STATE OF ILLINOIS

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Cook County Recorder

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COUNTY OF COOK

DECEASED JOINT TENANCY
AFFIDAVIT

20073047

TERESA KOSALKA, hereinafter referred

to as the affiant, states under oath that the



For Recorder Use only

affiant resides at 4450 NORTH MANGO, CHICAGO, ILLINOIS 60630 in the City of CHICAGO, Illinois; that the affiant was acquainted with JOSET KOSALKA, the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of properly recorded joint tenancy warranty deed, said property located in COOK County, Illinois, and legally described as follows: (See reverse side for legal description)

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 SEPTEMBER 2, 2000, leaving 10/a last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$

That the value of the above property individually was \$... 140,000

That the affiant makes this affidavit to induce CHICAGO TITLE INSURANCE COMPANY, to issue its policy of title insurance on the above described property.

The affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold CHICAGO TITLE INSURANCE COMPANY, harmless and to reimburse the Fund for all loss, costs, damages, suits, attorney's fees and expenses and every kind and nature which the Fund may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

- 1. Claims against the estate of JOSEPH KOSALKA, the decedent;
- 2. Illinois State Inheritance Tax and Federal Tax which may be charged against the estate of said decedent;

BOX 333-CTI

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3. Legacies, if any, created by the will of said decedent;

4. Rights to contribution.

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Subscribed a	ınd Sworn 🕫	before me
this	day of	2000

Notary Public

NOTE: If the decedent left a will, it will be necessary that the original or a certified copy thereof be presented to us for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

LEGAL DESCRIPTION:

LOT 109 IN BRITIGAN'S SECTION ADDITION TO PORTAGE PARK, A RESUBDIVISION OF LOTS 1 TO *25 IN BLOCK 1, LOTS 16 TO 40 IN BLOCK 2, LOTS 1 TO 40 IN BLOCK 3, LOTS 1 TO 40 IN BLOCK 4 OF MONTROSE MANOR OF THE SOUTH 1/4 OF THE EAST ½ OF THE NORTHEAST 1/4 OF SECTION 17, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCEPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

P. I. N. # 13-17-229-018-0000

ADDRESS OF REAL ESTATE: 4450 NORTH MANGO, CHICAGO, ILLINOIS 6063C

-81586600

PREPARED BY:

RICHARD S. CHELMINSKI, ESQ. 5521 NORTH CUMBERLAND, #1109 CHICAGO, ILLINOIS 60656

MAIL TO:

RICHARD S. CHELMINSKI, ESQ. 5521 NORTH CUMBERLAND, #1109 CHICAGO, ILLINOIS 60656

39/506 DOH 5040 (Rev 9/96) Chap. 69; Wis. State DEPARTMENT OF HEALTH AND FAMILY SERVICES ORIGINAL CERTIFICATE OF DEATH LOCAL FILE NUMBER lack ink KOSALKA Whiteout Jozef Edward Erasures September 02, 2000 1635 Hrs M 86 DEATH OCCURRED INSIDE CITY, VILL. TOWNSHIP served to 9. DEATH AT HOSPITAL March 12, 1958 Juneau 11a: HCSPITAL (AND CAMPUS) OR NURSING HOME. 1. Inpat. 3. DOA-From Nur, Hm DOA-From Other 4. ER-From Nur. Hrt N11382 18th Ave. (River) Illinois 15 STATE OF BIRTH (Country if not in U.S.) 16. FATHER S N. A 60646 Poland Julian 1 White Self Employed Stucco Sidin Terssa Brzyska Teresa Kosalka 4552 N. Delphia Chicago, IL 60656 25. METHOD OF DISPOSITION 26. PLACE OF DISPOSITION (F 27. LOCATION City/village/Township - State 28. DATE SIGNED BY FUNERAL SERVICE LICENSEE 29. DATE RECEIVED FROM MED. CERT. Local Cemetery September 03, 2000 Sept. 2, 2000 30b. WI LICENSE NO Roseber / s r ineral Home on A Kouberry 512 Mai i St. Friendship, WI, 53934 CERTIFYING PHYSICIALY To the best of my knowledge death was pronounced and occurred at the time(s) and due to the causes state 33. DATE OF DEATH (* d. D. y. Yr.) MEDICAL September 02, 2000 CORONER/M.E. - On the basis of examination and/or investigation September 02 2. XX Acc in my opinion, death was pronounced due to the causes and manner stated. IFIER SIGNATURE TITLE (Black Ink) 3. Suicide YES DATE SIGNED (Mo. Day, Yr.) Ja. I JCATION S September 02, 2000 WI PHYSICIAN LICENSE NO C/ME Code 29 Christie S. Ben Howard Fischer-Coroner 5 37. CERTIFIER'S MAILING ADDRESS (Street, & Number, City, State, ZI 220 East State Street Mauston, WI 53948 ວັດບູເຕັmber 5, 2000 46. PART I. Enter the diseases, injuries or complications that caused the death. Do not enter the mode of dying such as cardiac or respiratory interval between PART II Other significant conditions arrest, shock or heart failure. List only one cause of death on each line. Do not list old age or schility as s n et and death contributing to death but not resulting in-underlying cause given in Part I. IMMEDIATE CAUSE (a) Drowning Mine* (DUE TO OR AS A CONSEQUENCE OF (Final disease or condition sulting in death.) Sequentially list conditions if any, leading to immediate cause. ENTER UNDERLYING (DUE TO OR AS A CONSEQUENCE OF CAUSE LAST, (Dise: (DUE TO OR AS A CONSEQUENCE OF) injury that initiated resulting in death) Victim jumped into water to rescue son who had fallen in, from boat. 009**98578** I, Christie L. Bender, Register of Deeds, Juneau County, Wis., do hereby certify that this is a true and correct copy of the record filed in this office in 39 of Deaths On Page Register of Deeds 134758 Certificate No. September 5, 2000 Date Issued By Deputy This padlock icon is printed with ink that responds to warmth Place your thumb on it and it should change appearance. If it do

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September 02, 2000

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