

UNOFFICIAL COPY



CHICAGO TITLE INSURANCE COMPANY

505 E. NORTH AVE., CAROL STREAM, IL 60188

DECEASED JOINT TENANCY AFFIDAVIT

① or 3
H200A9024
Order No.: 1408-TEST0000 HE

STATE OF ILLINOIS }
COUNTY OF COOK } ss.



Bertha Dvorak

being duly sworn states that she resides at 1464 Westchester Blvd., Westchester, IL., 60154 in the City of _____

That she was acquainted with Alfred R Dvorak deceased who, at the time of death, was one of the owners of the land in Cook County, Illinois, described as:

Parcel 1: Lot 494 (except the North 30 feet thereof) and alloof Lot 495 in George F Nixon and company's Westchester, a subdivision (except the land of the Chicago Westchester and Western Railroad) of the West 1/2 of the North West 1/4 of Section 21, Township 39 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

Parcel 2: All of the vacated alley lying WEST of and adjoining Lot 494 (except the North 30 feet thereof) and West of and adjoining Lot 495 in George F Nixon and Company's Westchester, a subdivision (except the land of Chicago Westchester and Western Railroad) of the West 1/2 of the North West 1/4 of section 21, Township 39 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

Parcel 3: Lot 31 in Patronski and Spychala Subdivison in th West 1/2 of the North West 1/4 of Section 21, Township 39 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

That the deceased died May 8, 1994, as evidenced by a certified copy of death certificate of the deceased attached hereto.

mailed/paid by HARRIS BANKS
150 W WILSON ST.
PALATINE IL 60067

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 500,000.00 dollars.

Affiant makes this affidavit for the purpose of inducing 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 22nd day of December, A.D. 2000

Tiffany S Waska
Notary Public



Bertha A. Dvorak
(Affiant's Signature)

BOX 333-CTI

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Property of Cook County Clerk's Office

Thomas S. Flach
Signed

At Cook County Department of Health Official Title Chief Deputy Registrar
1010 Lake Street Oak Park, IL 60301

REGISTRATION DISTRICT NO. 160		STATE OF ILLINOIS		STATE FILE NUMBER 0010066948		Page 2 of 3		
REGISTERED NUMBER		UNOFFICIAL MEDICAL CERTIFICATE OF DEATH						
DECEASED-NAME FIRST MIDDLE LAST 1. Alfred R. Dvorak			SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. May 8, 1994				
COUNTY OF DEATH 4. Cook		AGE-LAST BIRTHDAY (YRS) 5a. 82	UNDER 1 YEAR MOS. DAYS HOURS MIN 5b.	UNDER 1 DAY 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. December 8, 1911			
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. La Grange		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. La Grange Memorial Hospital			IF HOSP. OR INST. INDICATE D.O.A. OP EMER. RM. INPATIENT (SPECIFY) 6c. Inpatient			
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Chicago, Illinois		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. Bertha Kec		WAS DECEASED EVER IN ARMED FORCES? (YES/NO) 9. No			
SOCIAL SECURITY NUMBER 10. 338-18-1748		USUAL OCCUPATION 11a. Switchman	KIND OF BUSINESS OR INDUSTRY 11b. Railroad		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary Secondary (0-12) 12. 10 College (1-4 or 5-+)			
RESIDENCE (STREET AND NUMBER) 13a. 1464 Westchester Blvd.		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. Westchester		INSIDE CITY (YES/NO) 13c. Yes	COUNTY 13d. Cook			
STATE 13e. Illinois	ZIP CODE 13f. 60154	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. White	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:					
FATHER-NAME FIRST MIDDLE LAST 15. Jerome Dvorak			MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 16. Rosalia Zima					
INFORMANT'S NAME (TYPE OR PRINT) 17a. Lawrence Dvorak		RELATIONSHIP 17b. Son	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 1464 Westchester Blvd. Westchester, IL 60154					
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 cause on each line.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
Immediate Cause (Final disease or condition resulting in death) (a) Septic Shock		DUE TO, OR AS A CONSEQUENCE OF (b) Bacterial Viremia						
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (c) Septic Ulcer disease		DUE TO, OR AS A CONSEQUENCE OF						
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		AUTOPSY (YES/NO) 19a. No		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b.				
DATE OF OPERATION, IF ANY 20a.	MAJOR FINDINGS OF OPERATION 20b.		IF FEMALE WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
1 (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 21a. 5-7-94		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. No		HOUR OF DEATH 21c. 4:05 A.M.				
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED (MONTH, DAY, YEAR) 22b. May 10, 1994						
22a. SIGNATURE <i>Thomas S. Flach</i>		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. Thomas S. Flach 4479 Central Ave. Western Springs, IL. 605558		ILLINOIS LICENSE NUMBER 22d. 036082941				
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23.		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.						
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY-NAME 24b. Mt. Auburn	LOCATION CITY OR TOWN STATE 24c. Stickney, Illinois	DATE (MONTH, DAY, YEAR) 24d. May 11, 1994					
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. Hursen Funeral Home 4001 W. Roosevelt Rd. Hillside, Illinois 60162		FUNERAL DIRECTOR'S SIGNATURE <i>Matthew A. Ramirez</i>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 34-14434				
LOCAL REGISTRAR'S SIGNATURE 26a. REGISTRAR		DATE FILED BY REGISTRAR (MONTH, DAY, YEAR) 26b. MAY 1 1994						

VR200 (Rev. 5-89)

Illinois Department of Public Health—Division of Vital Records

(BASED ON 1989 U.S. STANDARD CERTIFICATE)

Date **MAY 11 1994**

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LEGAL DESCRIPTION:

PARCEL 1: LOT 494 (EXCEPT THE NORTH 30 FEET THEREOF) AND ALL OF LOT 495 IN GEORGE F. NIXON AND CO'S WESTCHESTER, A SUBDIVISION (EXCEPT THE LAND OF THE CHICAGO WESTCHESTER AND WESTERN RAILROAD) OF THE WEST 1/2 OF THE NORTHWEST 1/4 OF SECTION 21, TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

PARCEL 2: ALL OF THE VACATED ALLEY LYING WEST OF AND ADJOINING LOT 494 (EXCEPT THE NORTH 30 FEET THEREOF) AND WEST OF AND ADJOINING LOT 495 IN GEORGE F. NIXON AND CO'S WESTCHESTER, A SUBDIVISION (EXCEPT THE LAND OF THE CHICAGO WESTCHESTER AND WESTERN RAILROAD) OF THE WEST 1/2 OF THE NORTHWEST 1/4 OF SECTION 21, TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

PARCEL 3: LOT 31 IN PATRONSKI AND SPYCHALA SUBDIVISION IN THE WEST 1/2 OF THE NORTHWEST 1/4 OF SECTION 21, TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

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