

# UNOFFICIAL COPY

7361261 Page 1 of 9  
4144/0001 27 001 1997-11-12 09:17:00  
Cook County Recorder 35.50

## AFFIDAVIT OF HEIRSHIP

Now comes ALAN J. BERNICK, he being duly sworn on his oath, states as follows:

I. That he is the attorney for the Estate of William Kalata, also known as William T. Kalata, a disabled person, and for the Estate of his sibling, i.e., the Estate of Harold J. Kalata, deceased. That he is fully familiar with the family history of William Kalata and Harold J. Kalata.

II. That Harold J. Kalata died intestate, at the age of 71 years, on January 14th, 1997, at Evergreen Park, Illinois, a resident Chicago, Cook County, Illinois, having resided at 3056 West 54th Street, Chicago, Illinois 60632, for his entire life. That probate proceedings concerning his estate were opened in the Circuit Court of Cook County, County Department, Probate Division, on September 16th, 1997, under Cause Number 97 P 8509 as memorialized in Docket Book 044 at Page 525. That upon the filing of the requisite Oath and Bond with Surety, Richard Kealey was appointed Independent Administrator of his estate. (See Death Certificate and Letters of Office attached as Exhibits "A" and "B".)

III. That William Kalata was adjudicated a disabled person on the 7th day of August, 1997, in the Circuit Court of Cook County, County Department, Probate Division, under Cause Number 97 P 5544 as memorialized in Docket Book 263 at Page 403. That upon the filing of his requisite Oath and Bond with Surety, James John Kealey was appointed Plenary Guardian of his estate and person. (See Letters of Office attached as Exhibit "C".)

IV. That the parents of William Kalata and Harold J. Kalata were Stanley P. Kalata, also known as Stanley Kalata, and Emma Kalata, who were each married once and one time only and that time to each other. That the marriage of Stanley P. Kalata and Emma Kalata was terminated by the death of Stanley P. Kalata, intestate, on October 19th, 1975. That subsequent to the death of Stanley P. Kalata, Emma Kalata did not remarry. That Emma Kalata died, intestate, on May 1st, 1977. (See Death Certificates attached as Exhibits "D" and "E".) That during their marriage and their lifetimes, Stanley P. Kalata and Emma Kalata together adopted no children and neither of them individually adopted any children. That during their marriage and their lifetimes, only two children were born to them or either of them, individually, namely:

1. William Kalata, a bachelor, and now an adjudicated disabled person, and
2. Harold J. Kalata, now deceased, who died subsequent to the death of his parents and who never married and never had or adopted any children.

V. That during their lifetimes, Stanley P. Kalata and Emma Kalata did acquire title to certain real property commonly known as 3056 West 54th Street, Chicago, Illinois 60632. That said property was acquired by them, in fee simple, as joint tenants with right of survivorship, and is legally described as follows:

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SEE LEGAL DESCRIPTION, COMMON ADDRESS AND TAX INDEX NUMBER ATTACHED.

That as a result of the death of Stanley Kalata on October 19th, 1975, Emma Kalata became the sole owner of the aforesaid property. Upon the death of Emma Kalata on May 1st, 1977, intestate, the Heirs at Law of Emma Kalata, that is, William Kalata and Harold J. Kalata became the sole owners of the aforesaid property by operation of law.

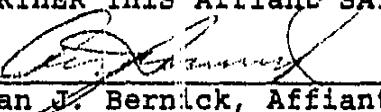
VI. Probate proceedings have not been undertaken and are not contemplated for the Estate of Stanley P. Kalata or the Estate of Emma Kalata. No inheritance or succession taxes are payable by reason of the death of either of them. That neither Stanley P. Kalata nor Emma Kalata were recipients of old age assistance, public welfare assistance or any other form of public assistance other than Federal Social Security.

VII. That Affiant further states that to the best of his knowledge all of the debts, claims, expenses and demands of every kind and nature, including funeral, medical and hospital expenses incurred during the last illness and up to the date of the death of the decedents, Stanley P. Kalata and Emma Kalata, have been paid in full. That Stanley P. Kalata and/or Emma Kalata were in no way bound in any form of lease or any other form of contract or verbal contract or obligation entered into during their lifetimes, and there are no outstanding obligations, debts, claims or liabilities of any kind collectible from the estates of either decedent.

