy VALID Only When Original BLUE SEAL And BLUE SIGNATURE Are Affixed.

Samuel L. Andelman, M.D.
LOCAL REGISTRAR

BOARD OF HEALTH—CITY OF CHICAGO

VS 200—BUREAU OF STATISTICS—ILLINOIS DEPARTMENT OF PUBLIC HEALTH

1964 revision based on the U.S. Standard Certificate of Death

ORIGINAL 994

FILL IN WITH TYPEWRITER OR LEGIBLE PRINTING

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 17187

DECEDENT'S BIRTH NO | REGISTRATION DISTRICT NO 16.10 | REGISTERED NUMBER

1. PLACE OF DEATH a. STATE ILLINOIS b. COUNTY COOK
c. [X] INSIDE corporate limits and in City, Village, or Incorporated Town: CHICAGO
d. [ ] OUTSIDE corporate limits and in Township name / Road District No
e. LENGTH OF STAY in 1c or 1d: 56 yrs.
f. NAME OF HOSPITAL OR INSTITUTION: ENGLEWOOD HOSPITAL
g. LENGTH OF STAY in 1f: 70 DAYS
h. If not in hospital or institution, give Street & No. or R.F.D. and Post Office

2. USUAL RESIDENCE (where deceased lived. If institution, residence before admission) a. STATE ILLINOIS b. COUNTY COOK
c. [X] INSIDE corporate limits and in City, Village, or Incorporated Town: CHICAGO
d. [ ] OUTSIDE corporate limits and in Township name / Road District No.
e. LENGTH of RESIDENCE At 2c or 2d: 56 yrs.
f. RESIDENCE ADDRESS (Street & No. or R.F.D. and Post Office): 4543 S. ALBANY CHICAGO, ILL. 60632
g. "Did decedent reside ON A FARM?" YES [ ] NO [X]

3. NAME OF DECEASED a. (FIRST) FRANK b. (MIDDLE) c. (LAST) KONIECZNY
4. DATE OF DEATH (MONTH) (DAY) (YEAR) 3-12-67
5. SEX MALE | 6. RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) WIDOWED | 8. DATE OF BIRTH 3-18-10 | 9. AGE (in years last birthday) 56 | Under 1 year: Months, Days | Under 24 hrs: Hours, Min.
10a. USUAL OCCUPATION: MAIL CLERK | 10b. KIND OF BUSINESS OR INDUSTRY: National Sec.Bank | 11. BIRTHPLACE (City and state or foreign country): Chicago, Illinois | 12. Citizen of what country? USA
13. FATHER'S FULL NAME: JOSEPH KONIECZNY | 14. MOTHER'S FULL MAIDEN NAME: ANTOINETTE PAJAK
15. Was deceased ever in U.S. Armed Forces? (Yes, no, or unknown) No (Give war or dates of service) None
16. SOCIAL SECURITY NUMBER: 338-03-4485
17. INFORMANT a. SIGNATURE: D. Zenzel - Clerk ENGLEWOOD HOSPITAL b. ADDRESS: 6001 S. GREEN ST. c. RELATIONSHIP TO DECEASED: MED. REC.

18. MEDICAL CAUSE OF DEATH
PART I. DEATH WAS CAUSED BY: [Enter only one cause per line for (A), (B) and (C).]
IMMEDIATE CAUSE (A): Rt. Kidney Hypernephroma with generalized metastases | INTERVAL BETWEEN ONSET AND DEATH: 8 mo.
Conditions, if any, which gave rise to the above IMMEDIATE CAUSE (A), stating the UNDERLYING cause last: due to (B): | due to (C):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART I(A)
20. AUTOPSY? YES [X] NO [ ]
19a. DATE OF OPERATION, IF ANY: July 20, 1966 | 19b. MAJOR FINDINGS OF OPERATION: Rt. Kidney Hypernephroma with Metastases

NOTE: If an injury was involved in this death, the Coroner must be notified.

21. I hereby certify that I attended the deceased from May 7, 1966 to March 12, 1967, that I last saw the deceased alive on March 11, 1967, and death occurred at 7:50AM from the causes and on the date stated above.
Signature: [signature] M.D. | Date Signed: 3/12/67 | Illinois License No. 32527
Address: 9504 So. Hamilton Ave. Chicago, Ill | Phone: 233-2636

22. DISPOSITION: BURIAL Date 3/15/67 | CEMETERY: Resurrection | LOCATION: Justice, Illinois
23. FUNERAL DIRECTOR: Fortuna Funeral Home | SIGNATURE: John J. Fortuna | ADDRESS: 4401 So. Kedzie Av. | Chicago, 32, Illinois | Illinois License No. 4497

24. Received for filing on: MAR 11 1967 | (Signed) Samuel L. Andelman, MD | LOCAL REGISTRAR | 68991858

MAR. 14, 1967

BOARD OF HEALTH—CITY OF CHICAGO

STATE OF ILLINOIS
COUNTY OF COOK } SS
CITY OF CHICAGO

I, Samuel L. Andelman, M.D., Local Registrar of Vital Statistics of the City of Chicago, do hereby certify that I am the keeper of the records of births, stillbirths and deaths of 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 pursuance of said laws and ordinances.

This Certified Copy VALID Only When Original BLUE SEAL And BLUE SIGNATURE Are Affixed.

[signature] Samuel L. Andelman
LOCAL REGISTRAR

85-316659