

UNOFFICIAL COPY

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2003/0027 23 001 Page 1 of 3
2001-06-13 10:22:46
Cook County Recorder 25.50



STATE OF ILLINOIS)
)SS
COUNTY OF COOK)

JOINT TENANCY AFFIDAVIT

JEANNETTE SIWY, hereinafter referred to as the affiant, states under oath that the affiant resides at 3047 N. Kolmar in the City of Chicago, Illinois: that the affiant was acquainted with Walter J. Siwy, 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:

SEE REVERSE SIDE FOR LEGAL DESCRIPTION

Commonly known as: 3047 N. Kolmar, Chicago, Illinois 60641

PIN #13-27-112-005-0000

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 September 01, 1989, leaving no/a Last Will and Testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$Less than \$600,000.00, and that the value of the above property individually was \$600,000.00.

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

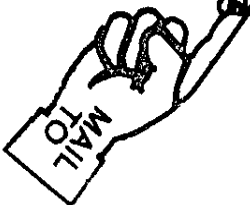
That the affiant makes this Affidavit to induce **ATTORNEYS' TITLE GUARANTY FUND, INC.** to issue its policy of title insurance on the above described property.

That 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 Fund for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature which the Fund may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

3
AM

MAIL TO:

ATGF-Pro-OPTION Dept.
33 N. Dearborn, 2nd Floor
Chicago, IL 60602-3100



ATGF INC

UNOFFICIAL COPY

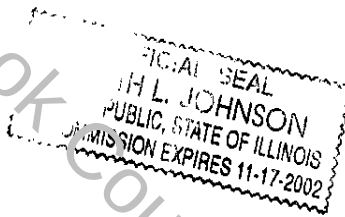
- 1) Claims against the estate of Walter J. Siwy, the decedent;
- 2) Illinois State Inheritance Tax and Federal Estate Tax which may be charged against the estate of said decedent;
- 3) Legacies, if any, created by the will of said decedent;
- 4) Rights to contribution.

Jeannette Siwy by attorney in fact
Norma J. Wagner

JEANNETTE SIWY

Subscribed and sworn to before me
this 31st day of May, 2001.

NOTARY PUBLIC



LEGAL DESCRIPTION

Lot 36 in Block 10 in Pauling's Belmont Avenue Addition to Chicago in Section 26, Township 40 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

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STATE FILE
NUMBER 616609

MEDICAL CERTIFICATE OF DEATH

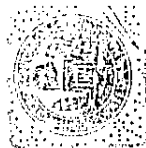
REGISTRATION
DISTRICT NO. 16,70
REGISTERED
NUMBER

JUN 19 1990

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

SS

JAMES W. MASTERSON, M.P.H., ACTING
LOCAL REGISTRAR OF VITAL STATISTICS
OF THE CITY OF CHICAGO, DO HEREBY
CERTIFY THAT I AM THE KEEPER OF THE
RECORDS OF BIRTHS, STILLBIRTHS AND
DEATHS OF THE CITY OF CHICAGO BY
VIRTUE OF THE LAWS OF THE STATE OF
ILLINOIS AND THE ORDINANCES OF THE
CITY OF CHICAGO; THAT THE ACCOMPANY-
ING CERTIFICATE ON THIS SHEET IS A
TRUE COPY AS A RECORD KEPT BY ME IN
PURSUANCE OF SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID
WHEN MULTICOLOR SEAL AND
BLUE SIGNATURE ARE AFFIXED

10515361

DECEASED-NAME FIRST MIDDLE LAST Walter J. Siwy		SEX 2. Male		DATE OF DEATH (MONTH, DAY, YEAR) 3. September 1, 1989	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 8a. Chicago		AGE-LAST BIRTHDAY (YRS) 5a. 70		DATE OF BIRTH (MONTH, DAY, YEAR) 4. September 25, 1918	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 8b. Chicago		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6c. Home		IF HOSP OR INST. INDICATED DO A OF EMER. RM. INPATIENT (SPECIFY)	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Chicago, IL		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married		NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) 8b. Jeannette Evseeff	
SOCIAL SECURITY NUMBER 10. 325-10-0401		USUAL OCCUPATION 11a. C.P.A.		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 12	
RESIDENCE (STREET AND NUMBER) 13a. 3047 N. Kolmar		CITY, TOWN, OR ROAD DISTRICT NO. 13b. Chicago		INSIDE CITY (YES/NO) YES 13c. Cook	
STATE 13e. Illinois		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. White		OF HISPANIC ORIGIN? (SPECIFY YES OR NO) YES 13d. Cook	
FATHER-NAME FIRST MIDDLE LAST 15. James Siwy		RELATIONSHIP 17b. Wife		MOTHER-NAME FIRST MIDDLE LAST 16. Agnes Czupal	
INFORMANT'S NAME (TYPE OR PRINT) 17a. Jeannette Siwy		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 3047 N. Kolmar Chicago, IL 60641		APPROXIMATE INTERVAL BEFORE THIS DEATH (MONTHS) 18. PART I. Enter the disease, injury, 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) (a) Carcinoma of Bladder (b) Carcinoma of Bladder (c) Artrial Fibrillation		DUE TO, OR AS A CONSEQUENCE OF (a) Carcinoma of Bladder (b) Carcinoma of Bladder (c) Artrial Fibrillation		DUE TO, OR AS A CONSEQUENCE OF (a) Carcinoma of Bladder (b) Carcinoma of Bladder (c) Artrial Fibrillation	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		DUE TO, OR AS A CONSEQUENCE OF (a) Carcinoma of Bladder (b) Carcinoma of Bladder (c) Artrial Fibrillation		DUE TO, OR AS A CONSEQUENCE OF (a) Carcinoma of Bladder (b) Carcinoma of Bladder (c) Artrial Fibrillation	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause (given in PART I)		DUE TO, OR AS A CONSEQUENCE OF (a) Carcinoma of Bladder (b) Carcinoma of Bladder (c) Artrial Fibrillation		DUE TO, OR AS A CONSEQUENCE OF (a) Carcinoma of Bladder (b) Carcinoma of Bladder (c) Artrial Fibrillation	
DATE OF OPERATION, IF ANY 20a. 8-3-89		MAJOR FINDINGS OF OPERATION 20b. Artrial Fibrillation		HOUR OF DEATH 21c. 9:30 A M	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE OF DEATH (MONTH, DAY, YEAR) 21a. 8-3-89		DATE SIGNED (MONTH, DAY, YEAR) 22b. Sept. 1, 1989	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22a. G.F. Self MD - 7030 Belmont Chicago		ILLINOIS LICENSE NUMBER 22d. 36-24614		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORNER OR MEDICAL EXAMINER MUST BE NOTIFIED	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 22c. B. Michael Muzyka		CITY OR TOWN 24c. River Grove, Illinois		STATE 24d. Illinois	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 24a. Burial		CITY OR TOWN 24b. Elmwood		STATE 24d. Illinois	
FUNERAL HOME 25a. Muzyka Kowachek 5776 W. Lawrence Ave. Chicago, Illinois 60630		FUNERAL DIRECTOR'S SIGNATURE 25b. B. Michael Muzyka		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 9119	
LOCAL REGISTRAR'S SIGNATURE 26a. James W. Masterson M.P.H.		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. SEP 3 1989		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26c. 248 Sept. 5, 1989	