

# UNOFFICIAL COPY

95362742

STATE OF ILLINOIS )  
                          ) SS  
COUNTY OF COOK    )

## AFFIDAVIT OF HEIRSHIP

BERNADETTE SPILA being first duly sworn upon her oath deposes and says:

1. HELEN MIKA (A/R/A) HELEN MAJKA), her mother, died on the 12th day of December, 1994 intestate.
2. She was married once and then to JOSEPH MAJKA who predeceased her. They had six children being BERNADETTE SPILA, your affiant, JOSEPH MAJKA, a son, LEONARD MAJKA, a son, ROBERT MAJKA, a son, SHIRLEY CURTIS, a daughter, and THOMAS MAJKA, a son.
3. HELEN MAJKA never adopted any child or children.
4. By reason of the foregoing, the deceased, HELEN MAJKA, was survived by:

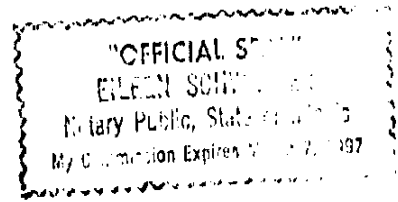
BERNADETTE SPILA, her daughter;  
 JOSEPH MAJKA, her son; DEPT-11 RECORD-T \$27.00  
 LEONARD MAJKA, her son; T45555 TRAN 0866 06/05/95 09:19:00  
 ROBERT MAJKA, her son; #6826 + JJ \* -95-362742  
 SHIRLEY CURTIS, her daughter; COOK COUNTY RECORDER  
 and THOMAS MAJKA, her son as her only heirs

at law.

*Bernadette Spila*  
 \_\_\_\_\_  
 Bernadette Spila

SUBSCRIBED AND SWORN to  
 before me this 26th day  
 of MAY 1995.

*Eileen Schwallen*  
 \_\_\_\_\_  
 NOTARY PUBLIC



GEORGE M. PETRICH  
 14200 Burnham Avenue  
 Burnham, Illinois 60633  
 (708) 862-9295  
 Atty. No. 07856

27.00  
 TB.

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LOT 24 AND N  $\frac{1}{2}$  OF LOT 25  
IN PHILLIPS SUB OF EAST  
298.54 Feet (except the South  
224 feet) of the Northwest  $\frac{1}{4}$   
South West  $\frac{1}{4}$  of Sec 32, Town 37 North  
Range 15 ETPM COI, IN ACCORDANCE  
WITH PLAT AND CERTIFICATE OF CORRECTION  
There of filed as Doc # 85533

26-32-307-016

13510 Ave K. Chicago

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death and record of the decedent named in item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths, and deaths.

December 14, 1994

DATE  
At Cook County Dept. of Public Health, 1010 Lake Street, Oak Park, IL 60301

SIGNED

*Oliver Wojcik*  
Official Title Chief Deputy Registrar

STATE OF ILLINOIS  
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 4  
\$ 2055

