

UNOFFICIAL COPY

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2000-07-07 11:57:02  
Cook County Recorder 23.50

DECEASED JOINT TENANCY  
AFFIDAVIT

STATE OF ILLINOIS )  
 )ss.  
COUNTY OF Cook )



IRENE E. WOLLNIK  
being duly sworn states  
that she resides at 5417  
West Byron Street,  
Chicago, IL 60641.

That she was  
acquainted with PHILLIP  
A. WOLLNIK, deceased,  
who at the time of his  
death, was one of the  
owners of the land in  
Cook County, Illinois, described as:

Above Space for Recorder's Use Only

LOT SIX (6) IN BLOCK THREE (3) IN BRITTON'S LAND COMPANY'S RESUBDIVISION OF  
BLOCKS 1, 2, 3, AND 4 OF DAVID L. FRANKS SUBDIVISION OF LOT 1 IN THE  
SUBDIVISION OF THE EAST HALF (1/2) OF THE WEST HALF (1/2) OF THE NORTH WEST  
QUARTER (1/4) OF SECTION 21, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD  
PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Real Estate Index Number: 13-21-109-015-0000

Address of Real Estate: 5417 West Byron Street, Chicago, IL 60641

That the deceased died January 9, 1996, 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 \_\_\_\_\_ County,  
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  
on May 13, 2000

*Deborah Ann Baltazar*  
"OFFICIAL SEAL"  
DEBORAH ANN BALTAZAR  
Notary Public, State of Illinois  
My Commission Exp. 02/21/2003

*Irene E. Wollnik*  
IRENE E. WOLLNIK, Affiant

RETURN TO: IRENE WOLLNIK, 5417 West Byron Street, Chicago, IL 60641

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 3 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.

SIGNED

Francis Augustus P. J. P. J.

DATE JAN 9 1986 Oak Park, Illinois.

OFFICIAL TITLE LOCAL REGISTRAR

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health or the local registrar or the county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 1694 REGISTERED NUMBER

STATE OF ILLINOIS STATE FILE NUMBER DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. NAME (LAST, FIRST, MIDDLE) PHILLIP A WOLNIK 2. male 3. January 9, 1986

4. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) White 5. POLISH 6. August 20, 1920 7a. Cook 7b. Cook

8. STATE OF BIRTH (IF NOT IN U.S.A.) Illinois 9. USA 10. married 11. Irene Radzik

12. SOCIAL SECURITY NUMBER 322 18 3882 13a. Foreman 13b. Binks 13c. YES 13d. W.W.H.

14a. 5417 West Byron 14b. Chicago 14c. YES 14d. Cook 14e. Illinois

15. FATHER-NAME Phillip 16. MOTHER-MAIDEN NAME Mary Boldyga

17a. Mary Borosak 17b. 520 S Maple Av., Oak Park, IL 60304

18. DEATH WAS CAUSED BY: 18a. IMMEDIATE CAUSE: CARDIOPATHY OF ESCAPHITICUS 18b. DUE TO OR AS A CONSEQUENCE OF: 18c. DUE TO OR AS A CAUSE PER LINE FOR (a), (b), AND (c): 19a. YES 19b. NO 19c. YES 19d. NO

19. DATE OF OPERATION, IF ANY: 20a. DATE OF OPERATION: 1-8-86 (MONTH, DAY, YEAR) 20b. HOURS OF OPERATION: 3:40 a.m. M.

21. NAME AND ADDRESS OF CERTIFIER: V. A. Pecora, MD - 6441 W North Ave., Oak Park, IL 60302 21a. NAME AND ADDRESS OF PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 21b. ILLINOIS LICENSE NUMBER: 36-28817

22. FUNERAL CREMATION, REMOVAL (SPECIFY) BURIAL 23. FUNERAL HOME: BARAN FUNERAL HOME LTD. 24. CEMETERY OR CREMATORY-NAME: ST. ADALBERT 25. LOCAL REGISTRAR'S SIGNATURE: 26a. ILLINOIS REV. 5/82