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2004208BT

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CHICAGO TITLE INSURANCE COMPANY

 **Chicago Title Insurance Company**
SURVIVORSHIP AFFIDAVIT

On this 4/7/04 before me personally appeared _____
 (insert date) DARLENE H. SZKLARSKI

2004 034909

to me personally known, who being duly sworn on oath did say that:

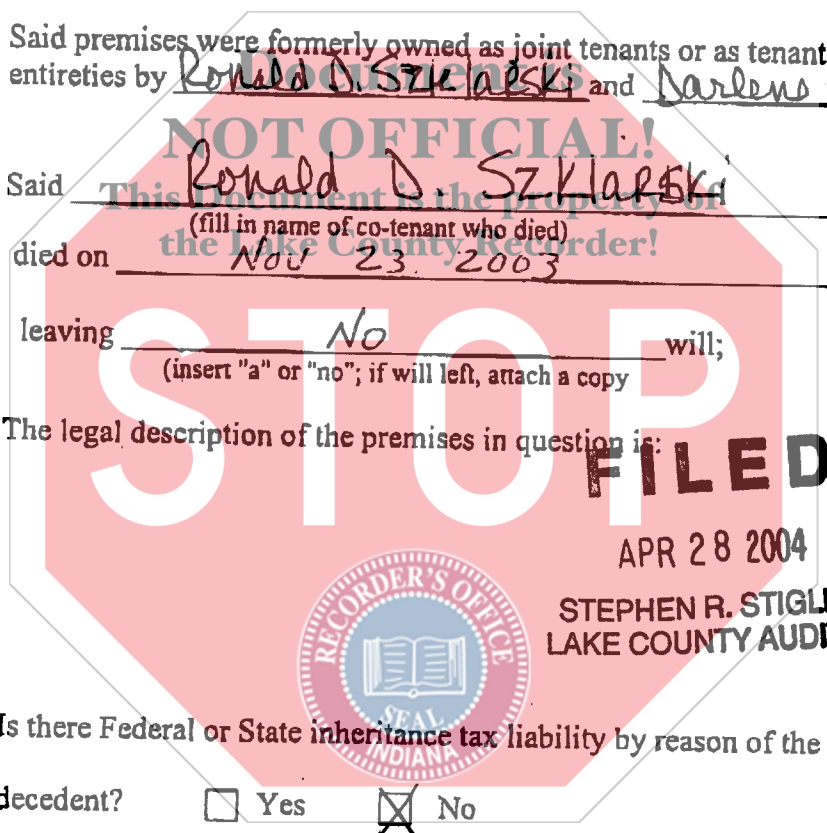
- Affiant resides at the address given below affiant's signature:
- Affiant is owner
 (state interest of affiant in the above premises as "owner", "son of owner", etc.)
- Said premises were formerly owned as joint tenants or as tenants by the entireties by Ronald D. Szklarski and Darlene H. Szklarski

- Said Ronald D. Szklarski
 (fill in name of co-tenant who died)
 died on Nov 23, 2003
 leaving NO will;
 (insert "a" or "no"; if will left, attach a copy)

- The legal description of the premises in question is:
- Is there Federal or State inheritance tax liability by reason of the death of said decedent? Yes No

If yes, then estimated taxes due are \$ N/A.

The taxes due are paid or unpaid.. N/A



FILED
 APR 28 2004
 RECORDER'S OFFICE
 LAKE COUNTY, ILLINOIS

002297

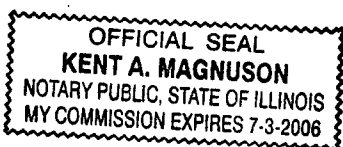
Handwritten initials/signature

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? No

(If answer is "Yes", identify the divorce proceedings:

_____):

8. Affiant's relationship to the deceased was Wife



Signature: Darlene H. Szklarski

Printed Name: Darlene H. Szklarski

Address: 635 Muskegon

Palmer City IL.

Subscribed and sworn to before me by the affiant

This 4/7/04 This Document is the property of
(insert date) the Lake County Recorder!