That this Affidavit is made to clear the chain of title and induce any title insurance company to issue its title insurance policy insuring the property heretofore described and guaranteeing title to the described property in the Heirs at Law of Emma Kalata as follows:

1. An undivided one-half interest in William Kalata, a disabled person, and
2. An undivided one-half interest in the Heirs at Law of Harold J. Kalata, deceased, subject to the rights of the Independent Administrator under Cause No. 97 P 8509 in the Circuit Court of Cook County, County Department, Probate Division, pursuant to statute as made and provided, all, however, subject to unpaid real estate taxes if any, building lines and covenants of record, if any, and acts of the parties in interest.

FURTHER THIS Affiant SAYETH NOT.

  
\_\_\_\_\_  
Alan J. Bernick, Affiant

State of Illinois, County of Cook }ss

Alan J. Bernick, being duly sworn, on his oath, did appear before me this 1<sup>ST</sup> day of October, 1997, and did execute the above Affidavit for the uses and purposes as therein set forth.

Carol Kendra  
\_\_\_\_\_  
Notary Public  
This instrument was prepared by:  
ALAN J. BERNICK  
Attorney at Law  
5500 South Sawyer Avenue  
Chicago, Illinois 60629  
Phone: (773) 434-4500  
FAX: (773) 436-8886  
Attorney No. 21113

[Affix Notarial Seal here]



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Lot 77 in J. P. Triska's Subdivision of the West 22 acres of the East 33 acres of the South 42-1/2 acres of the West half of the Southwest quarter of Section 12, Township 38 North, Range 13, East of the Third Principal Meridian in Cook County, Illinois

Common Address: 3056 West 54th Street, Chicago, Illinois 60632-2606

Permanent Tax Index Number: 19-12-323-023-0000 Vol. 387

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Property of Cook County Clerk's Office

REGISTRATION  
DISTRICT NO.  
REGISTERED  
NUMBER

51

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE  
NUMBER

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DECEASED-NAME	FIRST Harold	MIDDLE J.	LAST Kalata	SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. January 14, 1997
1. COUNTRY OF DEATH	AGE LAST BIRTHDAY (MOS.) 5a. 7	AGE LAST BIRTHDAY (WKS.) 5b. 5b.	UNDERLYING DISEASE HOSPITAL OR HOMECARE INSTITUTION NAME IF NOT IN THE FORM STREET ADDRESS 6a. Evergreen Park	DATE OF DEATH (MONTH, DAY, YEAR) 5c. APRIL 29, 1925	
2. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	NAME OF SURVIVING SPOUSE (MARRIED IF YES; WIDOWED, DIVORCED IF NO) 6b. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (IF NO) 6a. NEVER MARRIED USUAL OCCUPATION				WIFE'S ADDRESS (STREET, CITY, STATE, ZIP) 6c. Little Company of Mary Hospital 6000 N. Cicero Avenue Skokie, IL 60077
3. CITY, TOWN, COUNTRY AND STATE SOCIAL SECURITY NUMBER	KIND OF BUSINESS/INDUSTRY 6d. NONE				WIFE'S EMPLOYER (STREET, CITY, STATE, ZIP) 6e. None
4. RESIDENCE (STATE IF UNKNOWN)	13. N/A				WIFE'S EMPLOYER'S PHONE NUMBER 6f. 708-966-1127
5. STATE	13a. CHICAGO	ZIP CODE	14a. WHITE	14b. X (AC) <input type="checkbox"/> YES 14c. YES	WIFE'S EMPLOYER'S ZIP CODE 6g. 60632
6. FATHER-NAME	FIRST WILLIAM T.	MIDDLE PAUL	LAST KALATA	RELATIONSHIP 17b. SON/OTHER	MAIDEN NAME 6h. MAZUREK
7. INFORMANT'S NAME (TYPE OR PRINT)	16. EMMA ADDRESS (STREET, CITY, STATE, ZIP) 17c. 3056 W. 54th ST. CHICAGO, IL 60632				
8. PART I. IMMEDIATE CAUSE (Final disease or condition existing at death)	Enter the disorders, or complications that caused the death, or, if not entered there, the disorder, or cause on each line.				
9. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE (b), PART II. OTHER CAUSES CONTRIBUTING TO DEATH AND THEIR RELATIONSHIP TO THE IMMEDIATE CAUSE (c)	(a) Acute Cancer in colon and rectum (b) Lung cancer (c) Lung disease				
10. DATE OF OPERATION, IF ANY	18. FUNDINGS OF OPERATION				AUTOPSY (YES/NO) 19a. NO 19b. YES (L) NO (R)
11. (MONTH, DAY, YEAR) AND LAST SWALLOWED ON	(MONTH, DAY, YEAR) 19. 1/17/97				WAS CORPSE EXAMINED EXAMINER IF NOT YES 20a. 1/17/97
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE STATED NAME AND ADDRESS OF CARRIER 22c. ATTENDING PHYSICIAN IF OTHER THAN CARRIER FURNISH HOME	21b. 21c. 22d. 22e. 22f.				TIME OF DEATH 21c. 6:35 P.M. 22d. 04/25/97 22e. 04/25/97 NOTE: IF CARRIER WAS AN INDIVIDUAL, DEATH THE CARRIER OR MEDICAL EXAMINER MUST BE NOTIFIED.
22a. SIGNATURE NAME AND ADDRESS OF CARRIER 24b. CEMETERY OR CREMATORIUM-NAME NAME OF ATTENDING PHYSICIAN FURNISH HOME	LOCATION 24c. EVERGREEN CEMETORY SKIFF & ANDERSON, INC.				STATE 24d. ILLINOIS CITY OR TOWN 24e. EVERGREEN PARK, IL.
25. CEREMONY, REMOVAL OF BODY, CREMATION	25. FUNERAL DIRECTOR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE 26a. SIGNATURE 26b. SIGNATURE 26c. SIGNATURE 26d. SIGNATURE				DATE (MONTH, DAY, YEAR) 24f. JAN 17 1997 25c. 034-010865 26b. JANUARY 16, 1997 26c. JANUARY 16, 1997

