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Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT



STATE OF ILLINOIS
COUNTY OF COOK

} ss.

Order No. _____

SOPHIE POKORNOWSKI

being duly sworn

states that I resides at 3325 North Avers in the City of Chicago, Illinois 60618

That I was acquainted with JACK POKORNOWSKI

deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

LOT TWENTY-NINE (29) IN CRAWFORD SQUARE, BEING A RESUBDIVISION OF BLOCKS THREE (3), FOUR (4), AND FIVE (5) IN GRANDVIEW, BEING A RESUBDIVISION OF BLOCKS ONE (1), TWO (2) AND THREE (3) OF K.K. JONES SUBDIVISION IN THE SOUTH WEST QUARTER (SW1/4) OF SECTION TWENTY-THREE (23), TOWNSHIP FORTY (40) NORTH, RANGE THIRTEEN (13), EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

MAIL TO!
EDW. WHITEFIELD
4603 N STATE ST
CHICAGO, IL 60640

0010296619

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2001-04-12 13:40:31
Cook County Recorder 43.50

That the deceased died on November 19, 1995, as evidenced by a certified copy of death certificate of the deceased attached hereto.

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 FIFTY THOUSAND AND 00/100 (\$50,000.00) dollars.

~~Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.~~

Subscribed and sworn to before me by the said

[Signature]
this 12 day of April, A.D. 192001
Notary Public



[Signature]
(affiant's signature)
SOPHIE POKORNOWSKI

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0010296619

APR - 4 2001

STATE OF ILLINOIS)
County of Cook)

DAVID ORR, County Clerk

I, DAVID ORR, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David Orr
COUNTY CLERK

| | | | | | | |
|---|--|---|--|---|--|---------------|
| REGISTRATION DISTRICT NO. 16.10 | | STATE OF ILLINOIS | | STATE FILE NUMBER | | |
| REGISTERED NUMBER | | MEDICAL CERTIFICATE OF DEATH | | | | 621708 |
| DECEASED-NAME FIRST MIDDLE LAST | | SEX | | DATE OF DEATH (MONTH DAY YEAR) | | |
| 1. JAKUB DENDURA | | 2. MALE | | 3. NOVEMBER 19, 1995 | | |
| COUNTY OF DEATH | | AGE-LAST BIRTHDAY (YRS) | | DATE OF BIRTH (MONTH DAY YEAR) | | |
| 4. COOK | | 5a. 86 | | 5d. JUNE 26, 1909 | | |
| CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER | | HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN HERE, GIVE STREET AND NUMBER) | | IF HOSP. OR INST. INDICATED DO A OP. FEM. (IN INPATIENT) (SPECIFY) | | |
| 6a. CHICAGO | | 6b. OUR LADY OF RESURRECTION MEDICAL CNTR. | | 6c. EMERGENCY ROOM | | |
| BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) | | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) | | NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) | | |
| 7. POLAND | | 8a. MARRIED | | 8b. ROZALIA MIELNIKIEWICZ | | |
| SOCIAL SECURITY NUMBER | | KIND OF BUSINESS OR INDUSTRY | | EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) | | |
| 10. 343-44-0209 | | 11a. PUNCH PRESS OPERATOR | | 11b. FACTORY | | |
| RESIDENCE (STREET AND NUMBER) | | CITY, TOWN, OR ROAD DISTRICT NO. | | INSIDE CITY (YES/NO) | | |
| 13a. 3325 N. AVERS AVENUE | | 13b. CHICAGO | | 13c. YES | | |
| STATE | | ZIP CODE | | RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) | | |
| 13e. ILLINOIS | | 13f. 60618 | | 14a. WHITE | | |
| FATHER-NAME FIRST MIDDLE LAST | | MOTHER-NAME FIRST MIDDLE LAST | | OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) | | |
| 15. FRANCISZEK DENDURA | | 15. MICHALINA (N.A.) | | 14b. <input checked="" type="checkbox"/> NO | | |
| INFORMANT'S NAME (TYPE OR PRINT) | | RELATIONSHIP | | MAILING ADDRESS (STREET AND NO. OR R.F.D. OR TOWN, STATE, ZIP) | | |
| 17a. ROZALIA DENDURA | | 17b. WIFE | | 17c. 3325 N. AVERS AVE. CHGO. IL. 60618 | | |
| 18. PART I. Enter the diseases, injuries, 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. | | | | | | |
| Immediate Cause (Final disease or condition resulting in death) Acute myocardial infarction | | | | | | |
| CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF coronary artery disease | | | | | | |
| (b) DUE TO, OR AS A CONSEQUENCE OF chronic pulmonary disease | | | | | | |
| (c) hypertension | | | | | | |
| 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) | | |
| 20a. | | 20b. | | 19a. NO | | |
| (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON | | (MONTH DAY YEAR) | | WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) | | |
| 21a. SEPTEMBER 19, 1995 | | | | 21b. YES | | |
| TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED | | | | HOUR OF DEATH | | |
| 22a. SIGNATURE Dr. Bronislaw Orawiec | | | | 21c. 12:21A.M. | | |
| NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) | | | | DATE SIGNED (MONTH DAY YEAR) | | |
| 22c. DR. BRONISLAW ORAWIEC 5428 N. MILWAUKEE CHICAGO ILL., 60630 | | | | 22b. 11-19-95 | | |
| NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) | | | | ILLINOIS LICENSE NUMBER | | |
| 23. | | | | 22d. 036-074345 | | |
| BURIAL, CREMATION, REMOVAL (SPECIFY) | | CEMETERY OR CREMATORY-NAME | | LOCATION CITY OR TOWN STATE | | |
| 24a. BURIAL | | 24b. MARYHILL | | 24c. NILES, ILLINOIS | | |
| FUNERAL HOME NAME | | STREET AND NUMBER OR R.F.D. | | CITY OR TOWN STATE ZIP | | |
| 25a. SKAJA STANLEY FUNERAL HOME 3060 N. MILWAUKEE AVENUE CHICAGO, ILLINOIS 60618 | | | | 24d. NOV. 21, 199 | | |
| FUNERAL DIRECTOR'S SIGNATURE | | | | DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR) | | |
| 25b. Mark Joseph Ciolek | | | | 25c. 034-012344 | | |
| LOCAL REGISTRAR'S SIGNATURE | | | | DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR) | | |
| 26a. David Orr | | | | 26b. NOV 20 1995 | | |

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