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04/20/01 17:21 21 2:52 070 C 000 N R TITLE OPY

Ø002/002

MAIL & PREPARED BY:

FIRST SUBURBAN NAT'L. BK. .

150 SOUTH 5Th ANENUE

MAYWOOD, IL. 60153

0010549123

3084/0054 17 001 Page 1 of 3 2001-06-22 11:14:20

Cook County Recorder . 25

0010549123

DECEASED JOINT TENANCY AFFIDAVIT

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State of Illinois County of Cook	}					÷	
•		Ox					
Wanda L	. Kosabu	cki (ly sworn states	
that she	resid	g at 110	8 Greenfiel	d Lane	in the City of		3
Mount Pros	pect	11.	1				NGIX
Thu	at the undersi	gned was acqua			. Kosabucki	.dec	ceased, who.
at the time of his/her commonly known at	death, was or	e of the owners	of the real astate	describe in the	e title insurança co	əmmilment referen	ca above,
				. 4			
The deceased died on deceased attached he				, as evi	denced by a certifle	ed copy of death co	rtificate of the
That the deceased dis					C/Z		
Leaving no Las		tument.	Re	eal Esta	te Index 🛭	39195 2 5 11	DF3
Leaving a Last V Clerk of the Probate	VIII and Testa Division of th	ment a copy of Circuit Court	which is attached		ginal of the unprov		
Leaving a Last Wi Illinois	ill and Teston	sent which was j	fled in the Unpro	ven Will Box of	the Probate Otvisi	ion of the Cuzer. Q	ours of Cook,
That the total value of individually or in foin	f the estate of it tenancy at i	the deceased, is he time of the de	icluding both real eath of the decease	estate and per ed, does not exc	sonal property awn coed the sum of \$7;	ned by the deceases 50,000.00.	d either
Affiant makes this affi Insurande Policy, desc	davit for that	purpose of indu	cing Peal Es	tate Index	c and its underw	riter(s) to issue its	Tide
West	LAN	aluel	oroperty.	Sw	orn and subscribes	i this day of	<i>t</i> .
Affiant's Signature Wanda L. Kosal	— منسنهbuck	***************************************	LAIN COLUMNICAL			KONTO)
	\\$00\$ { I/00 8 \$	C STATE OF ILL	My Commissio		A Signature	M	
	5	E HOBBEE IVE SEVI	VIIII		and the same	•	

UNOFFICIAL COPY

Property of Cook County Clark's Office

AFFIXED. THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS

N25a Skaja Terrace Funeral Home

BURIAL CREMATION, REMOVAL (SPECIFY) 248 BUIT 1 a.1

24b All Saints Cemetery CEMETERY OR CREMATORY- NAME

STREET AND NUMBER OR R.F.D.

7812 N Milwaukee Ave, Niles, IL 60714

DATE FILED BY LOCAL REGISTRAR MONTH, DAY, YEAR

JUL 22 1999

Á

(BASED ON 1989 U.S. STANDARD CERTIFICATE)

FUNERAL DIRECTOR'S ALIMOIS LICENSE NUMBER

034-011503

24cDes Plaines Illinois

CITY OR TOWN

CITY OR TOWN

STATE

(MONTH, DAY, YEAR)

LOCATION

FUNERAL HOME

FUNERAL DIRECTOR'S SIGNATURE

LOCAL REGISTRA

/R200 (Rev. 548)

artment of Public Health—Division of Vital Records

0010248152

0 1 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		00000
	Cills.	
0	S.	100
CAL REGIS	y d	

PART II. Other standiscant conditions contributing to death but not resulting in the underlying cause given in PARTI.

WESWO) 19a.

WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CALSE OF DEATHR (YESHAD)

ö

IF FEMALE, WAS THERE A PREGNANCY IN PAST

THREE MONTHS?

YES | NO ES

Ĉ

AND LAST SAW HIMMER ALIVE ON

FO 'HLNOW!