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD OF THE PERSON 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.

DATE FEBRUARY 24, 1997

AT EVERGREEN PARK, ILLINOIS

REGISTRAR Sonnette Thomas

DEPUTY REGISTRAR

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## LETTERS OF OFFICE- DECEDENT'S ESTATE

(Rev. 4-88) CCP-415

### IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS County Department, Probate Division

Estate of

HAROLD J. KALATA

No. 97P 08509

Docket 044

Deceased Page 525

### LETTERS OF OFFICE-DECEDENT'S ESTATE

RICHARD KEALEY

has been appointed

INDEPENDENT ADMINISTRATOR

of the estate of

HAROLD J. KALATA

, deceased,

who died JANUARY 14, 19 97, and is authorized to take possession of and collect the estate of the decedent and to do all acts required by law.

Witness, SEPTEMBER 16, 19 97

LS

AURELIA PUCINSKI

Clerk of court

### CERTIFICATE

I certify that this is a copy of the letters of office now in force in this estate.

Witness, SEPTEMBER 17, 19 97

CEA

*Aurelia Pucinski*

Clerk of court

AURELIA PUCINSKI, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

EXHIBIT "B"

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Letters of Office - Plenary Guardian of Estate of A Disabled Person

07861261

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(Rev. 7-89) CCP-205

## IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

ESTATE OF

WILLIAM KALATA

A Disabled Person

No. 97 P 5544

Docket 263

Page 403

### LETTERS OF OFFICE - PLENARY GUARDIAN OF ESTATE OF A DISABLED PERSON

JAMES JOHN KEALEY

has been appointed

plenary guardian of the estate and person \* of WILLIAM KALATA,  
a disabled person, and is authorized to have the care, management and investment of the ward's estate  
and the custody of the ward \* and to do all acts required by law.

LS

WITNESS

AUGUST 07

,19 97

AURELIA PUCINSKI  
Clerk of Court

### CERTIFICATE

I certify that this is a copy of the letters of office now in force in this estate.

AUGUST 08

,19 97

Aurelia Pucinski  
Clerk of Court

SM

\*Strike if not applicable.

