

JOINT TENANCY AFFIDAVIT

1235438

JAMES C. VONDRUSKA, divorced and not since remarried, being duly sworn states that he resides at 2139 N. Harlem, Apt. 322, in the City of Chicago. He was acquainted with his stepmother NORMA VONDRUSKAS, deceased, and his father, CHARLES VONDRUSKA, deceased, who at the time of their deaths, were one of the owners of the land in Cook County, Illinois, described as:



0020446300

SEE ATTACHED LEGAL DESCRIPTION

PERMANENT INDEX NUMBER: 12-24-207-020
Common Address: 3917 N. Octavia Ave., Chicago, IL 60634

That the deceased NORMA VONDRUSKA died April 3, 2001 and the deceased CHARLES VONDRUSKA died May 19, 2001, as evidence by certified copy of death certificates of the deceased attached hereto.


That the deceased died leaving no last will and testament.

That JAMES C. VONDRUSKA is the only heir at law of the decedent, CHARLES VONDRUSKA

That the total value of the estate of the deceased, including both real 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 \$120,000.00.

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DATED this 5th day of April, 2002.

 (Seal)
JAMES C. VONDRUSKA

State of Illinois, County of Cook ss. I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that JAMES VONDRUSKA, divorced and not since remarried, personally known to me to be the same person whose name is subscribed to the foregoing instrument appeared before me this day in person and acknowledged that he signed, sealed and delivered the said instrument as his free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

Given under my hand and official seal, this 5th day of April, 2002

Commission expires

Notary Public

THIS INSTRUMENT WAS PREPARED BY: TERRENCE D. KANE, Atty., 505 East Golf Road, Suite A, Arlington Heights, IL 60005

MAIL TO:
Terrence D. Kane
505 E. Golf Rd., Suite A
Arlington Hts., IL 60005



Address of Property:
3917 N. Octavia Ave.
Chicago, IL 60634
Send subsequent tax bills to:
Grantee

AG

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

605468

APR 06 2001

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

REGISTRATION DISTRICT NO. 16.10	DECEASED-NAME FIRST MIDDLE LAST NORMA VONDRAUSKA	SEX FEMALE	DATE OF DEATH (MONTH DAY YEAR) APRIL 3, 2001
REGISTERED NUMBER	AGE-LAST BIRTHDAY (YRS) 5a. 79	UNDER 1 DAY HOURS MIN 12 5c.	DATE OF BIRTH (MONTH DAY YEAR) 5d. September 15, 1921
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 4. COOK	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER GIVE STREET AND NUMBER) 6b. SWEDISH COVENANT HOSPITAL	NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) 8a. Married	IF HOSP OR INST. INDICATE D.O.A. OF ENTER RW IN PARENTH (SPECIFY) 6c. INPATIENT
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. CHICAGO	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married	EDUCATION (SPECIFY ONLY HIGH SCHOOL GRADE, COLLEGE, ETC.) 12. 10	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES OR NO) 9. NO
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Chicago, IL	USUAL OCCUPATION 11a. Operator	KIND OF BUSINESS OR INDUSTRY 11b. Manufacturing	INSIDE CITY (YES OR NO) 13c. Yes
SOCIAL SECURITY NUMBER 10. 321-18-6597	CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. Chicago	INSIDE CITY (YES OR NO) 13c. Yes	COUNTRY Cook
RESIDENCE (STREET AND NUMBER) 13a. 3917 N. Octavia	RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) 14a. White	INSIDE CITY (YES OR NO) 13c. Yes	COUNTRY Cook
STATE 13e. Illinois	MOTHER-NAME FIRST MIDDLE LAST 14b. KINO	INSIDE CITY (YES OR NO) 13c. Yes	COUNTRY Cook
FATHER-NAME FIRST MIDDLE LAST 15. Louis Sikorski	16. Mary Berendt	INSIDE CITY (YES OR NO) 13c. Yes	COUNTRY Cook
INFORMANT'S NAME (TYPE OR PRINT) ELISA ROMERO	MAILING ADDRESS (STREET AND NO. OR R.F.D. CITY OR TOWN, STATE, ZIP) 17c. 5145 N. CALIFORNIA CHICAGO ILL 60621	INSIDE CITY (YES OR NO) 13c. Yes	COUNTRY Cook
17a. 17b. MEDICAL RECORDS	17c. 5145 N. CALIFORNIA CHICAGO ILL 60621	INSIDE CITY (YES OR NO) 13c. Yes	COUNTRY Cook
18. PART I. Immediate Cause (Final disease or condition resulting in death) Atherosclerosis of coronary arteries DUE TO OR AS A CONSEQUENCE OF (a) DUE TO OR AS A CONSEQUENCE OF (b) DUE TO OR AS A CONSEQUENCE OF (c)	19. 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. MURDER	INSIDE CITY (YES OR NO) 13c. Yes	COUNTRY Cook
20a. DATE OF OPERATION, IF ANY Fungemia	20b. MAJOR FINDINGS OF OPERATION 19a. AUTOPSY (YES OR NO) NO	INSIDE CITY (YES OR NO) 13c. Yes	COUNTRY Cook
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED -113101	21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES OR NO) NO	INSIDE CITY (YES OR NO) 13c. Yes	COUNTRY Cook
22a. SIGNATURE Joseph Atto	22b. DATE SIGNED (MONTH DAY YEAR) 22b April 4, 2001	INSIDE CITY (YES OR NO) 13c. Yes	COUNTRY Cook
22c. JOSEPH ATTO M.D. 5801 N. PULASKI CHICAGO ILL 60646	22d. ILLINOIS LICENSE NUMBER 22d. 036022047	INSIDE CITY (YES OR NO) 13c. Yes	COUNTRY Cook
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) Mark Giancola	23a. DATE SIGNED (MONTH DAY YEAR) 23a April 7, 2001	INSIDE CITY (YES OR NO) 13c. Yes	COUNTRY Cook
24a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Burial	24b. STREET AND NUMBER OR R.F.D. CITY OR TOWN, STATE, ZIP 24c. Hillside, Illinois	INSIDE CITY (YES OR NO) 13c. Yes	COUNTRY Cook
25a. GIANCOLA FUNERAL DIRECTORS 7751 W. IRVING PARK ROAD CHICAGO, ILLINOIS 60634	25b. NAME Mark Giancola	INSIDE CITY (YES OR NO) 13c. Yes	COUNTRY Cook
26a. LOCAL REGISTRAR'S SIGNATURE John L. Wilhelm, M.D.	26b. DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR) APR 06 2001	INSIDE CITY (YES OR NO) 13c. Yes	COUNTRY Cook

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO 16.10 REGISTERED NUMBER

608068

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

MAY 23 2001

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 ORDINANCE OF SAID LAW AND ORDINANCES.

John L. Wilhelm, M.D. LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

Form containing fields for DECEASED-NAME (Charles Vondruska), DATE OF BIRTH (May 19, 2001), DATE OF DEATH (May 23, 2001), CAUSE OF DEATH (End Stage Congestive Heart Failure), and SIGNATURE (Mark Giancola).

STATE FILE NUMBER

0020446300

UNOFFICIAL COPY

CITY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH