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96814561

AFFIDAVIT OF HEIRSHIP

The undersigned Affiant, DEBRA KOWALCZYK, hereby attests that she is the daughter of ANNE KOWALCZYK, hereinafter known as the "Decedent", and states as follows

DEPT-01 RECORDING \$23.50
T50009 TRAN 5167 10/25/96 12:08:00
44618 + SK #-96-814561
COOK COUNTY RECORDER

I That the Decedent died on October 24, 1995. A copy of the death certificate is attached hereto

II That the Decedent was married but once to HENRY KOWALCZYK, who predeceased her. Of this marriage, three children were born, namely

1. DEBRA KOWALCZYK, this Affiant, who is over 18 years of age;
2. MARQUETTA KOWALCZYK, who is living and over 18 years of age; and
3. JOHN KOWALCZYK, who is living and over 18 years of age.

23 50
1

III That neither the Decedent, nor HENRY KOWALCZYK, her husband, who predeceased her, ever had any other children, and they never adopted any children

LOT 97 IN BLOCK 6 IN THE CANAL TRUSSEES SUBDIVISION OF SECTION 7, TOWNSHIP 39 NORTH RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

COMMONLY KNOWN AS 2108 WEST HURON, CHICAGO, IL 60612

PIN 17-07-106-011

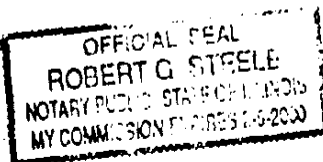
Further Affiant says nothing

96814561

Debra Kowalczyk
DEBRA KOWALCZYK

Subscribed and sworn to before me this 17th day of September 1996

Robert G. Steele
Notary Public



This Instrument was prepared by

Please mail to.

ROBERT G. STEELE
3413 NORTH LINCOLN AVENUE
CHICAGO, IL 60657

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REGISTRATION DISTRICT NO. **16.10**

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH
 STATE FILE NUMBER **620254**

DECEASED NAME **ANNE CATHERINE KEDZICKI** FIRST MIDDLE LAST

COUNTY OF DEATH **Cook** CITY TOWN, TWP OR ROAD DISTRICT NUMBER **CHICAGO**

AGE LAST BIRTHDAY (MRS) **74** SEX **Female** DATE OF BIRTH (MONTH, DAY YEAR) **October 24, 1921**

HOSPITAL OR OTHER INSTITUTION NAME (IF NOT EITHER GIVE STREET AND NUMBER) **ST MARY'S HOSPITAL**

PLACE OF BIRTH (CITY AND STATE OR FOREIGN COUNTRY) **CHICAGO ILL**

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **WIDOWED**

NAME OF SURVIVING SPOUSE (MARRIAGE & WIFE) **MARY E. KEDZICKI**

EDUCATION (SPECIFY YEAR, HIGHEST GRADE COMPLETED) **12**

INDIAN, PART INDIAN, OR PART NEGRO (SPECIFY) **NO**

FATHER'S NAME (TYPE OR PRINT) **JOSEPH HARRISON**

MOTHER'S NAME (TYPE OR PRINT) **MARY**

RELATIONSHIP **SON**

MAILING ADDRESS (STREET AND NO, CITY OR TOWN, STATE ZIP) **176 2342 W. SOMERSET CHICAGO ILL 60612**

18 PART I: Enter the diseases or complications that caused the death. Do not enter the mode of dying such as cardiac or respiratory arrest.

19 CAUSE LAST: (a) **Heart condition** (b) **due to DRUG CONSEQUENCE OF** (c) **1 day**

20 MAJOR FINDINGS OF OPERATION: **NO**

21 WAS CORONER OR MEDICAL EXAMINER (BY YES/NO) **YES**

22 SIGNATURE OF CERTIFIER: **George Willis**

23 NAME AND ADDRESS OF CERTIFIER: **330 W. CHICAGO AVE CHICAGO ILL 60606**

24 HOURS OF DEATH: **5:45 PM**

25 DATE SIGNED: **October 29, 1995**

26 ILLINOIS LICENSE NUMBER: **220268922**

161 151 141 131 121 111 101 91 81 71 61 51 41 31 21 11

STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO

OCT 27 1995

I, SHELLE LYNE, RSM, 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 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.

CITY OF CHICAGO
 DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFIED COPY VALID WITHIN THE CITY OF CHICAGO SIGNATURE SEAL IS ATTACHED

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