AURELIA PUCINSKI, CLERK OF THE CIRCUIT COURT OF COOK COUNTY

EXHIBIT "C"

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**BOARD OF HEALTH CITY OF CHICAGO**

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Page 7 of 7

October 20, 1975

**625033**

**STATE OF ILLINOIS  
MEDICAL CERTIFICATE OF DEATH**

REGISTRATION NO. **1610**  
REGISTERED NUMBER

DECEASED—NAME	<b>STANLEY P. KALATA</b>		SEX	MALE	DATE OF DEATH	<b>October 19, 1975</b>	
1. RACE	White	2. NATIVE ORIGIN	AMERICAN INDIAN	AGE	LAST	MONTH, DAY, YEAR	1975
3. COUNTRY	<b>U.S.A.</b>		3. LAST	UNDER 1 YEAR	4. DATE OF BIRTH	MONTH, DAY, YEAR	PLACE OF DEATH
4. SOCIAL SECURITY NUMBER	<b>80-878-3</b>		5. DATA	MIN.	6. MONTH	10. MAY	7. PLACE
RESIDENCE STATE	<b>ILLINOIS</b>		5b. DATA	SEC.	7. MONTH	10. MAY	8. ADDRESS
FATHER—NAME	<b>JOSEPH</b>		8. ADDRESS	LINE 1	9. ADDRESS	LINE 1	9. ADDRESS
MOTHER—NAME	<b>ANNA</b>		9b. ADDRESS	LINE 2	10. ADDRESS	LINE 2	10. ADDRESS
INFORMANT'S SIGNATURE	<b>Stanley Kalata</b>		10b. ADDRESS	LINE 3	11. ADDRESS	LINE 3	11. ADDRESS
17c. DEATH WAS CAUSED BY	<b>Arteriosclerosis</b>		11b. ADDRESS	LINE 4	12. ADDRESS	LINE 4	12. ADDRESS
18. IMMEDIATE CAUSE	<b>Arteriosclerosis</b>		12b. ADDRESS	LINE 5	13. ADDRESS	LINE 5	13. ADDRESS
PART I. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause of death							
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (e.g., STANDING TIME, UNDERRUNNING CAUSE, ETC.)			14. DATE OF DEATH	MONTH, DAY, YEAR	15. HOUR OF DEATH	MONTH, DAY, YEAR	16. AUTOPSY
STANDING TIME			14b. DATE	10-19	15b. HOUR	10	16b. YES
UNDERRUNNING CAUSE			14c. DATE	1975	15c. HOUR	15	16c. NO
17. DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION		17b. DATE	10-19	18. DATE	10-19	19. DATE
18. ATTENDED THE DECEASED FROM:	<b>10-19-75</b>		17c. DATE	10-19	18b. DATE	10-19	19b. DATE
19. MAILING ADDRESS—CERTIFIER	<b>5201 So. Meemic Ave.</b>		17d. DATE	10-19	18c. DATE	10-19	19c. DATE
20. CEMETERY OR CREMATORIUM—NAME	<b>Justice</b>		17e. DATE	10-19	18d. DATE	10-19	19d. DATE
21. REMOVAL SPECIALIST	<b>Resvered</b>		17f. DATE	10-19	18e. DATE	10-19	19e. DATE
22. FUNERAL HOME	<b>Sabates Funeral Home</b>		17g. DATE	10-19	18f. DATE	10-19	19f. DATE
23. LOCAL REGISTER'S SIGNATURE	<b>John Shutes</b>		17h. DATE	10-19	18g. DATE	10-19	19g. DATE
24. FUNERAL DIRECTOR'S SIGNATURE	<b>James C. Belotti</b>		17i. DATE	10-19	18h. DATE	10-19	19h. DATE
25. DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	<b>OCT 20 1975</b>		17j. DATE	10-20	18i. DATE	10-20	19i. DATE
26. BASED ON 1968 U.S. STANDARD CERTIFICATE			17k. DATE	10-20	18j. DATE	10-20	19j. DATE

**EXHIBIT "D"**

Illinois Department of Public Health - Office of Vital Records  
VR 200 (1971)

