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Cook County Recorder

27.50



JOINT TENANCY AFFIDAVIT

State of Illinois

)SS.

County of Cook

JOANNE M. WEHCLY

referred to as the affiant states under oath that the affiant resides at, 6530 West Irving Park Road, Unit 205 in the City of Chicago, Illinois; that the affiants were acquainted with FRANK IN POWROZEK

the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of a properly recorded joint tenancy warranty deed, said property, located in Cook County, Illinois, and legally described as follows:

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Parcel 1: Unit No. 205 in Merrimac Square Condominium III as delineated on a survey of the following described real estate: Lots 1 and 4 in Pontarelli Subdivision of Merrimac Square, a part of the Fractional Southeast 1/4 of Section 18, Township 40 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois,

which survey is attached as Exhibit "B" to the Declaration of Condominium made by Parkway Bank and Trust Company under Trust Agreement dated June 9, 1992 and known as Trust Number 10346 and recorded in the Office of the Recorder of Deeds of Cook County as Document Number 93-337398 together with its undivided percent interest in said parcel (excepting from said parcel all the property and space comprising all the units thereof as defined and set forth in said declaration and survey).

Parcel 2: Perpetual, non-exclusive easement for the benefit of Parcel 1 for ingress and egress over, along and upon the land, as set forth below, and further delineated in Exhibit "A" of Document Number 92-607113, for driveways, walkways, common parking and park areas as created by Declaration of Common Easements and Maintenance Agreement dated August 7, 1992 and recorded August 14, 1992 as Document Number 92-607113 by and among Parkway Bank and Trust Company, as Trustee under Trust Agreement dated June 9, 1992 and known as Trust Number 10345, Parkway Bank and Trust Company, as Trustee under Trust Agreement dated November 5, 1991 and known as Trust Number 10176 and Parkway Bank and Trust Company, as Trustee under Trust Agreement dated June 9, 1992 and known as Trust Number 10346.

Parcel 3: The exclusive right to the use of Parking Space No. P-2 and Storage Space No. S-5, limited common elements as delineated on the survey attached to the Declaration aforesaid, recorded as Document Number 93-337398.

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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, June 12, 1996 leaving no/a last will and testament;
That the total value of decedent's estate, including the taxable interest in the above propert was \$, and that the value of the above property individually was \$
That the Illinois Inheritance Tax and the Federal Estate Tax, if any, was due from the decedent's estate, he been paid in full;
That the affiant makes this affidavit to induce Attorneys' Title Guaranty 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 Guaranty Fund, Inc., harmless and to reimburse the title company for all loss, costs damages, suits, attorney's fees and expenses of every kind and nature which said title company may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:
 Claims against the Estate of Anna Powrozek, the decedent. Illinois State Inheritance Tax and Federal Estate Tax which may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent. 4. Rights of contribution.
(SEAL)
(SEAL) Joanne M. Wehrly
Subscribed and sworn to before me this day of, April, 2001.
Notary Public Notary Public Notary Public Notary Public, STATE OF ILLINOIS MY COMMISSION EXPIRES: 12/02/02

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PREPARED BY:

John Papadia 8501 West Higgins Road Suite #340 Chicago, IL 60631

PIN# 13-18-409-034-1005

MAIL TO:

John Papadia

8501 West Higgins Road

Suite #340

Chicago, IL 60631

Note: If the decedent left a will, it will be necessary that the original or certified copy thereof be presented to us for inspection. A death certificate, together with evidence of payment of death tartes, if any, should accompany this affidavit.

Common Address: 6530 West Irving Park Road, Chicago, Illinois 60634 Unit 205.

