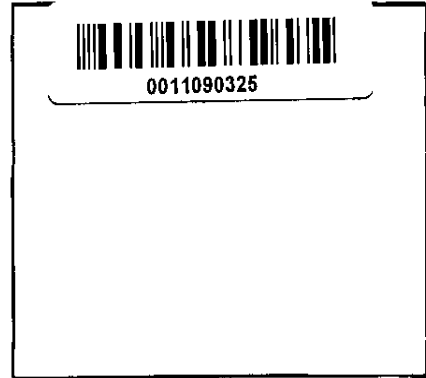


DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)



Mary E. Matokar

being duly sworn states that she resides

at 11036 Greenbay Ave.

in the City of Chicago, Illinois 60617

That Mary E. Matokar was acquainted with John C. Matokar
deceased who, at the time of his death, was one of the owners of the land in COOK County, Illinois, described as:

LOT FIFTEEN (except the North 11-2/3 feet thereof-----)(15)
The North Twenty (20) feet of LOT SIXTEEN-----(16)
In Block Two (2) in Russell's Subdivision of that part lying East of
the Calumet River of the South Half (1/2) of Section 18, Town 37 North,
Range 15, East of the Third Principal Meridian.

Permanent Tax Number: 26-18-406-043-0000 (Vol. 302) Common Address: 11036 Greenbay Avenue, Chicago, IL 60617

That the deceased died on October 1, 2001, as evidenced by a certified copy of death
certificate of the deceased attached hereto.

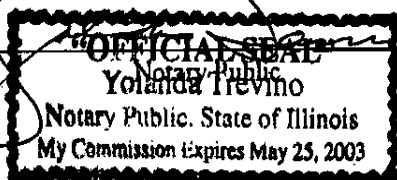
That the deceased died:

- 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 \$300,000.00
dollars.

Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its Title
Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the
said _____
this 16th day of November, A.D. 2001.



Mary E. Matokar
(affiant's signature)

DISTRICT NO. 16.19

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

615335

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

OCT 2 2001

UNOFFICIAL COPY
CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

0011090325

Page 2 of 2

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.

John L. Wilhelm, MD
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

DECEASED—NAME FIRST MIDDLE LAST
1. John C. Matokar

SEX 2. Male

DATE OF DEATH (MONTH, DAY, YEAR) 3. October 1, 2001

COUNTY OF DEATH

AGE—LAST BIRTHDAY (YRS) UNDER 1 DAY UNDER 1 DAY
5a. 84 5b. 84 5c. 84

DATE OF BIRTH (MONTH, DAY, YEAR) 5d. June 23, 1917

HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6. Chicago
7. Trinity Hospital

IF HOSP. OR INST. INDICATE D.O.A. OPERM., RM. INPATIENT (SPECIFY) 6c. DOA

IF DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. NO

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 8a. Chicago, Ill.

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8b. Married

NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8c. Mary Andriusek

SOCIAL SECURITY NUMBER 10. 321-03-0250

KIND OF BUSINESS OR INDUSTRY 11. Gas Helmet

EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. College (1-4 or 5+)

RESIDENCE (STREET AND NUMBER) 13a. 11036 Greenbay Ave.

CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. Chicago

COUNTY 13c. Cook

RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) 14a. white

INSIDE CITY (YES/NO) 13c. Yes

FATHER—NAME FIRST MIDDLE LAST 14b. XXO

MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST 14c. Mary Brnoliak

15. Andrew Matokar

RELATIONSHIP 16. Wife

17a. Mary Matokar

MALING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP CODE) 17c. 11036 Greenbay Ave Chgo, IL. 60617

18. PART I. Immediate Cause (Final disease or condition resulting in death) (a) Ante myocardial infarction (b) Ante Cardiac vascular disease (c) DUE TO, OR AS A CONSEQUENCE OF IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

19. AUTOPSY (YES/NO) 19a. NO 19b. YES

IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES NO

20a. DATE OF OPERATION, IF ANY 20b. MAJOR FINDINGS OF OPERATION

21a. I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 9-26-2001

WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. YES

21c. HOUR OF DEATH 8:50 A. M.

22a. SIGNATURE 22b. DATE SIGNED (MONTH, DAY, YEAR) 10-1-2001

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. Dr. S. Verma 10701 South Ewing Ave Chgo, Ill.

ILLINOIS LICENSE NUMBER 22d. 036048935

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.

BURIAL CREMATION, REMOVAL (SPECIFY) 24a. Burial

CEMETERY OR CREMATORY—NAME 24b. Holy Cross Cem.

CITY OR TOWN 24c. Calumet City, Ill.

STATE 24d. Oct. 5, 2001

25a. Elmwood Chapel 11200 S. Ewing Ave. Chicago, ILL. 60617

FUNERAL HOME

FUNERAL DIRECTOR'S SIGNATURE 25b. J. Belchowski

FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 012040

LOCAL REGISTRAR'S SIGNATURE 26a. John L. Wilhelm, M.D.

DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. OCT 2 2001