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## STATE FILE NUMBER 609812

May 2, 1977

## MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO.	16.10	DECEASED—NAME	<b>EMMA KALATA</b>		SEX	W	DATE OF DEATH	(MONTH, DAY, YEAR)
REGISTERED NUMBER		AGE—YEAR BIRTHDAY (YEAR)	UNDER 1 YEAR	DAY	DATE OF BIRTH	(MONTH, DAY, YEAR)	PLACE OF DEATH	COUNTY
RACE; WHITE, NEGRO, AMERICAN INDIAN, ETC., ETC.; RACE; SEX; MATERIALS FOR EXAMINATIONS	1. White	MON.	DAISY	HOURS	MAR.	6 AUGUST 8, 1898	70. (IF NOT IN BURIAL, GIVE STREET AND NUMBER)	Cook
CITY, TOWN, Twp., OR ROAD DISTRICT NUMBER	2. Chicago	INDIVIDUAL CITY YEAR	Yes	7c. HOSPITAL	HOSPITAL OR OTHER INSTITUTION—NAME			
BIRTHPLACE (NAME OF FOREIGN COUNTRY)	CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, DIVORCED, WIDOWED, DIVORCED, WIDOWED		NAME OF SURVIVING SPOUSE (MARRIED NAME, IF WIDOW)			
3. <i>Penau</i>	U.S.A.		10. W. 1d. Olaje A.		11.			
SOCIAL SECURITY NUMBER	12. 340-20-2647		13a. Housewife		13b. Child		13c. NO	
RESIDENCE STATE	14e. ILLINOIS		14b. Cook		14c. CHICAGO		14d. Yes	
FATHER—NAME	15. THOMAS MAZUREK		16. Relationship		17. MAILING ADDRESS (STREET AND NUMBER, CITY, TOWN, STATE, ZIP) Son		14e. 3056 W. 54 <sup>ST</sup> FIRST MIDDLE LAST	
INFORMANT'S SIGNATURE	17a. <i>Frank Kalata</i>		17b. SON		17c. Only ONE CAUSE PER LINE FOR (a), (b), AND (c)		17d. 116 N. 2nd St., Chicago, IL 60632 APPROPRIATE INTERVAL BETWEEN DEATH AND DEATH	
DEATH WAS CAUSED BY:	18. IMMEDIATE CAUSE		19. DUE TO OR AS A CONSEQUENCE OF: (b) Chronic bronchitis due to cigarette smoking		20. DUE TO OR AS A CONSEQUENCE OF: (c) Heart, and chronic heart disease		21. DATE OF DEATH 4. 30. 1977	
PART I	CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (Q NAME OF THE PERSON LASTLY CARE FOR).		(b) DUE TO OR AS A CONSEQUENCE OF: (c) Heart, and chronic heart disease		22. DATE OF DEATH 5. 2. 1977		23. DATE 10. 6. 1976	
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE, AND FROM THE CAUSE STATED.								
SIGNATURE	<i>A. M. J. Kalata</i>							
22a. MAILING ADDRESS	22b. CERTIFIER STREET AND NUMBER OR P.O. BOX	22c. CITY OR TOWN	22d. STATE	22e. AUTOPSY NUMBER	22f. DATE 10. 6. 1976	22g. STATE ILL	22h. ILLINOIS LICENSE NUMBER	22i. DATE 21. 8. 5. 1977
23. CREMATION, REMOVAL OF BODY	23a. LOCATION Cremation or Crematory—N.Y.	23b. CITY OR TOWN	23c. STATE	23d. DATE 10. 6. 1976	23e. DATE 21. 8. 5. 1977	23f. STATE	23g. ILLINOIS LICENSE NUMBER	23h. DATE 21. 8. 5. 1977
24a. FUNERAL HOME	24b. RESERVE POSITION NAME	24c. JUSTICE NAME	24d. NUMBER OF P.P.C.	24e. DATE 10. 6. 1976	24f. DATE 21. 8. 5. 1977	24g. STATE	24h. ILLINOIS LICENSE NUMBER	24i. DATE 21. 8. 5. 1977
25a. FUNERAL DIRECTOR'S SIGNATURE	<i>John J. Jettner</i>							
25b. REGISTRAR'S SIGNATURE	<i>John C. Brown</i>							
25c. CHICAGO BOARD OF HEALTH Chicago Civic Center, Room 105 Concourse Level, Chicago 60602-2686	25d. DATE REC'D. BY VITAL REGISTRAR (MONTH, DAY, YEAR)	25e. DATE 25. 4. 1977	25f. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	25g. DATE 25. 4. 1977	25h. BASED ON 1970 U.S. STANDARD CERTIFICATE			

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