

MAIL TO:  
CATHERINE CYCHOSZ  
8010 W. BELMONT AVE  
CHICAGO, ILL 60634

UNOFFICIAL COPY 00898901



7346/0100 33 001 Page 1 of 2  
2000-11-15 11:39:16  
Cook County Recorder 23.50



DECEASED JOINT  
TENANCY AFFIDAVIT

STATE OF ILLINOIS ]  
] ]  
COUNTY OF ] ] ]

CATHERINE CYCHOSZ being duly  
sworn states that SHE resides at 8010 W. BELMONT AVE  
in the City of CHICAGO ILL

That SHE was acquainted WITH  
CLARENE CYCHOSZ deceased who, at the time of 1915  
death, was one of the owners of the land in  
COOK County, Illinois, described as:

Lot 16 (except the East 5 feet thereof) and the East 10 feet  
of Lot 17 in Block 4 in Fennerborn and Klodes Belmont Terrace,  
being a subdivision in the South East quarter lying South of  
Indian Boundary Line Section 23, Township 40 North, Range 12,  
East of the Third Principal Meridian, in Cook County, Illinois.

P.I.N. 12-23-430-043

That the deceased died MAY 31 1988  
as evidenced by a certified copy of death certificate of the  
deceased attached hereto.

Subscribed and sworn to before me by the said  
CATHERINE M CYCHOSZ  
this 15TH day of NOV, A.D. 2000

Howard L Eisenberg Notary Public  
"OFFICIAL SEAL"  
HOWARD L. EISENBERG  
Notary Public, State of Illinois  
My Commission Expires Dec. 5, 2003  
Catherine Cychosz (affiant signature)

UNOFFICIAL COPY

STATE FILE NUMBER  
610924

JUN 1 1988

STATE OF ILLINOIS  
MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.10  
REGISTERED NUMBER  
DECEASED-NAME  
CLARENCE CYCHOSZ

1. SEX: MALE  
2. DATE OF BIRTH: NOV 11, 1924  
3. DATE OF DEATH: MAY 31, 1988  
4. COUNTY OF DEATH: Cook  
5. PLACE OF BIRTH: POLISH  
6. HOSPITAL OR OTHER INSTITUTION: JOHN F. KENNEDY MEDICAL CENTER  
7. CITY, TOWN, VILLAGE OR ROAD DISTRICT NUMBER: CHICAGO

8. CITIZENSHIP: U.S.A.  
9. USUAL OCCUPATION: PLATER  
10. MARRIAGE STATUS: MARRIED  
11. NAME OF SURVIVING SPOUSE: CATHERINE MAZZARINO  
12. SOCIAL SECURITY NUMBER: 396-16-3240  
13. KIND OF BUSINESS OR INDUSTRY: CHROME CO.  
14. CITY, TOWN, VILLAGE OR ROAD DISTRICT NO.: CHICAGO  
15. MOTHER-MAIDEN NAME: JOHANNA DOMBROWSKI

16. RELATIONSHIP: WIFE  
17. MAILING ADDRESS: 8010 WEST BELMONT CHGO, IL 60634  
18. DEATH CAUSED BY: (a) Acute Myocardial Infarction (b) Arteriosclerotic Heart Disease (c) OTHER SIGNIFICANT CONDITIONS: NONE

19. AUTOPSY: NO  
20. MAJOR FINDINGS OF OPERATION: NONE  
21. DATE OF OPERATION: MAY 28, 1988  
22. SIGNATURE: Leon Perle  
23. NAME AND ADDRESS OF CERTIFIER: 4926 N. Central Ave. Chicago, Ill.

24. BURIAL CEMETERY: MARVHILL CEMETERY  
25. FUNERAL HOME: MONTCLAIR-LUCANTA GUARDIAN CHAPEL  
26. LOCAL REGISTRAR'S SIGNATURE: Clarence C. Edwards M.D.

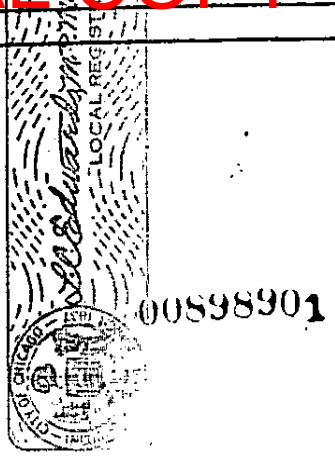
27. STATE: ILLINOIS  
28. DATE: JUNE 3, 1988  
29. CITY OF DEATH: CHICAGO  
30. ILLINOIS LICENSE NUMBER: 36-360074

31. HOURS OF DEATH: 6:15 A.M.  
32. LOCAL REGISTRAR'S SIGNATURE: Clarence C. Edwards M.D.

33. LOCAL REGISTRAR'S SIGNATURE: Clarence C. Edwards M.D.

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

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