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LHMT 42591002

STATE OF ILLINOIS)
COUNTY OF COOK) SS
GTT)

JOINT TENANCY AFFIDAVIT

IRENA GERAKARIS *Now known as Irene Mikiewicz*, hereinafter referred to as the affiant, states under oath that the affiant resides at 2515 Victor Ave. in the City of Cleonic, Illinois; that the affiant was acquainted with Sophie Jarosz, the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of properly recorded joint tenancy warranty deed, said property located in Cook County, Illinois, and legally described as follows: LOT 38 IN 6TH ADDITION TO MILLS PARK ESTATES, BEING MILLS AND SONS SUBDIVISION IN SECTION 18, TOWNSHIP 41 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

That the decedent died on 12/15/96, leaving no/a last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$ 3,000; and

That the value of the above property individually was \$ 3,000
That the affiant makes this affidavit to induce Creata Illinois T. Rep to issue its policy of title

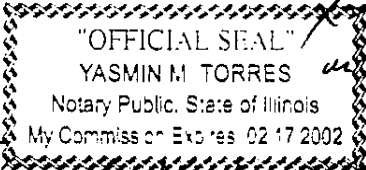
insurance on the above described property.
the affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold Creata Illinois Title harmless and to reimburse the Fund for all loss, costs, damages, suits, attorney's fees and expenses and every kind and nature which which the Fund may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

- 1. Claims against the estate of Sophie Jarosz, the decedent;
- 2. Illinois State Inheritance Tax and Federal Tax which may be charged against the estate of said decedent;
- 3. Legacies, if any, created by the will of said decedent;
- 4. Rights to contribution.

property address 7101 W. Emerson
Morton Grove IL 60053
PIN 10-18-118-004

X Irene Mikiewicz (Seal)
Irene Mikiewicz (Seal)
Irene Gerakis (Seal)

Subscribed and Sworn to before me
this 25th day of February, 2000
Yasmin M. Torres
Notary Public



Irene Gerakis

Prepared by and mail: John A. Kaylor 2025 N. Arlington Hts. Rd.
Arlington Hts IL 60004-2152

Note: If the decedent left a will, it will be necessary that the original or a certified copy thereof be presented to us for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

TO
TAL

UNOFFICIAL COPY

I, DAVID ORR, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David Orr
COUNTY CLERK

00153707

REGISTRATION DISTRICT NO. 16.10	STATE OF ILLINOIS	STATE FILE NUMBER 621642
REGISTERED NUMBER	MEDICAL CERTIFICATE OF DEATH	

1. DECEASED-NAME FIRST MIDDLE LAST Sophie Jarosz		2. SEX Female	3. DATE OF DEATH (MONTH, DAY, YEAR) December 15, 1996
4. COUNTY OF DEATH Cook	5a. AGE-LAST BIRTHDAY (YRS) 82	5b. UNDER 1 YEAR MOS. DAYS	5c. UNDER 1 DAY HOURS MIN.
6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER Chicago	6b. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Resurrection Hospital	6c. IF HOSP. OR INST. INDICATE D.O.A. OR EMER. RM. INPATIENT (SPECIFY) Emer. Room	
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Poland	8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed	8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	
10. SOCIAL SECURITY NUMBER 361-50-7995	11a. USUAL OCCUPATION Janitorial	11b. KIND OF BUSINESS OR INDUSTRY Tribune	12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (9-12) 7 College (1-4 or 5+)
13a. RESIDENCE (STREET AND NUMBER) 5911 N. Nagle	13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO. Chicago	13c. INSIDE CITY (YES/NO) Yes	13d. COUNTY Cook
13e. STATE Illinois	13f. ZIP CODE 60646	14. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) White	
14a. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) NO		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	

15. FATHER-NAME FIRST MIDDLE LAST Pawel Majka	16. MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST Rebecca Rebacz
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17a. INFORMANT'S NAME (TYPE OR PRINT) Sophie Zivulovic	17b. RELATIONSHIP Daughter	17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 5911 N. Nagle, Chicago, IL 60646
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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.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Immediate Cause (Final disease or condition resulting in death) → (a) ACUTE GASTROINTESTINAL BLEEDING	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) LUNG MASS PROBABLY MALIGNANT	UNKNOWN
(c) PNEUMONIA	1 week

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.	19a. AU OPS (YES/NO) NO	19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)
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20a. DATE OF OPERATION, IF ANY	20b. MAJOR FINDINGS OF OPERATION	20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES NO X
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21a. I (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON 12-19-96	21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) Yes	21c. HOUR OF DEATH 19:35 P. M.
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22a. SIGNATURE <i>[Signature]</i>	22b. DATE SIGNED (MONTH, DAY, YEAR) 12-16-96
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22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 6304 N. NAGLE, CHICAGO IL 60646	22d. ILLINOIS LICENSE NUMBER 036-081914
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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.
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24a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	24b. CEMETERY OR CREMATORY-NAME St. Adalbert	24c. LOCATION CITY OR TOWN STATE Niles, Illinois	24d. DATE (MONTH, DAY, YEAR) 12-19-1996
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25a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP Muzyka & Son Funeral Home, 5776 W. Lawrence Ave., Chicago, Illinois 60630

25b. FUNERAL DIRECTOR'S SIGNATURE <i>B. Michael Muzyka</i>	25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-012251
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26a. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>	26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) DEC 17 1996
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