Kent Magnuson
Notary Public

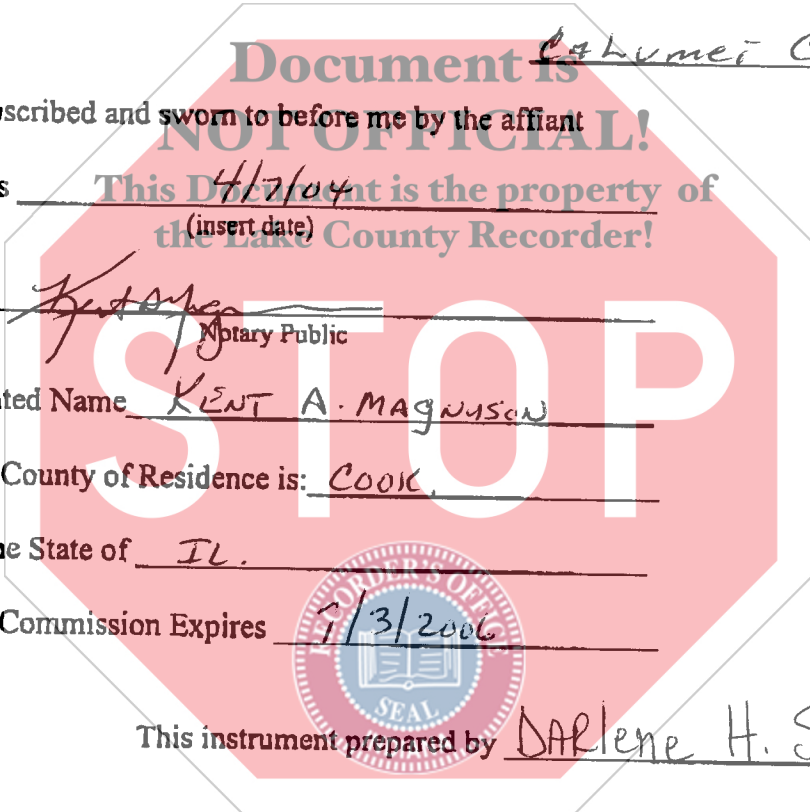
Printed Name KENT A. MAGNUSON

My County of Residence is: COOK

In the State of IL.

My Commission Expires 7/3/2006

This instrument prepared by Darlene H. Szklarski



I, David 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 THEREOF, 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 Orr
COUNTY CLERK

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. 16.0	STATE OF ILLINOIS		STATE FILE NUMBER	
		REGISTERED NUMBER	MEDICAL CERTIFICATE OF DEATH			
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED-NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
	1. Ronald Szklarski		2. male	3. November 23 2003		
	COUNTY OF DEATH		AGE-LAST BIRTH DAY (YRS) MOS. DAYS	UNDER 1 YEAR UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	
	4. COOK		5a. 55	5b. 	5c. 	5d. December 20 1947
	CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)	
A	6a. Calumet City		6b. 635 S Muskegon Ave		6c. Hospice	
DECEASED	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	
B	7. Chicago		8a. married		8b. Darlene Drolen	
C	SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY	
D	10. 340 40 5847		11a. Roller		11b. Steel Mill	
E	RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	
	13a. 635 S Muskegon Ave		13b. Calumet City		13c. yes	
	STATE	ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)		
	13e. Illinois	13f. 1360409	14a. White	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
PARENTS	FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE LAST		(MAIDEN) LAST	
	15. Stanley Szklarski		16. Estelle			
	INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)		
1	17a. Darlene Szklarski		17b. wife	17c. 635 S Muskegon Ave Calumet City Illinois 60409		
2	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, shock, or heart failure. List only one cause on each line.					
3	Immediate Cause (Final disease or condition resulting in death)	(a) BRAIN METASTASIS FROM			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		DUE TO, OR AS A CONSEQUENCE OF				
CAUSE	CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	(b) MALIGNANT MELANOMA			< 3mo	
		DUE TO, OR AS A CONSEQUENCE OF				
4	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
5	DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO)	
N	20a. 		20b. 		19a. no	
P	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)		19b. no	
	20c. YES <input type="checkbox"/> NO <input type="checkbox"/>					
	I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH	
	21a. Aug 2003		21b. no		21c. 8 30 a M.	
CERTIFIER	TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.				DATE SIGNED (MONTH, DAY, YEAR)	
	22a. SIGNATURE <i>[Signature]</i>				22b. 11-24-03	
	NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)				ILLINOIS LICENSE NUMBER	
	22c. Lyle R. Mudd MD 4321 Fin St. E. Chicago IL 60631				22d. 036-049311	
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)				NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
DISPOSITION	BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY-NAME		LOCATION CITY OR TOWN STATE	
	23. Entombment		24b. Holy Cross Cemetery		24a. Calumet City Illinois	
	FUNERAL HOME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE ZIP	
	25a. Sadowski Funeral Home		25b. 3300 S Houston Ave Chicago Illinois 60633		24d. Nov 26 2003	
	FUNERAL DIRECTOR'S SIGNATURE				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	
	25b. <i>[Signature]</i>				25c. 031-007047	
	LOCAL REGISTRAR'S SIGNATURE				DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
	26a. <i>[Signature]</i>				26b. NOV 25 2003	