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Cook County Recorder

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0020306024

**Deceased Joint
Tenancy Affidavit**

STATE OF ILLINOIS)
)SS.
COUNTY OF DUPAGE)

Elvyra Juzenas, being duly sworn states as follows:

That she resides at 12642 S. 73rd Court, Palos Heights, IL 60463

That she was acquainted and married to **Ignas Juzenas** deceased, who, at the time of his death was one of the owners of the land in Cook County, Illinois, described below:

Lot 61 in Hundleys Resub division of Block 40 in Pine Grove, a subdivision of fractional Section 21, Township 40 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

Property Address: 739 W. Melrose, Chicago, IL

Property Identification Number: 14-21-313-008-000

That the deceased died, June 17, 2000, in Cook County, Illinois as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died leaving no Last Will & Testament which provided for another other than **Elvyra Juzenas** with regard to the above-described parcel.


Elvyra Juzenas, Affiant

3-21-03
M/V

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STATE OF ILLINOIS)
)SS.
COUNTY OF DUPAGE)

On January 17, 2002, before me, the undersigned, a Notary Public in and for said State, personally appeared Elvyra Juzenas, known to me or proven to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged that she executed the same.

WITNESS my hand and official seal.

Robert Blinstrubas

Notary Public

NOTARY SEAL

My commission expires on: _____

OFFICIAL SEAL
ROBERT BLINSTRUBAS
NOTARY PUBLIC STATE OF ILLINOIS
MY COMMISSION EXP. NOV. 2, 2002

Property of Cook County Clerk's Office

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

H NO.	REGISTRATION DISTRICT NO. 16.0	STATE OF ILLINOIS		STATE FILE NUMBER
	REGISTERED NUMBER	MEDICAL CERTIFICATE OF DEATH		
1. DECEASED-NAME FIRST MIDDLE LAST Ignas Juzenas		SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. June 17, 2000	
4. COUNTY OF DEATH Cook		AGE-LAST BIRTHDAY (YRS) 5a. 73	UNDER 1 YEAR 5b. MOS. DAYS	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. February 18, 1927
6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER Palos Heights HEIGHTS		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. 12642 S. 73rd Ct.		IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY) 6c.
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Lithuania		8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. Elvyra Banionis
10. SOCIAL SECURITY NUMBER 389-38-8984		11a. USUAL OCCUPATION Civil Engineer		11b. KIND OF BUSINESS OR INDUSTRY Engineering
13a. RESIDENCE (STREET AND NUMBER) 12642 S. 73rd Ct.		13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO. Palos Heights HEIGHTS		13c. INSIDE CITY (YES/NO) Yes
13d. COUNTY Cook		13e. STATE Illinois		13f. ZIP CODE 60463
14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) White		14b. HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
15. FATHER-NAME FIRST MIDDLE LAST Not Available Juzenas		16. MOTHER-NAME FIRST MIDDLE LAST (MAIDEN) LAST Not Available		
17a. INFORMANT'S NAME (TYPE OR PRINT) Elvyra Juzenas		17b. RELATIONSHIP Wife		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17d 2642 S. 73rd Ct., Palos Heights, IL. 60463
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) Stroke		2 months		
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) DUE TO, OR AS A CONSEQUENCE OF				
(c) DUE TO, OR AS A CONSEQUENCE OF				
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		AUTOPSY (YES/NO) 19a. No		
DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20b.		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 5/31/2000		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) No		21c. HOUR OF DEATH 2:54 A. M.
22a. SIGNATURE <i>Sean Ruland</i>		22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) Sean Ruland, M.D., 1725 W. Harrison, Suite 755, Chicago, IL. 60612		DATE SIGNED (MONTH, DAY, YEAR) 6/21/00
22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		22d. ILLINOIS LICENSE NUMBER 036100392		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
24a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		24b. CEMETERY OR CREMATORY-NAME St. Casimir Cemetery		24c. LOCATION CITY OR TOWN STATE Chicago, Illinois
24d. FUNERAL HOME Petkus-Lemont Funeral Home, 12401 S. Archer Ave., Lemont, Illinois 60439		DATE (MONTH, DAY, YEAR) June 20, 2000		
25b. FUNERAL DIRECTOR'S SIGNATURE <i>Donald M. Petkus</i>		25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-011702		
26a. LOCAL REGISTRAR SIGNATURE <i>Veronica Charles</i>		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) JUN 21 2000		