GRATABOTOO

13<u>6530</u> W. 26a. BUHIAL CREMATION, REMOVAL (SPECIFY)
24a. Burial INOTERABLE CORONARY ARTERY DISEASE MAJORFINDINGS OF OPERATION FUNERAL DIRECTIONS SI 25a Gibbons FUNERAL HOME 23. REBECCA DUKE, M.D. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER I (DID) (DID NOT) ATTEND THE DECEASED AND AST SAW HIM/HER ALIVE ON PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. NAME AND ADDRESS OF CERTIFIER 22a. SIGNATURE TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE / N'D DUE TO THE CAUSE(S) STATED CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER RESIDENCE (STREET AND NUMBER) SOCIAL SECURITY NUMBER 7. Chicago, I1 BIRTHPLACE (CITY AND STATE OF FOREIGN COUNTRY) COUNTY OF DEATH REGISTRATION DISTRICT NO. ONDITIONS, IF ANY
WHITE GIVE RISE TO
WHITE CAUSE (a)
IT TING THE UNDERLYING
A US E LAST. DECEASED-NAME NUMBER Jisease or condition LINOIS FE MONTEROLA, M.D. 5645 W. ate Cause (Final 326-05-9745 CHICAGO an death) DAMIE PLATT ANT'S NAME (TYPE OF PRINT) John IRVING Funeral Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory a rest shock, or heart failure. List only one cause on each line. ZIP CODE <u>3</u> 24b CEMETERY OR CREMATORY-NAME としている FRANK (b) ACUTE RESPIRITORY DISTRESS SYNDROME DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c) ASPIRATION PNEUMONIA (a) SEPSIS 60634 FIRST MIDDLE . 43 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) USUAL OCCUPATION 8a.Married (TYPE OR PRINT) Machinist (MONTH, DAY, YEAR) Home MEDICAL CERTIFICATE OF DEATH Joseph INDIAN, etc.) RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) HOSPITAL OFF THER INSTITUTION - MAJASE (IF NOT IN EITHER, GIVE STREET AND NUMBER)

6b. MEDICAL CENTER

OUR LADY OF THE RESURRECTION AGE-LAST BIRTHDAY (YRS) 5917 W. White MIDDLE STREET AND NUMBER Powrozek ADDISON CHICAGO, Robert (TYPE HPRINT) CITY, TOWN, TWP, OR ROAD DISTRICT NO 176. HEPJEAS STATE OF ILLINOIS KIND OF BUSINESS OR INDUSTRY NAME OF SURVIVING SPOUSE (MAIDENNAME, IF WIFE) 86.Anna nee Pastore CHICAGO Irving POWROZEK 17 LOCATION Assembly AST OF HISPANIC ORIGIN? (SPECIFY NOOR YES-IF YES, SPECIFY CUBAN, MEXICAN TIE TTO RICAN, etc.) River Grove, Il MOTHER-NAME 46. XXIO Kowachek HOURS 17c 5645 W. ADDISON CHICAGO, MAILING ADDRESS (STREET AND NO. OR R.F.D., CIT, 'OH ?' Park Rd. IL 60634 CITY OR TOWN EXAMINER NOTIFIED? (YES NO 21b. No SEX CITY OR TOWN DATE OF BIRTH (MONTH, DAY, YEAR) MALE EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
Elementary Secondary (0-12)
College (1-4 or 5 +)
12 010-010880 DATE FILED BY LOCAL REGISTRAR (MONTH, D. August Chicago, I160634 HSE MD 22d 036-059214 SPECIFY: INSIDE CITY STATE 13c. YES (YESNO) 19a.NO DATE OF DEATH MIDDLE JUNE 12, 200 IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? DATE SIGNED HOUR OF DEATH MUST BE NOTIFIED. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER ILLINOIS LICENSE NUMBER 1 5 1996 2,1918 YES | NO | VINDOS IF HOSP, OR INST, INDICATE D.O.A. OPIEMER, RM, INPATIENT (SPECIFY) 19b WERE AUTOPISY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) DATE _{24d}June 15,96 6-13-96 1996 WN. STATE, ZIP) (MAI DEN) LAS APPROXIMATE ATTERVAL
BETWEEN ONSET AND DEATH NPATIENT WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) IL 60634 (MONTH, DAY, YEAR) (MONTH, DAY, YEAR) :35 PM DAYS DAYS DAYS No O

/R200 (Rev. 5/69)

III. de Danne of Land Health Onvision of Vital Records

(BASED ON 1989 U.S. STANDARD CERTIFICATE)

AFFIXED.

MIJETICOLOR SIGNATUHE SEAL IS THIS CERTIFIED COPY VALID WHEN

Namtraged CHICAGO OE

COUNTY OF COOK STATE OF ILLINOIS

CITY OF CHICAGO Œ, 0030841792

IL SHEILA LYNE, RSM, LOCAL

ACCOMPANYING CERTIFCATE ON THIS SHEET IS A THUE COPY OF A RECORD CERTIFY THAT I AM THE KEEPER OF KEPT BY ME IN PURSUANCE OF SAND THE CITY OF CHICAGO, THAT THE OF ILLINOIS AND THE ORUMANCES OF BY VIFIT OF THE LAWS OF THE STATE AND DEATHS FOR THE CITY OF CHICAGO THE RECORDS OF BIRTHS, STILLBIRTHS THE CITY OF CHICAGO, DO HEREBY REGISTRAH OF VITAL STATISTICS OF

LAWS AND ORDINANCES

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