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2001-06-13 10:22:46
Cook County Recorder 25.50

0010515361

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 crated 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;

3
AM

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:

ATGF "C"

Mail To!

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

MAIL TO

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

OFFICIAL SEAL
H L. JOHNSON
PUBLIC, STATE OF ILLINOIS
MISSION EXPIRES 11-17-2002

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.

10515361

REGISTRATION DISTRICT NO. 16,170

REGISTERED NUMBER

STATE OF ILLINOIS

STATE FILE NUMBER 616609

MEDICAL CERTIFICATE OF DEATH

JUN 19 1990

1. DECEASED–NAME	FIRST: Walter	MIDDLE: J.	LAST: Siwy	2. SEX: Male	3. DATE OF DEATH (MONTH, DAY, YEAR): September 1, 1989
4. COUNTY OF DEATH: Cook	5a. AGE–LAST BIRTHDAY (YRS): 70	UNDER 1 YEAR MOS 5b. / DAYS	UNDER 1 DAY HOURS 5c. / MIN	5d. DATE OF BIRTH (MONTH, DAY, YEAR): September 25, 1918	
6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: Chicago	6b. HOSPITAL OR OTHER INSTITUTION–NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): 3047 N. Kolmar			6c. IF HOSP, OR INST, INDICATE D.O.A., OP, EMER, RM, INPATIENT (SPECIFY): Home	
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): Chicago, Il.	8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married	8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): Jeannette Evseeff		9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO): Yes	
10. SOCIAL SECURITY NUMBER: 325-10-0401	11a. USUAL OCCUPATION: C.P.A.	11b. KIND OF BUSINESS OR INDUSTRY: IRS	12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary-Secondary (0-12): 12	College (1-4 or 5+): 4	
13a. RESIDENCE (STREET AND NUMBER): 3047 N. Kolmar,	13b. CITY, TOWN, OR ROAD DISTRICT NO.: Chicago	13c. INSIDE CITY (YES, NO): Yes	13d. COUNTY: Cook		
13e. STATE: Illinois	13f. ZIP CODE: 60641	14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): White	14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES–IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.): XX NO ☐ YES SPECIFY:		
15. FATHER–NAME FIRST: James	MIDDLE:	LAST: Siwy	16. MOTHER–NAME FIRST: Agnes	MIDDLE:	LAST: Czupal
17a. INFORMANT'S NAME (TYPE OR PRINT): Jeannette Siwy	17b. RELATIONSHIP: Wife	17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 3047N.Kolmar Chicago, Il. 60641			

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.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Immediate Cause (Final disease or condition resulting in death)	(a) Carcinomatosis	6 months
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	(b) DUE TO, OR AS A CONSEQUENCE OF: Carcinoma of Bladder	6 years
	(c) DUE TO, OR AS A CONSEQUENCE OF:	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I: Atrial Fibrillation

19a. AUTOPSY (YES, NO): No	19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (YES, NO):		
20a. DATE OF OPERATION, IF ANY:	20b. MAJOR FINDINGS OF OPERATION:	20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES ☐ NO ☐	
21a. I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR): 8-3-89	21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES, NO): yes	21c. HOUR OF DEATH: 9:30 A.M.	
22a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. SIGNATURE ▶ [signature]		22b. DATE SIGNED (MONTH, DAY, YEAR): Sept. 1, 1989	
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): G.E. Sorr MD - 7030 Belmont. Chicago		22d. ILLINOIS LICENSE NUMBER: 36-24614	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT):		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	

23.

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial	24b. CEMETERY OR CREMATORY–NAME: Elmwood	24c. LOCATION CITY OR TOWN: River Grove,	STATE: Illinois	24d. DATE (MONTH, DAY, YEAR): Sept. 5, 1989
FUNERAL HOME NAME	STREET AND NUMBER OR R.F.D.	CITY OR TOWN	STATE	ZIP
25a. Muzyka Kowachek	5776 W. Lawrence Ave.	Chicago,	Illinois	60630

25b. FUNERAL DIRECTOR'S SIGNATURE ▶ B. Michael Muzyka	25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 9119
26a. LOCAL REGISTRAR'S SIGNATURE: James W. Masterson M.P.H.	26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): SEP 3 1989

(BASED ON 1989 U.S. STANDARD CERTIFICATE)

Illinois Department of Public Health – Office of Vital Records

STATE OF ILLINOIS
COUNTY OF COOK SS
CITY OF CHICAGO

I, 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 ACCOMPANYING 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

105153611

DEPARTMENT OF HEALTH - CITY OF CHICAGO

UNOFFICIAL COPY