

# UNOFFICIAL COPY JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS

COUNTY OF Cook } ss.

ORDER NO. \_\_\_\_\_

DATE: 3/2/2005

states that the affiant resides at MARTIN DRAGS hereinafter referred to as the affiant deposes and  
16723 W Central in the City of Chicago

That the decedent at the time of his/her death was one of the owners of the property in Cook County, Illinois, legally described as follows:

*see attached death certificate*  
*ADAM W KROZEL*

142403  
STCI

DOD 4-26-98

15-25-113-046

0010280873

1392/0068 51 001 Page 1 of 3  
2001-04-09 10:15:56  
Cook County Recorder 47.50



4-26-98

That said decedent died on 4-26-98 leaving no/a last will and testament;

That the total value of the estate of said decedent including his/her taxable interest in the above real estate is \$ 20,000.00;

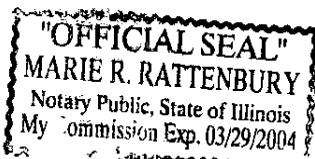
That the Illinois Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

That the affiant makes this affidavit to induce TICOR TITLE INSURANCE COMPANY to issue its Policy of Title Insurance on the above described property.

*Catharine J. Kozlak*

Signature

*Marie R. Rattenbury*



SUBSCRIBED AND SWORN TO before me this 21 day of March 192005 a Notary Public in and for said State and County.

*Marie R. Rattenbury*

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.

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent in item 1 and that this record was established and filed in my office in accordance with the provisions of Illinois statues relating to the registrar of birth, stillbirth and death.

**UNOFFICIAL COPY**

Date APR 29 1998 Signed Nadine McCurry  
 At Cook County Department of Public Health Official Title Deputy Registrar  
 1010 Lake Street Suite 300 Oak Park, Illinois 60301

STATE OF ILLINOIS  
**MEDICAL CERTIFICATE OF DEATH**  
 STATE FILE NUMBER

REGISTRATION DISTRICT NO. <u>16.0</u>	REGISTERED NUMBER	DECEASED-NAME	FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
		Adam		W.	Kozlik	Male	April 26, 1998
COUNTY OF DEATH	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	AGE-LAST BIRTHDAY (YRS) 5a. <u>78</u>	UNDER 1 YEAR MOS. 1 DAY 5b.	UNDER 1 DAY HOURS 5c.	MIN. 5d.	DATE OF BIRTH (MONTH, DAY, YEAR) <u>OCTOBER 19, 1919</u>
<u>COOK</u>	<u>Oak Lawn</u>	<u>Christ Hospital &amp; Medical Center</u>					IF HOSP. OR INST. INDICATE D.O.A. (OPENER, PAL. INT. PATIENT) (SPECIFY)
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MADEN NAME, IF WIFE)					IF DECEASED EVER IN U.S. ARMED FORCES (YES/NO)
<u>CHICAGO, IL</u>	<u>MARRIED</u>	<u>CATHERINE KAWA</u>					<u>YES</u>
SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (LIST CITY OR TOWN, STATE, YEAR)	HIGHEST GRADE COMPLETED			
<u>389-18-9533</u>	<u>STEEL WORKER</u>	<u>RYERSON STEEL</u>	<u>12.1</u>	<u>9</u>			
RESIDENCE (STREET AND NUMBER)	CITY, TOWN, TWP. OR ROAD DISTRICT NO.	OF HISPANIC ORIGIN? (SPECIFY AND OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.)	INSIDE CITY (YES/NO)	COUNTY			
<u>2412 HAINSWORTH AVENUE</u>	<u>NORTH RIVERSIDE</u>	<u>NO</u>	<u>YES</u>	<u>COOK</u>			
STATE	ZIP CODE	FACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:				
<u>ILLINOIS</u>	<u>60546</u>	<u>WHITE</u>	<u>MIDDLE</u>				
FATHER-NAME	FIRST	MIDDLE	LAST	MOTHER-NAME	FIRST	MIDDLE	LAST
<u>ANTON</u>	<u>ANTON</u>	<u>KOZLIK</u>	<u>KOZLIK</u>	<u>FRANCES</u>	<u>FRANCES</u>	<u>BORKOWSKI</u>	<u>BORKOWSKI</u>
INFORMANT'S NAME (TYPE OR PRINT)	RELATIONSHIP	MAI. ING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)					
<u>CATHERINE KOZLIK</u>	<u>WIFE</u>	<u>2412 HAINSWORTH, N. RIVERSIDE, IL</u>					
18. PART I.	Enter the diseases or complications that caused the death. Do not set, or the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.						
Immediate Cause (Final disease or condition resulting in death)	<u>(a) sepsis</u>						
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a)	<u>(b) pneumonia</u>						
STATING THE UNDERLYING CAUSE LAST	<u>(c) delirium, hyperventilated.</u>						
PART II. Other significant conditions contributing to death but not the cause of death.							
DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	AUTOPSY (YES/NO)	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?	DATE SIGNED	TIME OF DEATH
		<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>NO</u>	<u>4/26/98</u>	<u>12:10 A</u>
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.	NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)	CITY OR TOWN	STATE	ZIP			
	<u>Kevin Shaw</u>	<u>Oak Lawn, IL</u>	<u>IL</u>	<u>60453</u>			
NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER)	(TYPE OR PRINT)						
	<u>Kevin C. Shannon, MD</u>						
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY-NAME	LOCATION	CITY OR TOWN	STATE	DATE		
<u>BURIAL</u>	<u>WOODLAWN MAUSOLEUM</u>	<u>FOREST PARK, ILLINOIS</u>	<u>ILLINOIS</u>	<u>24d. 4/30/98</u>			
FUNERAL HOME	STREET AND NUMBER OR R.F.D.	CITY OR TOWN	STATE	ZIP			
<u>KURATKO FUNERAL HOME, 2500 S. DESPLAINES, NORTH RIVERSIDE, ILLINOIS 60546</u>							
FUNERAL DIRECTOR'S SIGNATURE	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER						
<u>Kenneth D. Kuratko</u>	<u>034-011325</u>						
LOCAL REGISTRY SIGNATURE	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)						
<u>Scott, M.D.</u>	<u>April 29, 1998</u>						
REGISTRAR							

VR200 (Rev. 5/89) Illinois Department of Public Health—Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)

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## LEGAL DESCRIPTION

Lot 24 in Block 11 in Walter G. McIntosh and Company's West 22nd Street Addition, being a subdivision of the North 100 acres lying North of the C. M. N Railroad right of way in the Northwest 1/4 of Section 25, Township 39 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

**Commonly known as:** 2412 South Hainsworth  
North Riverside IL 60546

Property of Cook County Clerk's Office