%

WAS CORONER OR MEDICAL HOUR OF DEATH EXAMINER NOTIFIED? (YES/NO) 21c.

DATE SIGNED

3:10

PM.

(MONTH, DAY, YEAR)

THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED

DATE OF OPERATION, IF ANY

MAJOR FINDINGS OF OPERATION

NAME AND ADDRESS OF CERTIFIER

22a. SIGNATURE >

NAME OF ATTENDING PHYSICIAN # OTHER THAN CERTIFIER

Dr. Adrian Deme MD 2010 Arlington Hts.

TYPE OR PRINT)

Rd

Arlington Hts. Illinois 60005

> 22d. 036- 088979 ILLINOIS LICENSE NUMBER 226. July 21,

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

24d Jul 23, 1999

(TYPE OR PRINT)

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRIDA.

MHICH GIVE RISE TO MAKEDIATE CAUSE (a)
STATING THE UNDERLYING

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

CAUSE LAST.

CUNDITIONS, IF ANY

CERTIFY THAT I AM THE KEEPER OF BY VIHTUE OF THE LAWS OF THE STATE AND DEATHS FOR THE CITY OF CHICAGO THE RECORDS OF BINTHS, STILLBURTHS THE CITY OF CHICAGO, DO HEREBY ACCOMPANYING CERTIFCATE ON THIS OF ILLINOIS AND THE OFIDINANCES OF REGISTRAH OF VITAL STATISTICS OF SHEET IS A TRUE COPY OF A RECORD THE CITY OF CHICAGO; THAT THE LAWS AND ORDINANCES KEPT BY ME IN PURSUANCE OF SAND . SHEILA LYNE, RSM, LOCAL CITY OF CHICAGO COUNTY OF COOK

131 1108 N. Greenfield Ln. 4. COOK
OTY, TOWN, TWP, OR ROAD DISTRICT NUMBER Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or shock, or heart teature, yield pray one cause on each ling. 60056 11a. Foreman BE. Married MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECEY) WIDOLE MEDICAL CERTIFICATE OF DEATH 14a. White RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) OF HOSP, OR HIST, INDICATE DO A BRITHDAY (YES) 6b. Ravenswood Hospital Medical Center ISAT-3D MIDOLE Kosabucki S CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13b. Mt Prospect Kosabucki RELATIONSHIP 17bWife NOS. UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH MONTH, DAY, YEAR) Bb. Wanda Suchecki NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) 11b. Sheet Metal KST DAY S DECT 130. YES 13d. COCA
OF HISPANIC ORIGIN? (SPECIFY NO OR YES IF YES, SPECIFY CLEAN, N. C. M. PLERTO RICAN, ME.) MOTHER-NAME FIRST Š MAILING ADDRESS (STREET AND NO. OR " F.L. CITY OR TOWN, STATE ZIP) Doris 17cl108 N. Greenfield Ln. S NO Ę ő 5a O YES Male EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED).

Elementary/Secondary (0-12) College (1-4 or 5+)

12. September 10, 1948 30.20 MSIDE CITY SPECIFY: DATE OF DEATH (MONTH, DAY, YEAR MOOLE July 19, spratory arrest STATE FILE 612304 ALNINOS MININOS Mt Prospect, 1999 WAS DECEASED EVER IN U.S. A (MAIDEN) PELMETH ONREL WID DEVIN Davis 2 JUL 22 1999

BESIDENCE (STREET AND NUMBER)

13a Illinois

ü

HER- NAME

6a. Chicago
BIRTHPLACE (CITY AND STATE OR
FOREIGN COUNTRY)

Chicago, IL 331-42-6793

🌃 Wanda Kosabucki

B. PART I.

Immediate Cause (Final orease or condition or authing in death)

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15. Edward

NAME (TYPE OR PRINT)

STATE OF ILLINOIS

DISTRICT NO. REGISTRATION NUMBER REGISTERED

1. Lawrence

DECEASED - NAME

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