REGISTRATION DISTRICT NO 160	REGISTERED NUMBER	DISEASE NAME	1 COUNTY OF DEATH COOK	FIRST NAME Helen	MIDDLE NAME (Mika)	LAST NAME Majka	SEX Female	DATE OF BIRTH 12/12/1994	PLACE OF BIRTH Inpatient
CITY, TOWN, TWP, CANTON, DISTRICT, TREATMENT	60 So Holland	BIRTHPLACE (IF NOT BORN IN ILLINOIS) Chicago Ill.	AGE - LAST BIRTHDAY 73	EDUCATION None	INDUSTRIAL OR BUSINESS OCCUPATION None	NAME OF SURVIVING SPOUSE None	DATE OF BIRTH (MONTH, DAY, YEAR) 6/14/1921	PLACE OF BIRTH (IF NOT BORN IN ILLINOIS) Inpatient	
SOCIAL SECURITY NUMBER 336 14 1372	MARRIED, NEVER MARRIED, WIDOWED, USUAL OCCUPATION Homemaker	CITY, TOWN, TWP, OR ROAD DISTRICT NO. 130 Chicago	CITY, TOWN, TWP, OR ROAD DISTRICT NO. 12	RESIDE CITY Cook	COUNTY Cook	DATE OF BIRTH (MONTH, DAY, YEAR) 6/14/1921	PLACE OF BIRTH (IF NOT BORN IN ILLINOIS) Inpatient		
RESIDENCE STREET AND NUMBER 13510 Ave K	ZIP CODE 60633	RACE (WHITE, BLACK, AMERICAN INDIAN, OTHER) White	OF HISPANIC ORIGIN? (SPECIFY) No	RESIDE CITY Cook	COUNTY Cook	DATE OF BIRTH (MONTH, DAY, YEAR) 6/14/1921	PLACE OF BIRTH (IF NOT BORN IN ILLINOIS) Inpatient		
FATHER-NAME Joseph Mankowski	FIRST MIDDLE LAST Mankowski	MOTHER-NAME Dottie	FIRST MIDDLE LAST Korkowski	DATE OF BIRTH (MONTH, DAY, YEAR) 6/14/1921	PLACE OF BIRTH (IF NOT BORN IN ILLINOIS) Inpatient	DATE OF BIRTH (MONTH, DAY, YEAR) 6/14/1921	PLACE OF BIRTH (IF NOT BORN IN ILLINOIS) Inpatient		
17a Shirley Curtis	17b PART I: Immediate Cause (Final disease or condition resulting in death) Cerebral Vascular Disease	17c PART II: Other Significant Conditions Contributing to Death (If any, including cause from PART I) Atherosclerosis	17d PART III: Enter the degrees or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Stroke of brain tissue and only one cause on each line	17e PART IV: Enter the date and place of death. Chicago, Illinois	17f PART V: Enter the date and place of death. Chicago, Illinois	17g PART VI: Enter the date and place of death. Chicago, Illinois	17h PART VII: Enter the date and place of death. Chicago, Illinois		
18a Shirley Curtis	18b PART I: Immediate Cause (Final disease or condition resulting in death) Cerebral Vascular Disease	18c PART II: Other Significant Conditions Contributing to Death (If any, including cause from PART I) Atherosclerosis	18d PART III: Enter the degrees or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Stroke of brain tissue and only one cause on each line	18e PART IV: Enter the date and place of death. Chicago, Illinois	18f PART V: Enter the date and place of death. Chicago, Illinois	18g PART VI: Enter the date and place of death. Chicago, Illinois	18h PART VII: Enter the date and place of death. Chicago, Illinois		
19a William St Lansing III	19b PART I: Immediate Cause (Final disease or condition resulting in death) Cerebral Vascular Disease	19c PART II: Other Significant Conditions Contributing to Death (If any, including cause from PART I) Atherosclerosis	19d PART III: Enter the degrees or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Stroke of brain tissue and only one cause on each line	19e PART IV: Enter the date and place of death. Chicago, Illinois	19f PART V: Enter the date and place of death. Chicago, Illinois	19g PART VI: Enter the date and place of death. Chicago, Illinois	19h PART VII: Enter the date and place of death. Chicago, Illinois		
20a DATE OF OPERATION, IF ANY	20b MAJOR OPERATIONS OF OPERATION	20c IF FEMALE, WAS THERE A PREGNANCY BY LAST THESE MONTHS?	20d IF FEMALE, WAS THERE A PREGNANCY BY LAST THESE MONTHS?	20e IF FEMALE, WAS THERE A PREGNANCY BY LAST THESE MONTHS?	20f IF FEMALE, WAS THERE A PREGNANCY BY LAST THESE MONTHS?	20g IF FEMALE, WAS THERE A PREGNANCY BY LAST THESE MONTHS?	20h IF FEMALE, WAS THERE A PREGNANCY BY LAST THESE MONTHS?		
21a TO THE BEST OF MY KNOWLEDGE, HAS AN OCCURRENCE AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.	21b WAS CONDONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	21c HOUR OF DEATH	21d DATE SIGNED	21e MONTH, DAY, YEAR	21f MONTH, DAY, YEAR	21g MONTH, DAY, YEAR	21h MONTH, DAY, YEAR		
22a SIGNATURE Dr Alexander	22b TYPE OF PART I CHI III 60633	22c ILLINOIS LICENSE NUMBER 036-063750	22d DATE SIGNED	22e MONTH, DAY, YEAR	22f MONTH, DAY, YEAR	22g MONTH, DAY, YEAR	22h MONTH, DAY, YEAR		
23a BIRTHPLACE (IF NOT BORN IN ILLINOIS) Chicago Ill.	23b BIRTHPLACE (IF NOT BORN IN ILLINOIS) Chicago Ill.	23c BIRTHPLACE (IF NOT BORN IN ILLINOIS) Chicago Ill.	23d BIRTHPLACE (IF NOT BORN IN ILLINOIS) Chicago Ill.	23e BIRTHPLACE (IF NOT BORN IN ILLINOIS) Chicago Ill.	23f BIRTHPLACE (IF NOT BORN IN ILLINOIS) Chicago Ill.	23g BIRTHPLACE (IF NOT BORN IN ILLINOIS) Chicago Ill.	23h BIRTHPLACE (IF NOT BORN IN ILLINOIS) Chicago Ill.		
24a Burial	24b Burial	24c Burial	24d Burial	24e Burial	24f Burial	24g Burial	24h Burial		
25a Sadowski Funeral Home 13300 S Houston Ave Chicago Illinois 60633	25b Sadowski Funeral Home 13300 S Houston Ave Chicago Illinois 60633	25c Sadowski Funeral Home 13300 S Houston Ave Chicago Illinois 60633	25d Sadowski Funeral Home 13300 S Houston Ave Chicago Illinois 60633	25e Sadowski Funeral Home 13300 S Houston Ave Chicago Illinois 60633	25f Sadowski Funeral Home 13300 S Houston Ave Chicago Illinois 60633	25g Sadowski Funeral Home 13300 S Houston Ave Chicago Illinois 60633	25h Sadowski Funeral Home 13300 S Houston Ave Chicago Illinois 60633		
26a LOCAL REGISTRAR'S SIGNATURE <i>Oliver Wojcik</i>	26b LOCAL REGISTRAR'S SIGNATURE <i>Oliver Wojcik</i>	26c LOCAL REGISTRAR'S SIGNATURE <i>Oliver Wojcik</i>	26d LOCAL REGISTRAR'S SIGNATURE <i>Oliver Wojcik</i>	26e LOCAL REGISTRAR'S SIGNATURE <i>Oliver Wojcik</i>	26f LOCAL REGISTRAR'S SIGNATURE <i>Oliver Wojcik</i>	26g LOCAL REGISTRAR'S SIGNATURE <i>Oliver Wojcik</i>	26h LOCAL REGISTRAR'S SIGNATURE <i>Oliver Wojcik</i>		

