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STATE OF ILLINOIS )  
COUNTY OF COOK ) SS

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4161/0039 87 006 Page 1 of 2  
2000-08-31 16:36:14  
Cook County Recorder 23.50

Joint Tenancy Affidavit (Decedent)

EDWARD J. PIKUL, hereby referred to as the affiant, states under oath that the affiant resides at 9200 N. Odell, in the Village of Morton Grove, Illinois; that the affiant was acquainted with EVA P. PIKUL, the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of a properly recorded joint tenancy warranty deed, said property, located in Cook County, Illinois, and legally described as follows:

COOK COUNTY  
RECORDER  
EUGENE "GENE" MOORE  
SKOKIE OFFICE

Lot 16 in Unit Number 2 of Northern Construction Company's Subdivision of part of the North East 1/4 of Section 13, Township 41 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois

Address - 9200 N. Odell, Morton Grove, IL 60053

Permanent Index No.: 09-13-202-068

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

That the decedent died on June 19, 2000, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the decedent died leaving a last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property, was less than the amount required for filing a federal estate tax return.

That the Illinois Estate Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

That the affiant makes this affidavit to induce any insurance company to issue its policy of title insurance on the above described property free and clear of the following objections:

1. Claims against the estate of EVA R. PIKUL, the decedent;
2. Illinois Estate Tax and Federal Estate Tax which may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.

Edward J. Pikul (Seal)

Subscribed and sworn to before me this 24th day of August, 2000.



Jay A. Slutzky  
Notary Public

This instrument prepared by Jay A. Slutzky, 7749 N. Milwaukee, Niles, IL 60714



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DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. <u>16.0B</u>	STATE OF ILLINOIS		STATE FILE NUMBER		
	REGISTERED NUMBER	<b>MEDICAL CERTIFICATE OF DEATH</b>				
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. <u>Eva Rose Pikul</u>			2. <u>Female</u>	3. <u>June 19, 2000</u>	
	COUNTY OF DEATH		AGE—LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)
	4. <u>Cook</u>		5a. <u>74</u>	5b. <u>74</u>	5c. <u>74</u>	5d. <u>June 4, 1926</u>
	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)	
	6a. <u>Morton Grove</u>		6b. <u>9200 Odell</u>		6c. <u>Hospice</u>	
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
	7. <u>Chicago, IL</u>		8a. <u>Married</u>	8b. <u>Edward J. Pikul</u>		9. <u>NO</u>
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
	10. <u>361-14-0340</u>		11a. <u>Executive Secretary</u>	11b. <u>Kraft Foods</u>	12. <u>12</u>	
RESIDENCE (STREET AND NUMBER)			CITY, TOWN, TWP, OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	COUNTY	
13a. <u>9200 Odell</u>			13b. <u>Morton Grove</u>	13c. <u>Yes</u>	13d. <u>Cook</u>	
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. <u>Illinois</u>		13f. <u>60053</u>	14a. <u>White</u>	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
FATHER—NAME FIRST MIDDLE LAST			MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST			
15. <u>Frank Plotka</u>			16. <u>Mildred Rowland</u>			
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
17a. <u>Edward Pikul</u>		17b. <u>Husband</u>	17c. <u>9200 Odell - Morton Grove, IL 60053</u>			
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.					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
Immediate Cause (Final disease or condition resulting in death) → (a) <u>Coronary Heart Failure</u>						
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) DUE TO, OR AS A CONSEQUENCE OF						
(c) DUE TO, OR AS A CONSEQUENCE OF						
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.						
DATE OF OPERATION, IF ANY			MAJOR FINDINGS OF OPERATION	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		
20a.			20b.	20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
(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. <u>June 15, 2000</u>			21b. <u>NO</u>	21c. <u>8:10 A.</u> M.		
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 → <u>Robert Hozman</u>					22b. <u>June 19, 2000</u>	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)					ILLINOIS LICENSE NUMBER	
22c. <u>Robert Hozman, M.D. 4709 Golf Rd, Skokie, IL</u>					22d. <u>36-067290</u>	
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.	
23.						
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME		LOCATION	CITY OR TOWN	STATE	
24a. <u>Entombment</u>	24b. <u>Maryhill Mausoleum</u>		24c. <u>Niles, Illinois</u>	24d. <u>June 21, 2000</u>		
FUNERAL HOME NAME			STREET AND NUMBER OR R.F.D.	CITY OR TOWN	STATE	
25a. <u>Colonial-Wojciechowski FH</u>			25b. <u>8025 W. Golf Rd-Niles, IL 60714</u>			
FUNERAL DIRECTOR'S SIGNATURE			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER			
25b. <u>J.D. Wojciechowski</u>			25c. <u>34-012366</u>			
LOCAL REGISTRAR'S SIGNATURE			DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			
26a. <u>Rachel L. Scott</u>			26b. <u>June 20, 2000</u>			

VR200 (Rev. 5/89)

Illinois Department of Public Health—Division of Vital Records

(BASED ON 1989 U.S. STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named as Item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE JUNE 20, 2000SIGNED C. Laurie BrownAT EVANSTON, 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, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.