

UNOFFICIAL COPY

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IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

ESTATE OF

VICTORIA B. STASZAK,

DECEASED

92350949

AFFIDAVIT OF HEIRSHIP

RAY A. STASZAK, on oath says:

1. The decedent, VICTORIA B. STASZAK, died at Chicago, Illinois on January 14, 1992, at the age of 104 years.

2. I am of legal age. I reside at 4824 South Kedvale, Chicago, Illinois 60652. I am a son of the decedent.

3. The decedent was married only once and then to ANTHONY STASZAK, who predeceased the decedent, and the following children and no others were born to or adopted by the decedent:

- (1) HERMAN STASZAK, a widower
- (2) JOHN STASZAK, married to MARY STASZAK
- (3) FRANK STASZAK, married to IRENE STASZAK
- (4) VIRGINIA NIES, a widow
- (5) RAY A. STASZAK, a single person

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

92350949

DEPT-01 RECORDING \$25.50
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#4191 * -92-350949
COOK COUNTY RECORDER

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92350949

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HERMAN STASZAK, her son,
JOHN STASZAK, her son,
FRANK STASZAK, her son,
VIRGINIA NIES, her daughter,
RAY A. STASZAK, her son.

Ray A. Staszak
RAY A. STASZAK

Signed and Sworn to before
me this 11TH day of
MAY, 1992.

Bernard B. Kash
Notary Public



Return to and Prepared by:

BERNARD B. KASH & ASSOCIATES
4192 Archer Avenue
Chicago, IL 60632
(312) 247-3700
Attorney No. 05275



Lot 9 in Block 5 in William A. Bond and Company's Archer Home Addition, being a resubdivision of Blocks One to Sixteen inclusive in William A. Bond's subdivision of the East half of the Northeast quarter of Section 10, Township 38 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

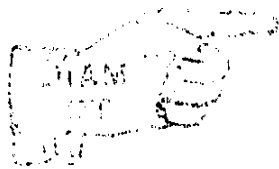
Common Address: 4824 South Kedvale, Chicago, Illinois

PIN No. 19-10-212-029

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SECRET COLLECTIONS SECTION

1000 ST. W. 1

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER
6008899

JAN 16 1992
 STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO

VIRGINIA L. PARKER, M.P.A. ACTING LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS 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 PURSUANCE OF SAID LAWS AND ORDINANCES.

Virginia L. Parker, M.P.A.
 Acting Local Registrar

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

REGISTRATION DISTRICT NO. **16-16**
 REGISTERED NUMBER

DECEASED-NAME **VICTORIA** FIRST **B.** MIDDLE **STASZAK** LAST
 SEX **Female** DATE OF BIRTH **January 14, 1992**
 MONTH, DAY, YEAR
 AGE AT LAST BIRTHDAY **5** YEARS **10** MONTHS **10** DAYS
 DATE OF BIRTH **Dec. 24, 1887**
 MONTH, DAY, YEAR
 HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT EITHER, GIVE STREET AND NUMBER)
Holy Cross Hospital
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER
Chicago

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER
Chicago
 MARRIED NEVER MARRIED
Widowed
 USUAL OCCUPATION
Homemaker
 NAME OF SURVIVING SPOUSE (GIVEN NAME, F.W.E.I.)
None
 NAME OF BUSINESS OR INDUSTRY
Own Home
 CITY, TOWN, TWP. OR ROAD DISTRICT NO.
Chicago
 EDUCATION (SPECIAL, COLLEGE, GRADUATE)
7
 RESIDE CITY **Chicago** COUNTY **Cook**
 RESIDE STATE **Ill.** RESIDE CITY **Chicago** COUNTY **Cook**

10. **319-22-0615**
 RESIDENCE (STREET AND NUMBER)
 13a. **4824 S. Kedvale**
 STATE
 13b. **Ill.** ZIP CODE **60632**
 RACE (WHITE, BLACK, AMERICAN INDIAN, NATIVE HAWAIIAN, OTHER)
White
 14a. **None** 14b. **None** 14c. **None**
 OFFSPRING ORIGIN (SPECIFY NUMBER OF LIVED SPECIFY QUALITY OF MENTAL PHYSICAL ETC.)
 15. **None** 16. **None** 17a. **4824 S. Kedvale, Chgo., Ill. 60632**
 MAILING ADDRESS (STREET AND NO. OR R.F.D. NO. OR TOWN, STATE, ZIP)

17b. **Son** 17c. **Magdelaine**
 RELATIONSHIP
 18. **None** 19. **None**
 AUTO-PSY (YES/NO) **No**
 IF FEMALE, WAS THERE A MENSTRUATION IN PAST THREE MONTHS **No**
 HOUR OF DEATH **3:00 P.M.**
 DATE SIGNED **Jan 15 1992**
 BLIND LICENSE NUMBER

20. **None** 21. **None**
 DATE OF OPERATION, IF ANY
 MAJOR FINDINGS OF OPERATION
 22a. **Robert L. Hooker Jr. S8445 Maryland Chicago 60637**
 NAME AND ADDRESS OF CENTER (TYPE OR PRINT)
 22b. **12/12/91**
 MONTH, DAY, YEAR
 22c. **Old Age / Exanthema**
 DUE TO, OR AS A CONSEQUENCE OF
 22d. **Metastatic Cancer**
 DUE TO, OR AS A CONSEQUENCE OF
 22e. **77 days**
 APPROXIMATE DURATION (IN DAYS)
 (INDICATE BY CHECKING ONE)
 (a) Old Age / Exanthema
 (b) Metastatic Cancer
 (c) Other (Specify Cause)

23. **Robert L. Hooker Jr. S8445 Maryland Chicago 60637**
 NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CENTER)
 24. **Burial** 24a. **Resurrection** 24b. **Justice**
 FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE
 25. **ZARZYCKI MANOR CHAPELS 5008 S. Archer Ave. Chicago Ill. 660632**
 FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE
 26. **Richard P. Zarzycki**
 LOCAL REGISTRAR'S SIGNATURE
 27. **Jan 16 1992**
 DATE REGISTERED

28. **None**
 LOCAL REGISTRAR'S SIGNATURE
 29. **None**
 DATE REGISTERED

30. **None**
 LOCAL REGISTRAR'S SIGNATURE
 31. **None**
 DATE REGISTERED

32. **None**
 LOCAL REGISTRAR'S SIGNATURE
 33. **None**
 DATE REGISTERED

34. **None**
 LOCAL REGISTRAR'S SIGNATURE
 35. **None**
 DATE REGISTERED

36. **None**
 LOCAL REGISTRAR'S SIGNATURE
 37. **None**
 DATE REGISTERED