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07/58/0102 02 001 Page 1 of 3
2001-01-25 11:46:54
Cook County Recorder 25.50

**Deceased Joint
Tenancy Affidavit**



0010065664

STATE OF ILLINOIS)
)SS.
COUNTY OF DUPAGE)

Georgiana A. Sedlacek, being
duly sworn states as follows:

That she resides at 2359 S-6th Avenue, N- Riverside, Illinois-60546.

That she was acquainted and married to **Arthur J. Sedlacek** deceased, who, at the time of his death was one of the owners of the land in Cook County, Illinois, described below:

Lot 13 in Block 8 in Komarek's West 22nd Street Second Addition, being a subdivision of the West 1/2 of the North West 1/4 of Section 26, Township 39 North, Range 12 East of the Third Principal Meridian, in Cook County, Illinois

Property Address: 2359 S. 6th Avenue, N. Riverside, IL 60456

Property Identification Number: 15-26-111-012-000

That the deceased died, December 8, 2000, in Cook County, Illinois as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died leaving no Last Will & Testament which provided for another other than **Georgiana A. Sedlacek** with regard to the above-described parcel.

Georgiana A. Sedlacek
Georgiana A. Sedlacek, Affiant

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AW*

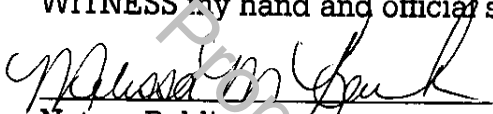
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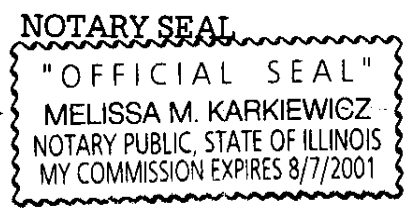
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STATE OF ILLINOIS)
)SS.
COUNTY OF DUPAGE)

On December 21, before me, the undersigned, a Notary Public in and for said State, personally appeared Georgiana A. Sedlacek, known to me or proven to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged that she executed the same.

WITNESS my hand and official seal.


Notary Public



My commission expires on: _____

Property of Cook County Clerk's Office

Certified Copy of a Death Record
UNOFFICIAL COPY

DECEASED'S BIRTH NO.		REGISTRATION DISTRICT NO. <u>16.92</u>	STATE OF ILLINOIS		10065664		
		REGISTERED NUMBER <u>1642</u>	MEDICAL CERTIFICATE OF DEATH				
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>ARTHUR J. SEDLACEK</u>		2. <u>Male</u>	3. <u>DECEMBER 08, 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>62</u>	MOS. 5b.	HOURS 5c.	5d. <u>March 19, 1938</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>Proviso Township</u>		6b. <u>Foster G. McGaw Hospital</u>			6c. <u>Inpatient</u>	
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		9. <u>No</u>	
	7. <u>Chicago, IL</u>		8a. <u>Married</u>	8b. <u>Georgiana Brasic</u>			
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)		
	10. <u>353 30 5386</u>		11a. <u>Fastener</u>	11b. <u>Industrial Supplies</u>	12. <u>4</u>		
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	COUNTY		
13a. <u>2353 6th Avenue</u>		13b. <u>North Riverside</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>60546</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>Arthur Sedlacek</u>			16. <u>Irma Kremen</u>				
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)				
17a. <u>Georgiana Sedlacek</u>		17b. <u>Wife</u>	17c. <u>2359 6th Avenue; North Riverside, Illinois 60546</u>				
18. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heat stroke. List only one cause on each line.							
Immediate Cause (Final disease or condition resulting in death)		(a) <u>⊕ Sepsis, Liver Failure</u>				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		DUE TO, OR AS A CONSEQUENCE OF					
		(b)					
		DUE TO, OR AS A CONSEQUENCE OF					
		(c)					
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		AUTOPSY (YES/NO)	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)		
20a.		20b.		19a. <u>Yes</u>	19b.		
1 (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER/LIVE ON		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH			
21a. <u>12/8/00 12:50 pm</u>		21b. <u>No</u>		21c. <u>12:50 PM</u>			
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED		DATE (MONTH, DAY, YEAR)			
22a. SIGNATURE <u>Manoj</u>		22b. <u>12-10-00</u>		ILLINOIS LICENSE NUMBER			
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		22c. <u>125-041058</u>		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.			
22c. <u>2160 So. 15th Ave. Maywood, IL 60153</u>		22d. <u>125-041058</u>					
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		23.					
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE	DATE (MONTH, DAY, YEAR)		
24a. <u>Cremation</u>		24b. <u>The Lakes</u>		24c. <u>Lake Villa, Illinois</u>	24d. <u>December 12, 2000</u>		
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP							
25a. <u>Conboy-Westchester; 10501 W. Cermak Rd., Westchester, IL 60154</u>							
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			
25b. <u>Robert B. Conboy</u>		25c. <u>034-10279</u>		26b. <u>December 11, 2000</u>			
LOCAL REGISTRAR'S SIGNATURE		26a. <u>Richard J. Billib</u>					
26a. <u>Richard J. Billib</u>		26b. <u>Broadview, Illinois 60153</u>					

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at 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 DEC 11 2000 SIGNED Richard J. Billib

AT Broadview, Illinois 60155, Illinois OFFICIAL TITLE Local Registrar of Vital Statistics

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 of the facts therein stated.

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