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DECEASED JOINT
TENANCY AFFIDAVIT

0011048381

STATE OF ILLINOIS)
COUNTY OF COOK)

8854/0114 11 001 Page 1 of 2
2001-11-07 12:47:27
Cook County Recorder 23.50

JOSEPHINE JAWORSKI, being duly sworn and for the purpose of attesting to the death of JOSEPH JAWORSKI, states:

1. That she resides at 6644 W. Hayes, Chicago, IL 60631.
2. That she was acquainted with JOSEPH JAWORSKI, who died on March 6, 1975, as is evidenced by the attached certified copy of death certificate.
3. That said decedent was one of the joint owners of land in County of Cook, State of Illinois, described as follows:

Lot 13 in Block 52 of Hruby and Company's Subdivision of Block 52, 57 and 62 as platted and subdivided by the Norwood Land and Building Association and bring a Subdivision of part of Section 6, Township 40 North, Range 13, East of the Third Principal Meridian, and of the South ½ of Section 31, Township 41 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

PIN 10-31-406-024

Commonly known as 6644 W. Hayes, Chicago, IL 60631.

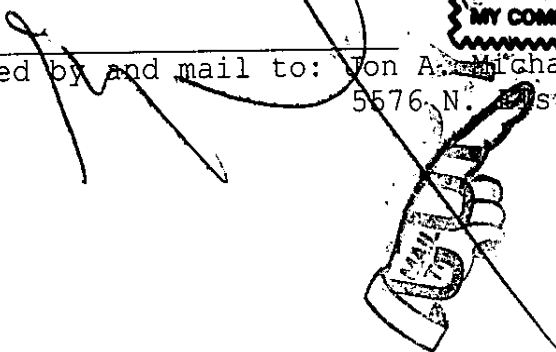
4. That said decedent died leaving no last will and testament.
5. That the total value of the estate of said decedent for State of Illinois inheritance tax and Federal estate tax purposes does not exceed \$5,000.00.

Subscribed and Sworn to
before me this 18th day
of September, 2001.

Josephine M. Jaworski



Prepared by and mail to: Jon A. Michal
5576 N. Boston Ave., Chicago, IL 60630



STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH 606282

REGISTRATION DISTRICT NO. 16.10 REGISTERED NUMBER

DECEASED-NAME JOSEPH JAWORSKI SEX MALE DATE OF BIRTH MARCH 6, 1975 DATE OF DEATH MARCH 6, 1975 RACE WHITE

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Chicago RESURRECTION HOSPITAL

BIRTHPLACE POLAND CITIZEN OF WHAT COUNTRY U.S.A. MARRIED NEVER MARRIED

SOCIAL SECURITY NUMBER 342-07-7206 USUAL OCCUPATION Machinist

RESIDENCE ILLINOIS FATHER-NAME Michael Jaworski

INFORMANT'S SIGNATURE Relationship HOSP. REC. 178 MAILING ADDRESS 7435 W. TALCOTT-CHICAGO, ILLINOIS

DEATH WAS CAUSED BY LIVER FAILURE IMMEDIATE CAUSE

CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE CIRRHOSIS AND HEPATOMA

PART II. OTHER SIGNIFICANT CONDITIONS. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I.

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION

ATTENDED THE DECEASED FROM MAY 1965 TO MARCH 6, 1975

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE, AND FROM THE CAUSE(S) STATED.

SIGNATURE STANLEY A. MILEWSKI, M.D. DATE SIGNED MARCH 6, 1975 ILLINOIS LICENSE NUMBER 35-28814

MAILING ADDRESS-REGISTERED 3929 N. CENTRAL AVE. CHICAGO, ILLINOIS 60634

BURIAL CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME Niles

25. Malec Funeral Home 6000 N. Milwaukee Ave. Chicago, Illinois 60646

LOCAL REGISTRAR'S SIGNATURE MURRAY C. BROWN CHICAGO BOARD OF HEALTH DATE REC'D. BY LOCAL REGISTRAR

September 15, 1977

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO SS

I, Murray C. Brown, 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 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 Only When Original BLUE SEAL And BLUE SIGNATURE Are Affixed.



Murray C. Brown LOCAL REGISTRAR