



0020962938

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) ss.
COUNTY OF Cook)

EDMUND A. KOPEC being duly sworn
states that he resides at 8940 Oglesby Ave., in the City of Chicago, Illinois 60617.

That he was acquainted with VIRGINIA M. KOPEC, deceased who, at
the time of her death, was one of the owners of the land in Cook County, Illinois,
described as:

LOT 14 IN BLOCK 2 IN EDWARD KOEBER AND COMPANY'S RESUBDIVISION OF
LOTS 1, 2, 4 TO 17, INCLUSIVE, 19, 20, 21 AND 23 TO 48, INCLUSIVE, IN BLOCK 1,
AND LOTS 1 TO 48, BOTH INCLUSIVE, IN BLOCK 2 IN WHEELER'S SUBDIVISION OF
THE NORTH EAST QUARTER OF THE SOUTH HALF OF THE EAST HALF OF THE
NORTH EAST QUARTER OF SECTION 1, TOWNSHIP 37 NORTH, RANGE 14, EAST OF
THE 3RD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

That the deceased died September 20, 1994, as evidenced by a certified copy of death
certificate of the deceased attached hereto.

That the deceased died:

- X Leaving no Last Will & Testament.
Leaving a Last Will & 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 & Testament which was filed in the Unproven Will Box of
the Probate Division of the Circuit Court of County, Illinois
about

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, did not exceed the sum of \$150,000 dollars.

Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company, or any other title company, to issue its Title Insurance Policy, describing the above mentioned property.

Edmund A. Kopec
EDMUND A. KOPEC

Subscribed and sworn to before me by the said EDMUND A. KOPEC this 23 day of AUGUST, A.D. 2002.

Linda L. Jakubowski
Notary Public



Mail To:

(Prepared By)
Garth F. Lewis
Spain, Spain & Varnet P.C.
33 North Dearborn Street, Suite 2220
Chicago, IL 60602

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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

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

94-065794

BIRTH NO. 020962938

REGISTRATION DISTRICT NO.	16-34
REGISTERED NUMBER	413

Not for use by Directors, Physicians or for TOWNS

DECEASED-NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. Virginia M Kopec		2. Female	3. September 20, 1994
COUNTY OF DEATH	AGE-LAST BIRTHDAY (M, D, Y)	UNDER 1 YEAR (MOS, DAYS)	UNDER 1 DAY (HOURS, MIN)
4. Cook	5a. 77	5b.	5c.
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	DATE OF BIRTH (MONTH, DAY, YEAR)
6a. Harvey		6b. Ingalls Memorial Hospital	5d. August 23, 1917
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	IF HOSP. OR INST. INDICATE D.O.A. OR EMER. ADM. INPATIENT (SPECIFY)
7. Chicago Illinois	8. Married	8b. Edmund Kopec	6c. Inpatient
SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
10. 345-20-7183	11a. Housewife	11b. Own Home	Elementary/Secondary (0-12) College (1-4 or 5+)
RESIDENCE (STREET AND NUMBER OR P.O. BOX)	CITY, TOWN, TWP, OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	COUNTY
13a. 8940 Oglesby	13b. Chicago	13c. Yes	13d. Cook
STATE	ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)
12. Illinois	13. 60617	14a. White	14b. NO <input type="checkbox"/> YES <input type="checkbox"/> SPECIFY:

17. ~~KEEP MEDICAL RECORDS~~ NONE ~~INGALLS DR. HARVEY II~~

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, or shock, or throat failure. List only one cause on each line.

(a) Acute Myocardial Infarction	DATE OF ONSET (MONTH, DAY, YEAR)
(b) Arteriosclerotic Heart Disease	
(c) Diabetes Mellitus	

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

Chronic Renal Failure

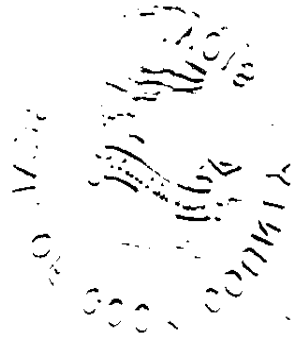
DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION	AUTOPSY (YES/NO)	IF AUTOPSY FINDINGS AVAILABLE PRELIMINARY DETERMINATION OF CAUSE OF DEATH (YES/NO)
		19a. NO	19b. NO

19. (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)	20a. 9/20/94	20b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	20c. YES <input type="checkbox"/> NO <input type="checkbox"/>
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		21b. YES	21c. 1:49 P M
22a. SIGNATURE	22b. DATE SIGNED (MONTH, DAY, YEAR)	22c. HOUR OF DEATH	
<i>Michael Peck</i>	22b. 9/21-94	22c. 1:49 P M	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)	22d. ILLINOIS LICENSE NUMBER	22e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)	
2601 Lincoln Highway	36-59236	Olympia Fields, IL 60461	

BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY-NAME	LOCATION CITY OR TOWN STATE	DATE (MONTH, DAY, YEAR)
24a. Entombment	24b. Holy Cross	24c. Calumet City, ILL.	24d. 9-23-94
FUNERAL HOME NAME	STREET AND NUMBER OR R.F.D.	CITY OR TOWN	STATE ZIP
25a. Elwood Chapel	11200 S. Ewing Ave.	Chicago, ILL.	60617

FUNERAL DIRECTOR'S SIGNATURE	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
<i>James K. Botkowska</i>	25c. 12040
LOCAL REGISTRAR'S SIGNATURE	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
<i>David Orr</i>	26. September 22, 1994

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