



STATE OF ILLINOIS)
) SS.
COUNTY OF COOK)

DECEASED JOINT TENANCY AFFIDAVIT

PEARL G. BUDZIK, being first duly sworn, on oath states:

1. That she resides at 5332 W. 30th Place, Cicero, Cook County, Illinois.
2. That she was the wife of FRANK J. BUDZIK, who at the time of his death, was one of the owners of land in Cook County, Illinois, described as:

LOT 22 IN BLOCK 6, IN HAWTHORNE SQUARE
SUBDIVISION OF BLOCKS 3, 4, 5, 6, 8 AND 9, IN
THE SUBDIVISION OF THAT PART OF THE EAST 3/4
OF THE WEST 1/2 OF SECTION 28, TOWNSHIP 39 NORTH,
RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN,
LYING SOUTH OF THE CENTER OF OGDEN AVENUE,
IN COOK COUNTY, ILLINOIS.

Street Address: 5332 W. 30th Place, Cicero, Illinois 60804

Permanent Index Number: 16-28-306-022-0000 Vol. 044

3. That the deceased died November 1,2000 as evidenced by a certified copy of the death certificate of the deceased attached hereto.

4. That the deceased died leaving a Last Will and Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, Illinois about 2/21, 2002.

UNOFFICIAL COPY

20205511

-2-

5. 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 ONE HUNDRED FIFTY THOUSAND AND NO/100 DOLLARS (\$150,000.00).

Pearl G. Budzik
PEARL G. BUDZIK

SUBSCRIBED AND SWORN TO

before me this 12th day of

FEBRUARY, 2002

Frank J. Kolbuck
Notary Public

OFFICIAL SEAL
FRANK J. KOLBUCK
NOTARY PUBLIC STATE OF ILLINOIS
MY COMMISSION EXP. APR. 26, 2004

This instrument was prepared by: FRANK J. KOLBUCK
Attorney at Law
5934 W. 35th Street
Cicero, IL 60804

MAIL TO: FRANK J. KOLBUCK
Attorney at Law
5934 W. 35th Street
Cicero, IL 60804

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.22 REGISTERED NUMBER 151

DECEASED-NAME: **Frank J. Budzik** SEX: **2 Male** DATE OF DEATH: **3 November 1, 2000**

COUNTY OF DEATH: **Cook** DATE OF BIRTH: **5d April 2, 1919**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **6d. 5332 W. 30th. Place Cicero**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **Chicago, Illinois**

SOCIAL SECURITY NUMBER: **10. 352-05-9801**

RESIDENCE (STREET AND NUMBER): **5332 W. 30th. Place Cicero**

STATE: **13a. Illinois** ZIP CODE: **13f. 60804**

FATHER-NAME: **Joseph Budzik** MOTHER-NAME: **Agatha Walkowiak**

INFORMANT'S NAME (TYPE OR PRINT): **Pearl Budzik** MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): **17c. 5332 W. 30th. Pl. Cicero, IL 60804**

17a. Immediate Cause (Final disease or condition resulting in death): **(a) Bronchial pneumonia carcinoma**

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. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IN MONTHS: **1 month**

19a. AUTOPSY (YES/NO): **No** 19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO): **No**

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

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

22. DATE OF OPERATION, IF ANY: **not** MAJOR FINDINGS OF OPERATION: **Pneumonia Encephaloma**

23. (a) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: **October 2, 2000** (b) TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. (c) SIGNATURE: **James J. Brown MS** (TYPE OR PRINT)

24. NAME AND ADDRESS OF CERTIFIER: **James J. Brown MS 3722 S. Hudson Ave. Riverside, IL 60546**

25. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): **James J. Brown MS**

26. BIRTHPLACE, CEMETERY OR CREMATORY-NAME: **24c. Justice, Illinois** LOCATION: **24d. Justice, Illinois** CITY OR TOWN: **24e. Cicero** STATE: **24f. Illinois** ZIP: **24g. 60804**

27. FUNERAL HOME: **Suburban Family Funeral Home 5940 W. 35th. St. Cicero, Illinois 60804**

28. FUNERAL DIRECTOR'S SIGNATURE: **Stanley Jan Kulagou** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **25a. 034-011746**

29. LOCAL REGISTRAR'S SIGNATURE: **Marilyn Colpo** LOCAL REGISTRAR'S SIGNATURE: **4937 W. 30th. Cicero, IL 60804**

30. DATE: **NOV 1 2000**

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD OF THE PERSON IN ITEM #1 AND THAT THIS RECORD WAS ESTABLISHED AND FILED IN MY OFFICE IN ACCORDANCE WITH THE PROVISIONS OF THE ILLINOIS STATUS RELATING TO THE REGISTRATION OF BIRTHS, STILL BIRTHS AND DEATHS.

DATE: **NOV 1 2000**

SIGNED: *Marilyn Colpo*

OFFICIAL TITLE: LOCAL REGISTRAR

AT: **CICERO, ILLINOIS**