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2000-12-22 13:08:23

Cook County Recorder

25.50



0001006607

JOINT TENANCY AFFIDAVIT

MAIL RECORDED DOCUMENT TO:

TED KOWALCZYK ESQ.
6052 W 63rd Street
Chicago IL
60638-4342

Above Space for Recorder's Use Only

3a

Aniela Kwak, hereinafter referred to as the affiant, states under oath that the affiant resides at 5406 S. 73rd Court, in the City of Summit, Illinois; that the affiant was acquainted with Franciszek Kwak, 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, County, Illinois, and legally described as follows:

(See reverse 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 3-1-99, leaving no/a last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$ 150,000; and

That the value of the above property individually was \$ 300,000.

That the affiant makes this affidavit to induce ATTORNEYS' TITLE INSURANCE FUND, INC. 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 ATTORNEYS' TITLE INSURANCE FUND, INC., harmless and to reimburse the Fund for all loss, costs, damages, suites, 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:

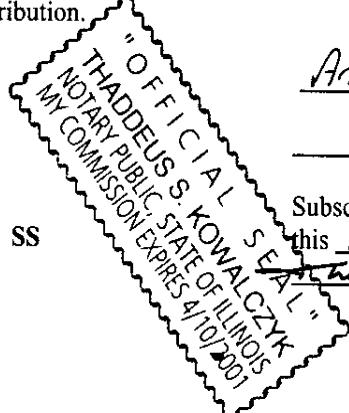
1. Claims against the estate of Franciszek Kwak, the decedent;
2. Illinois State Inheritance Tax and Federal Tax which may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights to contribution.

ATT.IV

Aniela J. Kwak (Seal)

(Seal)

STATE OF ILLINOIS
COUNTY OF COOK



Subscribed and Sworn to before me
this 21 day of Nov., 2000.
Amelia J. Kwak
Notary Public

LOT 9,10 AND LOT 11 (EXCEPT THE WEST 9 FEET) IN BLOCK 12 IN FREDERICK H. BARTLETT'S CITY OF CHICAGO SUBDIVISION OF LOTS 2 AND 3 IN ASSESSOR'S SUBDIVISION OF SECTION 34, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, (EXCEPT THAT PART OF THE EAST 129 FEET OF THE WEST 1/2 OF THE SOUTH WEST 1/4 OF SECTION 34 AS LIES IN SAID LOT 3 AND EXCEPT RAILROAD) IN COOK COUNTY, ILLINOIS.

Permanent Index Number (PIN): 19-34-427-011-0000; 19-34-427-012-0000; 19-34-427-043-0000

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STATE FILE
NUMBER

STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO.	14.21
REGISTERED NUMBER		192

Type or Print in PERMANENT INK <small>See Funeral Director's Handbook or Physician's Handbook for INSTRUCTIONS</small>		FIRST FRANCISZEK	MIDDLE KWAJK	LAST KWAJK	SEX M	DATE OF DEATH (MONTH, DAY, YEAR) MARCH 1, 1999	
CITY OF DEATH FOREIGN COUNTRY 7. POLAND		AGE-LAST BIRTHDAY (YRS) 5a. 52	UNDER 1 YEAR MOS. 5b.	UNDER 1 DAY HOURS 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) FEBRUARY 27, 1947		
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER BERWYN		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) MAC NEAL HOSPITAL					
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 8a. MARRIED		NAME OF SURVIVING SPOUSE (MALE, FEMALE, IF WIFE) 8b. ANIELA KOWARA					
SOCIAL SECURITY NUMBER 10. 331-76-7560		KIND OF BUSINESS OR INDUSTRY 11b. STEEL					
RESIDENCE (STREET AND NUMBER) 13a. 54-06 SOUTH 73rd CT.		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 12. 7					
STATE ILLINOIS 13e. 60501		INSIDE CITY MUNICIPALITY 13c. YES					
FATHER-NAME FIRST MIDDLE LAST 14a. JAKUB		RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) 14b. WHITE	COUNTY 13d. COOK				
PARENTS 15.		MOTHER-NAME FIRST MIDDLE LAST 16. ANIELA	(MAIDEN) LAST WALAS				
INFORMANT'S NAME (TYPE OR PRINT) 17a.		MAILING ADDRESS (STREET AND NO. OR R.F.D. CITY OR TOWN, STATE, ZIP) 17b. WIFE 17c. 5406 S. 73 CT., SUMMIT, IL 60501					
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 disease on each line.							
19. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.							
20. PART III. CAUSE 1. Immediate Cause (Final disease or condition resulting in death) 2. Due to, or as a consequence of 3. Due to, or as a consequence of 4. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.							
21. DATE OF OPERATION, IF ANY P... 20a. Dee 98 20b. CARCINOMA OF COLON		MAJOR FINDINGS OF OPERATION 20c. (Did) (Did not) attend the deceased (Month, Day, Year) 21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.					
22. SIGNATURE NAME AND ADDRESS OF CERTIFIER 22a. V. MAKER 134 W. POLK, CHICAGO, IL 60612 22b. N.Y. OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER		WAS CORONER OR MEDICAL EXAMINER PRESENT 21b. YES 21c. 4:54 P.M. DATE SIGNED 22c. 03 02 99 ILLINOIS LICENSE NUMBER 22d. A1737060 NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.					
23. DISPOSITION		CITY OR TOWN JUSTICE, IL STATE 24c. STREET AND NUMBER OR R.F.D. WOLNIAK FUNERAL HOME, 5700 S. PULASKI RD., CHICAGO, IL 60629 25a. FUNERAL DIRECTOR'S SIGNATURE Locate Register Signature 25b. <i>John C. Schuchong Reg. D. Terina J. Deputy</i> Illinois Department of Public Health—Division of Vital Records					
25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-011910 26c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) MAR 03 1999 26d. (BASED ON 1980 U.S. STANDARD CERTIFICATE)		DATE (MONTH, DAY, YEAR) 24 MAR 4, 1999 27. STATE 28. DATE 24 MAR 4, 1999 29. DATE 034-011910 30. DATE MAR 03 1999 31. DATE MAR 03 1999					

The original record is permanently filed with the Illinois Department of Public Health at Springfield. Local registrars are authorized to make certified copies from the original record. The Illinois State Statutes provide that the certification of births, stillbirths, and deaths by the Department of Public Health or local registrars shall be prima facie evidence in all courts and places of the facts therein.

RECEIVED
REGISTRY TITLE:
BERWYN, ILLINOIS
SIGNER: *Robert C. Schuchong*

AT: BERWYN, ILLINOIS

DATE: MAR 03 1999

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the record for the person named 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.