



DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF COOK

Order No. 2932644

3 P  
MGM

PAULETTE A. DYRDA being duly sworn  
states that SHE resides at 123 KINGSTON PLACE in the city  
of CHICAGO HEIGHTS, IL 60411.

That SHE was acquainted with AMELIA M. DYRDA  
deceased who, at the time of HER death, was one of the owners of the land in COOK  
County, Illinois, described as:

LOT 106 IN OLYMPIA TERRACE UNIT NO. 2, A SUBDIVISION OF PART OF THE NORTH EAST  
1/4 AND PART OF THE LAST 1/2 OF THE SOUTH WEST 1/4 OF SECTION 17, TOWNSHIP 35  
NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Att'n: Carol Faso  
Heritage Bank  
90201 S. LaGrange Rd  
Frankfort, IL 60423



That the deceased died DECEMBER 23, 1999, as evidenced  
by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

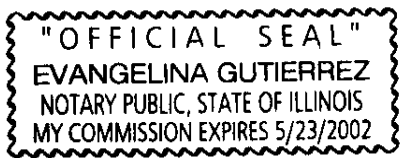
- Leaving no Last Will & Testament
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of \_\_\_\_\_ County, Illinois.
- Leaving a Last Will & Testament which was filed in the 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 \_\_\_\_\_ dollars.

Subscribed and sworn to before me by the said

Paulette A. Dyrda  
this 18th day of August A.D. 2001  
Evangelina Gutierrez  
Notary Public

Paulette A. Dyrda  
(Affiant's signature)



# UNOFFICIAL COPY

## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF COOK

Order No. \_\_\_\_\_

RAYMOND L. DYRDA being duly sworn  
states that HE resides at 123 KINGSTON PLACE in the city  
of CHICAGO HEIGHTS, ILLINOIS 60411.

That HE was acquainted with AMELIA M. DYRDA  
deceased who, at the time of HER death, was one of the owners of the land in COOK  
County, Illinois, described as:

LOT 106 IN OLYMPIA TERRACE UNIT NO. 2, A SUBDIVISION OF PART OF THE NORTH EAST  
1/4 AND PART OF THE EAST 1/2 OF THE SOUTH WEST 1/4 OF SECTION 17, TOWNSHIP 35  
NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

That the deceased died DECEMBER 23, 1999, as evidenced  
by a certified copy of death certificate of the deceased attached hereto.

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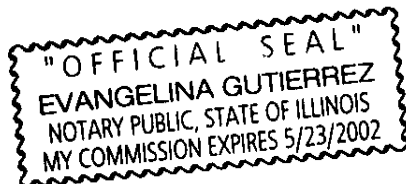
- Leaving no Last Will & Testament
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of \_\_\_\_\_ County, Illinois.
- Leaving a Last Will & Testament which was filed in the 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 \_\_\_\_\_ dollars.

Subscribed and sworn to before me by the said

Raymond L. Dyrda  
this 18th day of August A.D. 2001  
Evangelina Gutierrez  
Notary Public

Raymond L. Dyrda  
(Affiant's signature)



MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.34  
 REGISTERED NUMBER

1. DECEASED-NAME FIRST MIDDLE LAST <b>Amelia M. Dynda</b>	SEX <b>Female</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>December 23, 1999</b>
2. COUNTY OF DEATH <b>Cook</b>	DATE OF BIRTH (MONTH, DAY, YEAR) <b>May 5, 1917</b>	6c. INPATIENT <b>No</b>
3. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER <b>Chicago Hts. IL</b>	NAME OF SURVIVING SP/USE (MAIDEN NAME, IF WIFE) <b>Ingalls Memoria Hospital</b>	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) <b>No</b>
4. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Widowed</b>	8b. NONE	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) <b>8</b>
5. SOCIAL SECURITY NUMBER <b>324-16-8811</b>	11a. Homemaker	12. INSIDE CITY (YES/NO) <b>Yes</b>
6. RESIDENCE (STREET AND NUMBER) <b>123 Kingston place</b>	11b. <b>OWN Home</b>	13c. YES <b>Yes</b>
7. STATE <b>Illinois</b>	13b. <b>Chicago Heights</b>	13d. <b>Cook</b>
8. FATHER-NAME FIRST MIDDLE LAST <b>Joseph Merlini</b>	14a. <b>White</b>	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:
9. INFORMANT'S NAME (TYPE OR PRINT) <b>Paulette Dynda</b>	16. <b>Tomassina Ciarrocchi</b>	17c. <b>Kingston Pl. Chgo. Hts. IL 60411</b>
10. RELATIONSHIP <b>Dau.</b>	17b. <b>Dau.</b>	18. PART I. Enter the disease(s) and 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. <b>(a) SEPTIC SHOCK, PNEUMONIA UODSEPSIS (b) DUE TO OR AS A CONSEQUENCE OF (c) DM ACUTE MYOCARDIAL INFARCTION CAD HYPOTENSION. (c) ANAEMIA</b>
11. DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION	19a. AUTOPSY (YES/NO) <b>No</b>
12. (DID YOU ATTEND THE DECEASED AND, IF SO, (S) SAW HIM/HER ALIVE ON <b>12/23/99</b>	20b.	19b. IF FEMALE, WAS THERE A PREGNANTY TEST THREE MONTHS? <b>NO</b>
13. (THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. <b>Harvey</b>	21. HOUR OF DEATH <b>6:28 P.M.</b>	20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
22a. SIGNATURE <b>Dr. A. Rahmani</b>	DATE SIGNED (MONTH, DAY, YEAR) <b>12/28</b>	21c. DATE OF DEATH
22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>Dr. A. Rahmani 6701 W. 159th St. Suite 105 Tinley Park, IL 60477</b>	ILLINOIS LICENSE NUMBER <b>036-091936</b>	22b. DATE SIGNED (MONTH, DAY, YEAR)
23. 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.	22c. ILLINOIS LICENSE NUMBER
24a. BURIAL	24b. Assumption	22d. DATE OF DEATH
24b. CEMETERY OR CREMATORY-NAME	24c. <b>Glenwood, Illinois</b>	22e. DATE SIGNED (MONTH, DAY, YEAR)
24c. STREET AND NUMBER OR R.F.D.	24d. <b>24d 12-28-99</b>	22f. DATE SIGNED (MONTH, DAY, YEAR)
25a. FUNERAL HOME	25b. <b>Kerr-Parzyvnot F/H 540 Dixie Hwy. Chicago Heights, Illinois 60411</b>	22g. DATE SIGNED (MONTH, DAY, YEAR)
25b. FUNERAL DIRECTOR'S SIGNATURE	25c. <b>034-011846</b>	22h. DATE SIGNED (MONTH, DAY, YEAR)
25c. LOCAL REGISTRAR'S SIGNATURE <b>Shirley L. Davis</b>	25d. <b>DEC 28 1999</b>	22i. DATE SIGNED (MONTH, DAY, YEAR)
26a. LOCAL REGISTRAR'S SIGNATURE	26b.	22j. DATE SIGNED (MONTH, DAY, YEAR)

I HEREBY CERTIFY THAT the foregoing is a true correct copy of the DEATH record for the person named within and that this record was established and filed in my office in accordance with the provisions of the ILLINOIS STATUTES relating to the registration of BIRTH, STILLBIRTHS AND DEATHS.

DATED **DEC 28 1999** SIGNED Shirley L. Davis LOCAL REGISTRAR, HARVEY, ILLINOIS

The original of this record is permanently filed with the Illinois Department of Public Health in Springfield. County Clerks and local Registrars are authorized to make certifications from copies of records. The Illinois Statutes further provides that the certification of a death record by the Dept. of Health, Local Registrars and the County Clerk, shall be prima facie evidence in all courts and places of the facts therein stated.

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