

UNOFFICIAL COPY



00690331



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

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STATE OF ILLINOIS  
COUNTY OF

Order No. \_\_\_\_\_

BERNICE PAWLAK

being duly sworn

states that SHE resides at 5008 W 121<sup>ST</sup> PLACE in the City of AHSIP, IL.

That SHE was acquainted with William S. Pawlak deceased who, at the time of his death, was one of the owners of the land in 5008 W. 121<sup>ST</sup> Pl, Ahsip, IL County, Illinois, described as:

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5823/0224 38 001 Page 1 of 2  
2000-09-06 14:03:07  
Cook County Recorder 43-50

REITITLE SERVICES # K862823

That the deceased died July 18, 1986, 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.

Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

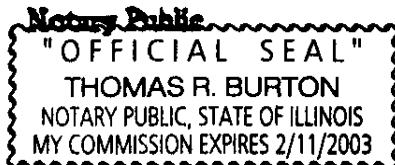
Subscribed and sworn to before me by the said

this 21<sup>st</sup> day of August, A.D. 19 2000

Thomas R. Burton

Bernice Pawlak

(affiant's signature)



DECEASED-NAME WILLIAM S PAWLAK SEX MALE DATE OF BIRTH JULY 10, 1919 DATE OF DEATH JULY 18, 1986 COUNTY OF DEATH COOK

1. NAME (LAST, FIRST, MIDDLE) WILLIAM S PAWLAK 2. SEX MALE 3. DATE OF BIRTH JULY 10, 1919 4. DATE OF DEATH JULY 18, 1986 5. COUNTY OF DEATH COOK

6. RACE POLISH 7. HOSPITAL OR OTHER INSTITUTION UNIVERSITY OF ILLINOIS HOSPITAL 8. CITY, TOWN, VILLAGE OR ROAD DISTRICT NUMBER CHICAGO 9. MARCH 10, 1919 10. COUNTY OF DEATH COOK

11. MARRIED NEVER MARRIED WIDOWED DIVORCED (SPECIFY) 12. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) BERNICE DABROWSKI 13. WAR OR DATES OF SERVICE (SPECIFY YES OR NO) YES 14. STATE OF DEATH ILLINOIS

15. SOCIAL SECURITY NUMBER U.S.A. 16. KIND OF BUSINESS OR INDUSTRY FARM EQUIPMENT 17. MARRIED NEVER MARRIED WIDOWED DIVORCED (SPECIFY) YES 18. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) BERNICE DABROWSKI 19. WAR OR DATES OF SERVICE (SPECIFY YES OR NO) YES 20. STATE OF DEATH ILLINOIS

21. RESIDENCE STREET AND NUMBER 1254 W 121ST PLACE 22. CITY, TOWN, VILLAGE OR ROAD DISTRICT NO. ALSTIP 23. STATE OF DEATH ILLINOIS 24. MOTHER-MAIDEN NAME PAWLAK ANATASIA 25. STATE OF BIRTH ILLINOIS

26. DEATH WAS CAUSED BY: CARDIO PULMONARY ARREST 27. IMMEDIATE CAUSE: 1a) DOUE TO OR AS A CONSEQUENCE OF: 1b) BILATERAL PULMONARY EMBOLI 28. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 30 MINUTES

29. DATE OF OPERATION, IF ANY: JULY 12, 1986 30. MAJOR FINDINGS OF OPERATION: COLON CARCINOMA 31. DATE OF DEATH: JULY 18, 1986 32. HOUR OF DEATH: 11:59 A.M.

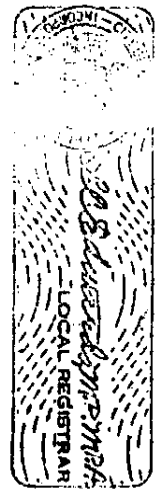
33. SIGNATURE OF CERTIFIER: [Signature] 34. NAME AND ADDRESS OF CERTIFIER: DAVID LENROW, M.D., 1740 N TAYLOR CHICAGO IL 60612 35. ILLINOIS LICENSE NUMBER: 117A91

36. SIGNATURE OF REMOVAL: [Signature] 37. NAME AND ADDRESS OF REMOVAL: DENNIS P. PANOZZO, 300 E. 115th Street, Chicago, Illinois 60628 38. DATE REC'D. BY LOCAL REGISTRAR: JULY 22, 1986

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STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO SS

I, LONNIE C. EDWARDS M.D. M.P.A., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS OF THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO. THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY AS A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SEAL AND BLUE SIGNATURE ARE AFFIXED