## UNOFFICIAL C \$13,0943176

2001-10-10 15:45:46

Cook County Recorder

25.50

#### DECEASED IOINT TENANCY AFFIDAVIT

DECEASED JOHN TENNIOT IN CELEVILLE	
STATE OF ILLINOIS )	0010943176
) SS	
COUNTY OF COOK )	
Edward Rodakowski, being first duly sworn on oath, states that he resides at 4611 N. Reserve, Chicago, Illinois 60656.	
That he was acquainted with Gloria A. Rodakowski, ("the deceased"), who, at the time of her death was one of the owners of the land in Cook County, Illinois, described as follows:	
Lot Forty-Nine (except the South Six (6) feet thereof) (49) in Schorsch Forest View Unit 4, being a Subdivision of part of the Northwest Quarter (1/4) of Section 14, Township 40 North, Range 12, East of the Third Principal Meridian, according to Plat	
thereof registered in the Office of the Registrar of Titles of Cook County, Illinois, on July 20, 1962, as Document Number	
2045198.	
Commonly known as 4611 N. Reserve, Cricago, Illinois	
PIN: 12-14-119-042-0000	
That the deceased died June 20, 2000, as evidenced by a certified copy of Death Certificate attached hereto.	
(select one of the following)	
1. That the deceased died leaving a Last Will and Testament which as file Court of Cook County, Chicago, Illinois, on or about	d in the Unproven Will Box in the Circuit
2. That the deceased died leaving a Last Will and Testament which is attac will should be filed with the Clerk of the Probate Division of the Circuit	ched hereto The original of the unprovent Court of Cook County, Illinois.
3. That the deceased died leaving no Last Will and Testament.	Co
That the gross estate of the deceased at the time of death, as defined by the Interdoes not exceed the sum of \$675,000.00	rnal Revenue Code of 1986, as amended
Edward & Racio	Raski
(Company) Affiant's S	ignature
Subscribed and sworn to	
of Jestember, 200/	mg
OFFICIAL SEAL JOY D TOLAR	
Notary Public Notary public, state of Hun	oos 🕽

NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES:02/16/05

SEND SUBSEQUENT TAX BILLS TO: Edward Rodakowski 4611 N. Reserve Chicago, Illinois 60656

THIS INSTRUMENT PREPARED BY AND AFTER RECORDING RETURN TO: Law Office of Susan R. Rogers 616B West Fifth Avenue Naperville, Illinois 60563 (630) 579-0635 Proberty of Country Clerk's Office

### **UNOFFICIAL COPY**

Property of Coot County Clert's Office

0010042156 2 %

# CITY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

FUNERAL DIRECTOR SILLINDIS LICENSE NUMBER

Meleila Ryne Rum

REGISTRATE OF VITAL STATISTICS OF THE CITY OF CFICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS. FOR 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 OF A RECORD KEPT BY ME IN ORDINANCE OF SAID LAW AND ORDINANCES.

JUN 22 ZUUU

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO REGISTRATION DISTRICT NO.

STATE OF ILLINOIS

STATE FILE

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FUNERAL DIRECTOR'S SIGNATURE	UNV 10.	RAL HOME	BURIAL CREMATION. CEM REMOVAL (SPECIFY) 24a. BURIAL 24b	NAME OF ATTENDING PHYSICIAN IF	22c. PETER PAIK MD	NAME AND ADDRESS OF CERTIFIER	TO MEBEST OF MYKNOWLEDGE, DEATH	AND LAST SAW HIM HER ALIVE ON	ATTEND THE	DATE OF OPERATION, IF ANY	xditions con	MMEDIATE CAUSE (a)  STATING THE UNDERLYING  CAUSE LAST.  (c)				Đ	INFORMANT'S NAME (TYPEOR PRINT)	FIRST	TLLINOIS 131	, MOINTH			NUMBER	STATE OR		CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER	OAINDO	1. GLORIA	-NAME F	REGISTERED NUMBER	
TELS OSOO WEST E	R300 WEST	NAME	ETERY OR CREMATORY-NAME  ELMWOOD	YPE OR PRINT)	COT	A (TYPEOR KINT)	COMPRO ASIME IME, DATE AND TO TE	June 20,2000	DECEASED (MONTH, DAY, YEAR)	MAJOR FINDINGS OF OPERATION	ibuting to death but not resulting in the underlying cause given in PARI	DUE TO, OR AS A CONSEQUENCE OF (G)	DUE TO, OR AS A CONSEQUENCE OF (b)	Gastric Carcinomatosi	Enter the diseases, or complications that caused the death. Do not enter shock, or heart failure. List only one cause on each line.	KOWSI	GLLLIG RELATIONSHIP	· E	60656 14a WHITE	RACE (WHITE, BLACK, AMERI	CHICA	11a. ASSISTANT 11b. EYE	USUAL OCCUPATION	MARRIED, NEVER MARRIED, NAME OF WIDOWED, DIVORCED (SPECIFY)  86a. MARRIED 8b.	6b. Resurrection		BIRTHDAY (YAS) MOS DAYS	A. RODAKO	RST MIDDLE LAST	MEDICAL CERTIFIC	) 
220	AVENUE NORRIDGE.	F D' CITY OR TOWN	24c - RIVER GROVE, ILLINOIS		<u>IL 60631</u> 2:	11		_ +	WAS CORONER OR MEDICAL HO	THARE 2000	TL AUTOPSY (YES NO) 19a. NO	000	7	s	t enter the mode of dying, such as cardiac or respirator, arrest,	ND 1170 4611 NORTH RESERV.	MAILING ADDRESS (STREET AND NO ORRED), TYC	THER-NAME	□YES SP	HISPANIC ORIGIN? (SPECIFY MOOR YES-IF YES.		SURGERY 1.2. INSIDE CITY	KIND OF BUSINESS OR INDUSTRY   EDUCATION (SPECIFY ONLY HIGH	EDWARD		(IF NOT IN EITHER, GIVÉ STREET AND NUMBER)	HOURS MIN 5d. APRIL 1,	2 Female 3 June	SEX DATE OF DEAT	CATE OF DEATH	
LICENS	ILLINOIS 60706	STATE 2,P	24dJUNE 24, 200	MOTE: FAN INJURY WAS INVOLVED IN INID DEATH THE CORONER OR MEDICAL EXAMINE MUST BE NOTIFIED.	224 036-043115	ILLINOIS LICENSE NUMBER	E	216 12:57 PM M. DATE SIGNED (MONTH DAY, YEAR)	HOUR OF DEATH	IFFEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?  20c. YES NO X	REPREATEDBY FROM SAVALABLE PROPRIES COMPLETION OF CAUSE OF DEATH "IN ES NO. 19b.			Unknown	BETWEEN ONSET AND DEATH	) HIC/	TOWN STATE.	10110	A ALOEM LAST	JB.	<u>.</u> ت	COUNTY	College (1-4 or 5 + )	ARMED FORCES? (YES NO	6c In patient	- OP EMER RM. INPATIENT (SPECIFY)	1937	20,2000	TH (MONTH DAY YEAR)	19768	

#### **UNOFFICIAL COPY**

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