

AFFIDAVIT RE DECEASED
JOINT TENANT

00 MAR 13 PM 2: 12



STATE OF ILLINOIS)
)
COUNTY OF COOK)

Carmen Ruiz Obuchowski, being
duly sworn for the purpose of recording a
transfer of
real estate described below, states:

1. That she resides at 4850 N. Kenneth, Chicago, Illinois 60630
2. That she was married to Stanley Obuchowski, who died on February 9, 2000, as evidenced

by the attached certified copy of death certificate;

3. That said decedent was one of the owners of land legally described as follows:

SEE ATTACHED LEGAL DESCRIPTION

Permanent Real Estate Index Number: 13-10-316-029
Address of Real Estate: 4850 N. Kenneth, Chicago, Illinois

Carmen Ruiz Obuchowski
CARMEN RUZ OBUCHOWSKI

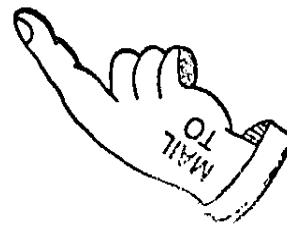
COOK COUNTY
RECORDER
EUGENE "GENE" MOORE
ROLLING MEADOWS

SUBSCRIBED AND SWORN to
before me this 9th day
of March, 2000.

Sharon A. Barclay
Notary Public

MAIL TO: Mrs. Carmen Ruiz Obuchowski
4850 N. Kenneth
Chicago, IL 60630

Prepared by:
Robert J. Chio, 930 E. Northwest Hwy., Mt. Prospect, IL 60056



3/9/00

LEGAL DESCRIPTION

Lot Three (3) in Block Two (2) in Schmidt's Subdivision of part of Lot Three (3) in James H. Rees' Subdivision of the Southwest Quarter (1/4) of Section 10, Town 40 North, Range 13, East of the Third Principal Meridian, according to the Plat of said Schmidt's Subdivision recorded in Book 150 of Plats page 42.

Property of Cook County Clerk's Office

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 16.92	STATE OF ILLINOIS	STATE FILE NUMBER
	REGISTERED NUMBER 195	MEDICAL CERTIFICATE OF DEATH	

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS DECEASED B C D E	1. DECEASED—NAME	FIRST STANLEY	MIDDLE F.	LAST OBUCHOWSKI	SEX 2. MALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. FEBRUARY 9, 2000	
	4. COUNTY OF DEATH	AGE—LAST BIRTHDAY (YRS) 5a. 84		UNDER 1 YEAR 5b.	UNDER 1 DAY 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. OCTOBER 22, 1915	
	6a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	6b. HOSPITAL OR OTHER INSTITUTION, NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		6c. IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)			
	7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)			8c. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
	10. SOCIAL SECURITY NUMBER	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY		12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)		

13a. RESIDENCE (STREET AND NUMBER)	13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO.	13c. INSIDE CITY (YES/NO)	13d. COUNTY
4850 NORTH KENNETH	CHICAGO	YES	COOK
13e. STATE	13f. ZIP CODE	14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)
ILLINOIS	60630	WHITE	NO

15. FATHER—NAME	FIRST Joseph	MIDDLE	LAST Obuchowski	16. MOTHER—NAME	FIRST Josephine	MIDDLE	LAST Adanczyk
17a. INFORMANT'S NAME (TYPE OR PRINT)	17b. RELATIONSHIP	17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)					
L. KOSELKE, A.O.D.	HOSPITAL RECORDS	VETERANS ADM. HINES, IL 60141					

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 leukemia,	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	(b) Myelofibrosis.	2 Years
	(c)	

19a. AUTOPSY (YES/NO)	19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)	
No		
20a. DATE OF OPERATION, IF ANY	20b. MAJOR FINDINGS OF OPERATION	20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? (YES/NO)
		NO

21a. (I) (DID) (OR) (NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON	(MONTH, DAY, YEAR) FEBRUARY 9, 2000	21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	21c. HOUR OF DEATH
		Yes	9:15 P. M.
22a. SIGNATURE	22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)	22c. ILLINOIS LICENSE NUMBER	22d. DATE SIGNED (MONTH, DAY, YEAR)
<i>Michael Porter</i>	VETERANS ADM. HINES, IL 60141	125-038097	February 10, 2000

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)	24. BURIAL, CREMATION, REMOVAL (SPECIFY)			24b. CEMETERY OR CREMATORY—NAME	24c. LOCATION	24d. DATE (MONTH, DAY, YEAR)
Edmund Paloyan, M.D.	Burial			Maryhill	Niles, IL.	2/12/2000
25a. FUNERAL HOME	25b. FUNERAL DIRECTOR'S SIGNATURE	25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	25d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			
Tohle Funeral Home	<i>Michael Coleman</i>	0034 009298	February 10, 2000			
26a. LOCAL REGISTRAR'S SIGNATURE	26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)					
<i>Dick J. Billie</i>	Broadview, Illinois 60153					

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at Item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE **FEB 10 2000** SIGNED *Dick J. Billie*

AT **BROADVIEW ILLINOIS 60153**, Illinois OFFICIAL TITLE **LOCAL REGISTRAR OF VITAL STATISTICS**

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence of the facts therein stated.

UNOFFICIAL COPY

Property of Cook County Clerk's Office

