

DECEASED JOINT
TENANCY AFFIDAVIT

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6599/0055 43 005 Page 1 of 2
2001-09-27 11:21:47
Cook County Recorder 23.50

STATE OF ILLINOIS]
]]
COUNTY OF Cook]

COOK COUNTY
RECORDER
EUGENE "GENE" MOORE
ROLLING MEADOWS



Marion R. Niemaszyk being
duly

sworn states that he resides at 1667 Orchard Street
_____ in the city of Des Plaines, Illinois

That he was acquainted with Jean A. Niemaszyk

deceased who, at the time of her death, was one of the owners of the land in

Cook County, Illinois, IL described as:
Lots 21 and 22 in Block 3 in White's Riverview Addition being a subdivision of the North West quarter of the North West quarter of Section 28, Township 41 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

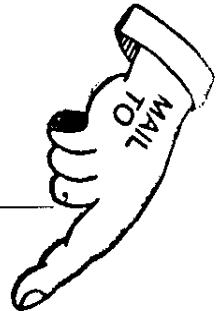
P.I.N. 09-28-102-021-0000 & 09-28-102-022-0000

That the deceased died May 27, 2001

as evidenced by a certified copy of death certificate of the deceased attached hereto.

Subscribed and sworn to before me by the said

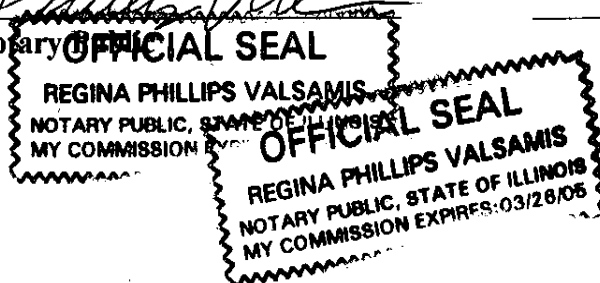
This 27 day of Sept, A.D. 20 01



Property address + Mail to
1667 Orchard Street
Des Plaines, IL
60018

Regina Phillips Valsamis
Notary

(affiant signature)



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Property of Cook County Clerk's Office

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

REGISTRATION DISTRICT NO. **16.10**

608426

STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO

MAY 29 2001

I, **JOHN L. WILHELM M.D., 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 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 OBTAINANCE OF SAID LAW AND ORDINANCES.



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

1. COUNTY OF DEATH Cook		2. SEX Female		DATE OF DEATH (MONTH, DAY, YEAR) 3. May 27, 2001	
3. CITY, TOWN, TWP. OR ROAD/DISTRICT NUMBER Chicago		4. AGE-LAST BIRTHDAY (YRS) 75		5. DATE OF BIRTH (MONTH, DAY, YEAR) 5d. November 9, 1925	
6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Chicago, Illinois		6b. MARRIED, NEVER MARRIED OR WIDOWED, DIVORCED (SPECIFY) Married		6c. Inpatient IF HOSP. OR INST. INDICATE DOA CP EMER. RM. INFANTRY (SPECIFY)	
7. SOCIAL SECURITY NUMBER 350-18-4423		8. KIND OF BUSINESS OR INDUSTRY Homemaker		9. NO WAS DECEASED EVER IN US ARMED FORCES? (YES NO)	
10. RESIDENCE (STREET AND NUMBER) 1667 Orchard Street		11a. Own Home		12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 10 College (1, 4 or 5 - 1)	
13a. STATE Illinois		13b. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) White		13c. Yes 13d. Cook OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)	
14a. FATHER-NAME John Szymiski		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES MOTHER-NAME Anna Trzcinska		15. RELATIONSHIP Szymiski	
16. MIDDLE Szymiski		17a. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17b. Med. Rec. 17c. 2233 W. Division Chgo. IL 60622		18. PART I. Enter the diseases, 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. (a) Bowel Obstruction DUE TO, OR AS A CONSEQUENCE OF (b) Vegetable Bezoar DUE TO, OR AS A CONSEQUENCE OF (c) Bowel Obstruction DUE TO, OR AS A CONSEQUENCE OF	
19. DATE OF OPERATION, IF ANY 5/23/2001		20a. MAJOR FINDINGS OF OPERATION Bowel Obstruction		20b. NO IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?	
21. DATE OF DEATH May 27, 2001		22. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) John C. Przydziszny 2222 W. Division Suite 225 Chgo. IL, 60622		23. DATE SIGNED (MONTH, DAY, YEAR) May 28, 2001	
24. CEMETERY OR CREMATORY-NAME BURIAL		24a. ST. ADALBERT CEMETERY		24b. MAY 30, 2001	
25. FUNERAL HOME OEHLER FUNERAL HOME		25a. 555 LEE STREET		25b. DES PLAINES, ILLINOIS 60016	
26. LOCAL REGISTRAR'S SIGNATURE <i>John L. Wilhelm</i>		26a. RON ROTH		26b. MAY 29 2001	

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