DECEASED JOINT TELEMEN OFFICIAL C 52/3/0053 33 001 Page 1 of AFFIDAVIT 1999-05-25 09:27:04 Cook County Recorder STATE OF ILLINOIS )ss. COUNTY OF Cook HELEN KANONIK being duly sworn states that she resides at 4117 W. Eddy, Chicago, Illinois 60641. That she was acquainted with JOSEPH KANONIK, deceased, time of the death, was one of the owners of the land in Above Space for Recorder's Use Only Cook County, Illingis, described as: Lot 82 in Haentze and Schuhknect's Irving Park Subdivision of Lot 1 of J.L. Warner's Subdivision of part of the South East Quarter of Section 22, Township 40 North, Range 12, East of the Third Principal Meridian, lying North of Milwaukee Plank Roa1. Permanent Real Estate Index Number: 13-22-407-012-0000 Address of Real Estate: 4117 W. Eddy, Chicago, Illinois 60641 That the deceased died May 30, 1989 as evidenced by a certified copy of death certificate of the deceased attached hereto. That the deceased died: Leaving no Last Will & Testament. Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of Illinois. Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of County, Illinois, about That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of dollars. Subscribed and sworn to before me Fon May 12, 1999 Helen OFFICIAL SEAL HELEN KANONIK, Affiant Rublic STEPHEN A. KUBIATOWSKI > RETURN TO: HELEN KANONIK NOTARY PUBLIC, STATE OF ILLINOIS 5 My Commission Expires 1/13/00 4117 W. Eddy

Chicago, Illinois 60641

REGISTERED

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE BIRTHPLACE ICITY AND STATE OR FOREIGN COUNTRY)
7. Chicago, IL COUNTY OF DEATH NUMBER CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER FATHER- VAME RESONCE (STREET AND NUMBER)

A 17 WEST EDDY DECEASED-NAME NAL SECURITY NUMBER 346-05-7743 CHICAGO Sam FIRST **JOSEPH** 60641 ZIP CODE FIRST MIDDLE 11a MARRIED, NEVER MARRIED, WIDOWED, DIVORÇED (SPECIFY) USUAL OCCUPATION Rt. Machinist RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECHTITE AGE-LAST (YRS) I HOSPITAL OR OTHER INSTITUTION-NAME (IFNOT IN EITHER, GIVE STREET AND NUMBER) 6-DUR LADY OF THE RESURRECTION CENTER MIDDLE Kanonik CITY, TOWN, OR ROAD DISTRICT NO. CHICAGO 11b. Canning Co. **b** Helen Paterek KIND OF BUSINESS OF INDUSTRY NAME OF SURVIVING SPOUSE (MAIDENNAME, IF WIFE) KANONIK DAYS OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, FUE', TO HICAN, etc. MOTHER-NAME <u>4</u> 2 MALE Marıa DATE OF BIRTH (MONTH, DAY, YEAR) EDUCATION (SPECIFY ON November SEANSAN INSIDE CITY SPECIFY DATE OF DEATH MIDOLE MAY 30, 12, OP/EMER. RM, INPATIENT (SPECIFY) HIGHEST GRADE COMPLETED)
College (1-4 of 5 + ) COUNTY Ka\ita 1918 INPATIENT NAS DECEASED EVER INU S (MONTH, DAY, YEAR) yes

MEDICAL 7b.RECORDS 175645 W. WAILING ADDRESS (STHEET AND NO ORRED, CITYON OWN STATE, ZIP) ADDISON CHICAGO. BETWEEN ONSET AND DEATH 60634

INFORMANT'S NAME (TYPE OF PRINT

WICKI ROJEWSKI

CONDITIONS, IF ANY WHICH GIVE RISE TO IM IE PIATE CAUSE (a) TI. Enter the diseases, viunies, or complications that can death) Cause (Final DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF CARCINOMA OF THE CARCINOMA OF THE RIGHT LUNG PROSTATE

CAUSE LAST: (c)

PARTIII. Other significant conditions contributing to death but not resulting in the underlying cause given in PARTI. RESPIRATORY FAILURE MAJOR FINDINGS OF OPERATION

AUTOPSY (YES-NO) NO

WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES NO)

IF FEMALE, WAS THERE A PREGNANCY IN PAST

19b.

DA '€ OF

I(D) A(DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON

THREE MONTHS? 20c. YES ... NO ... HOUR OF DEATH

DR. DEVA NATHAN 5145 N. CALIFCRNIA AVE CHICAGO, EST OF MY KNOWLEDGE, DEATH OCCURRED AT, THE TIME, DATE AND PLACE 4, 17 JUE TO THE CAUSE(S) STATED. (TYPE OF PRIN (MONTH, DAY, YEAR 30/ つび 216. EXAMINER NOTIFIED? (YES NO. IL 60625 NO 1LINOIS LCENSE NUMBER DATE SIGNED 21c. 36-43661 5:45

(MONTH, DAY, YEAR)

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CEMETERY OR CREMATORY-NAME Adalbert Cemetery 24c STREET AND NUMBER OR R.F.D. LOCATION Niles, Illinois CITY OF TOWN 24d. June (MONTH. DAY, YEAR) , '\

1989

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER

Markey M. F. H. Pulaski Rd., Chicago, DATE FILED BY LOCAL REGISTRAFIJMONTH, DAY, YEAFI) FUNERAL DIRECTOR SILLINOIS LICENSE NUMBER Illinois 60641

99 U.S. STANDARD CEHTIFICATE) À

FUNERALDIRE

SIGNAT

LCCAL REGIS 26a. ▼

FUNERAL HOME

Theis-Gorski Funeral Home

BURIAL, CREMATION,
REMOVAL (SPECIFY)
949
BUFTal

24b.

St.

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER

(TYPEO, PRINT)

NAME AND ADDRESS OF CERTIFIER

22a. SIGNATURE ▶

COUNTY OF COOK STATE OF ILLINIOS CITY OF CHICAGO

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DEPARTMENT OF HEALTH

OF THE CITY OF CHICAGO, DO HEREBY CENTIFY THAT I AM THE KEEPER OF THE I. JAMES W. MASTERSON, M.P.H., ACTING LOCAL REGISTRAR OF VITAL STATISTICS VIRTUE OF THE LAWS OF THE STATE OF CITY OF CHICAGO; THAT THE ACCOMPANY DEATHS OF THE CITY OF CHICAGO BY ING CERTIFICATE ON THIS SHEET IS A ILLINOIS AND THE ORDINANCES OF THE NANCES. PURSUANCE OF SAID LAWS AND ORDI-TRUE COPY AS A RECORD KEPT BY ME IN SCORDS OF BIRTHS, STILLBIRTHS AND

OF CHICAGO

YTIO

SIHI SIGNATURE ARE AFFIXED MULTICOLOR SEAL AND CERTIFIED COPY VALID

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