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# UNOFFICIAL COPY MAY 26 1995

STATE OF ILLINOIS  
County of Cook

vs. DAVID D. ORR. County Clerk

I, DAVID D. ORR, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the 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 WHEREOF, 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.

*David D. Orr*  
County Clerk

STATE FILE NUMBER  
629327

## MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.10	REGISTERED NUMBER	DECEASED--NAME JOSEPH (MIKA) MAJKA		SEX MALE	DATE OF DEATH DECEMBER 29, 1977
1. RACE WHITE	2. AGE 60	3. BIRTH DATE MAR 4 1917	4. PLACE OF BIRTH CHICAGO	5. PLACE OF DEATH SOUTH CHICAGO COMMUNITY HOSPITAL	6. COUNTY Cook
7. BIRTHPLACE ILLINOIS	8. CITIZENSHIP U.S.A.	9. MARRIAGE STATUS MARRIED	10. NAME OF SURVIVING SPOUSE HELEN MANKOWSKI	11. U.S. WAR VETERAN No	12. WAR OR DATES OF SERVICE none
13. SOCIAL SECURITY NUMBER 713 03 1072	14. USUAL OCCUPATION Electrician	15. KIND OF BUSINESS OF INDUSTRY Cement Co.	16. RESIDENCE STATE ILLINOIS	17. RESIDENCE COUNTY Cook	18. RESIDENCE CITY/TOWN/TWP. CHICAGO
19. RESIDENCE STREET AND NUMBER 3310 AVENUE K	20. FATHER--NAME JOHN MAJKA	21. MOTHER--MIDEN NAME SOFIA JABLONSKI	22. INFORMANT'S SIGNATURE <i>Paul Macoszek</i> CLERK		
23. MARRIAGE ADDRESS 2320 E. 93RD ST., CHICAGO, ILL.		24. DEATH WAS CAUSED BY PART I. IMMEDIATE CAUSE (a) CARDIAC ARREST (b) CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH BILATERAL PNEUMONIA (c) IMMEDIATE CAUSE IMMEDIATE CAUSE			
25. PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I		26. AUTOPSY NO		27. IF YES, WERE PREVIOUS CORPSES EXAMINED IN CONNECTION WITH THIS DEATH NO	
28. DATE OF OPERATION, IF ANY		29. MAJOR FINDINGS OF OPERATION			
30. ATTENDED THE DECEASED FROM DECEMBER 18, 1977		31. DECEASED FROM DECEMBER 29, 1977		32. HOUR OF DEATH 7:45 AM	
33. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE, AND FROM THE CAUSE(S) STATED			34. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED.		
35. SIGNATURE <i>Dr. C. Singh</i>		36. DATE SIGNED 12-29-77		37. ILLINOIS LICENSE NUMBER 36 422 07	
38. MAILING ADDRESS--CERTIFIER DR. C. SINGH		39. STREET AND NUMBER OR R. F. D. 9204 COMMERCIAL AVE.		40. CITY OR TOWN CHICAGO, ILL.	
41. FUNERAL CREMATION, REMOVAL, INTERMENT Burial		42. CEMETERY OR CREMATORY--NAME Holy Cross Cem'ty		43. LOCATION Calumet City Illinois	
44. FUNERAL HOME Sadowski Funeral Home		45. NAME 17300 S Houston Ave		46. CITY OR TOWN Chicago Illinois	
47. FUNERAL DIRECTOR'S SIGNATURE <i>George J. Sadowski</i>		48. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 7047		49. LOCAL BOARD HEALTH CHICAGO BOARD OF HEALTH Chicago City Center, Room 102 500 North Dearborn Street, Chicago 60602	
50. LOCAL BOARD HEALTH SIGNATURE <i>George C. Brown</i>		51. DATE RECEIVED DEC 30 1977		52. STATE DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS	

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