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2002-08-01 13:05:55

Cook County Recorder 25.50



0020844524

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS) SS.
COUNTY OF COOK)

P. June Taylor being duly sworn states that she resides at 4316 N. Tripp, City of Chicago.

That she was acquainted with Andrew J. Konwinski, deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois described as:

SEE ATTACHED LEGAL DESCRIPTION

That the deceased died June 5, 1999, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

Leaving no Last Will and Testament.

Leaving a Last Will and Testament, a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.

Leaving a Last Will and Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois about _____.



Subscribed and sworn to before me this 1st day of April, 2001.

[Signature]
Notary Public

x P. June Taylor
Affiant's signature

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mfb
ew

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Lot 18 in Block 3 in Irving Park, a Subdivision of the South East 1/4 of Section 15 and the North one-half of the North East one-quarter of Section 22, Township 40 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

P.I.N. 13-15-401-025

Prepared By and Mail To:

Scott J. Reinhardt
800 E. Roosevelt Road, B-102
Glen Ellyn, IL 60137

Property of Cook County Clerk's Office

COUNTY OF COOK
CITY OF CHICAGO

JUN 07 1999

SHEILA LYNE, RSM, 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 PURSUANCE OF SAID LAWS AND ORDINANCES.



20844524

THIS CERTIFIED COPY VALID WHEN MULTICOLOR OR SIGNATURE SEAL IS AFFIXED.

MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.10
REGISTERED NUMBER

DECEASED - NAME: **ANDREW J. KONWINSKI** LAST: **KONWINSKI** MIDDLE: **J** FIRST: **ANDREW**

1. COUNTY OF DEATH: **CHICAGO** DATE OF BIRTH: **June 29, 1940** SEX: **Male** DATE OF DEATH: **June 05, 1999**

4. COOK CITY, TOWN, TWP. OR ROAD/DISTRICT NUMBER: **CHICAGO** HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN NEITHER GIVE STREET AND NUMBER): **our Lady of the Resurrection Sc. DDA**

6a. CHICAGO BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **CHICAGO, IL**

7. CHICAGO, IL MARRIED (SPECIFY) **9. NO**

8a. MARRIED (SPECIFY) **9. NO**

8b. P. JUNE TAYLOR (NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE))

9. **NO** (WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO))

10. 348-30-3686 (SOCIAL SECURITY NUMBER)

11. COMPUTER (PROGRAMMER/ANALYST) (KIND OF BUSINESS OR INDUSTRY)

12. **5+** (EDUCATION - SPECIFY ONLY HIGHEST GRADE COMPLETED)

13. CHICAGO (CITY, TOWN, TWP. OR ROAD/DISTRICT NO.)

13a. CHICAGO (CITY, TOWN, TWP. OR ROAD/DISTRICT NO.)

13b. CHICAGO (CITY, TOWN, TWP. OR ROAD/DISTRICT NO.)

13c. YES (INSIDE CITY) **13d. COOK** (COUNTY)

14. **White** (RACE - WHITE, BLACK, AMERICAN INDIAN, ETC.)

14a. **White** (SPECIFY)

14b. **XXNO** (OF HISPANIC ORIGIN? SPECIFY NO/YES - IF YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.)

14c. YES (SPECIFY) **14d. COOK** (CITY OR TOWN)

15. JOSEPH KONWINSKI (FATHER - NAME) **LUCILLE ZABLOCKA** (MOTHER - NAME)

16. **LUCILLE ZABLOCKA** (MOTHER - NAME)

17. P. JUNE TAYLOR (RELATIONSHIP) **WIFE** (RELATIONSHIP)

17a. P. JUNE TAYLOR (MOTHER - NAME)

17b. WIFE (RELATIONSHIP)

17c. **4316 N. TRIPP, CHICAGO, IL 60641** (MAILING ADDRESS - STREET AND NO., CITY OR TOWN, STATE, ZIP)

18. PART I. Enter the diseases, injuries, 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.

(a) **Arteriosclerotic cardiovascular disease**

(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.

20a. NATURAL (NATURAL) (NATURAL, ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, (SPECIFY))

20b. DATE OF INJURY (MONTH, DAY, YEAR) **June 05, 1999**

20c. HOUR **9:30 P. M.**

20d. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY) **CHICAGO**

20e. LOCATION (CITY, VIL. OR TOWN, OF TWP. OR ROAD DIST. NO., COUNTY, STATE) **CHICAGO ILLINOIS**

20f. THE DECEASED WAS PRONOUNCED DEAD ON **June 05, 1999** AT **9:30 P. M.**

21a. CORONER'S SIGNATURE **P. St. Domingue, M.D. Dr. E. Danoghue**

21b. DATE SIGNED **June 05, 1999**

21c. DATE SIGNED **June 06, 1999**

21d. DATE SIGNED **June 06, 1999**

22a. CORONER'S PHYSICIAN'S NAME (Type Print) **P. St. Domingue, M.D. Dr. E. Danoghue**

22b. DATE SIGNED **June 06, 1999**

22c. DATE SIGNED **June 06, 1999**

22d. DATE SIGNED **June 06, 1999**

23a. BURIAL CEMETERY OR CREMATORY - NAME **BOHEMIAN NATIONAL**

23b. LOCATION **CHICAGO**

23c. CITY OR TOWN **CHICAGO**

23d. STATE **ILLINOIS**

23e. DATE (MONTH, DAY, YEAR) **JUNE 10, 1999**

24. FUNERAL HOME **Hollerbach** STREET AND NUMBER OR R.F.D. **4022-36 N. Elston** CITY OR TOWN **Chicago** STATE **Illinois** ZIP **60618**

25a. FUNERAL DIRECTOR'S SIGNATURE **William L. Stanton**

25b. LOCAL REGISTRAR'S SIGNATURE **Sheila Lyne**

25c. FEDERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **34-11355**

25d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **JUN 07 1999**

26a. LOCAL REGISTRAR'S SIGNATURE **Sheila Lyne**

26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **JUN 07 1999**