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2002-09-05 11:32:08

Cook County Recorder

30.50

0020974658

JOINT TENANCY AFFIDAVIT

STATE OFIllinois
COUNTY OF Cook SS
Elaine M. Kocolowski
hereby referred to as the affiant, states under oath that the affiant resides at 4034 Almansa Lane
In the City of Oak Lawn State of Illinois
that the affiant was acquainted with Lorraine L. Jarzynski
the decedent; at the time of death, the decedent was one of the owners of property, by virtue of a properly recorded joint tenancy deed, said property recorded in Cook County, State of Illinois
described as follows:

SEE ATTACHED

Dr. Coot Count The decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the crea ion of interests to take effect in possession or The decedent died on , leaving no last will and testame. t; The total value of decedent's estate, including the taxable interest in the above property was \$ that the value of the above property individually was \$ 29.900

The State and Estate/Inheritance Tax and the Federal Estate Tax, if any, that was due from the decedent's estate, bus been paid in full;

The affiant makes this affidavit to induce Attorneys' Title Guaranty Fund, Inc. (ATG) to issue its policy of title insurance on the

20974658

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JOINT TENANCY AFFIDAVIT (continued)

The affiant hereby covenants and agrees, individually, and for the affiants, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold ATG harmless and to reimburse ATG for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature that ATG may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

5 ,		
1. Claims against the estate of Lorraine L. Jar	zynski , the decedent;	
1. Claims against the estate of LOLLATINE B. SULPHILLER. 2. State Estate/Inheritance Tax and Federal Estate Tax that may be charged against the estate of said decedent;		
3. Legacies, if any, created by the will of said decedent;	a Communication by	
4. Rights of contribution.	games J. Janey	
4. Nights of controlled	James J. Janyynaki ley Elaini M. Karalawaki (Scal) Elaini M. Karalawaki (Scal)	
	Elmai M. Kasalauske (Seal)	
Subscribed and sworn to before me this	CIAL SEAL	
VA / MAN	OFFICIAL SEAL OFFICIAL SEAL	
day of (Year), Que	CHRISTINE A HUNT	
	OHRISTINE NOTARY PUBLIC, STATE OF ILLINOIS NOTARY PUBLIC, STATE OF ILLINOIS NY COMMISSION EXPIRES: 08/04/06	
(Variations) A Haran	MY COMMISSION EXTENSE	
(Notary Public)		
	the standard or certified convenience of he presented to ATG for	
Note: If the decedent left a will, it will be recessary that the original or certified copy thereof be presented to ATG for inspection. A death certificate, together with evicence of payment of death taxes, if any, should accompany this affidavit.		
inspection. A death certificate, together with evicence 31 pa	yment of death anies, it may,	
This instrument prepared by:	Return to:	
This management property	August P. Butara	
August R. Butera	August R. Butera (Name)	
(Name)		
33 North Dearborn, 2nd Floor	3% North Dearborn, 2nd Fisch	
(Address	(Address)	
(Vinico)	50500	
Chicago, IL 60602	Chicago II, 60602	
(City, State, Zip)	(City, State, Zip)	

Lot 14 (except the East 10 feet thereof) and the East 17.5 feet of Lot 15 in Block 20 in James H. Campbell's Addition to Chicago, a Subdivision of the Northwest 1/4 (except the East 50 feet thereof) of Section 14, Township 38 North, Range 13 East of the

Permanent Index No.: 19-14-116-061

Property of Coct County Clerk's Office

DISTRICT NO.

MEDICAL CERTIFICATE OF DEATH 500 NUMBER

COUNTY OF COOK STATE OF ILLINOIS CITY.OF CHICAGO

APR 2

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER COUNTY OF DEATH DECEASED-NAME NUMBER REGISTERED 4.Cook BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 6aChicago OCIAL SECURITY NUMBER 6358-24-6361 Chicago, Lorraine RS MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 11a. Secretary USUAL OCCUPATION Widowed HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. Mount AGE-LAST BIRTHDAY (YAS) MIDDLE UNDER 1 Jarzynski Sinai Hospital Medical Ct. 6c Inpatient Š NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) KIND OF BUSINESS OR INDUSTRY LST. DAYS SHOOH HOURS MIN. None 2Female a March 30, SEX 5d December 1, DATE OF BIRTH (MONTH, DAY, YEAR) DATE OF DEATH (MONTH, DAY, YEAR) OP/EMER, RM, INPATIENT (SPECIFY) 1923 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 2002

3

EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)

Elementary/Seconds y (0-12)

College (1-4 or 5+) 20

THE CITY OF CHICAGO, DO HEREBY

CERTIFY THAT I AM THE KEEPER OF FECUSTRAR OF VITAL STATISTICS OF I, JOHN L. WILHELM MID., LOCAL

BY VIRTUE OF THE LAWS OF THE STATE

ACCOMPANYING CERTIFICATE ON THIS OF ILLINOIS AND THE ORDINANCES OF AND DEATHS FOR THE CITY OF CHICAGO THE RECORDS OF BIRTHS, STILLBIRTHS

THE CITY OF CHICAGO; THAT THE

SHEET IS A TRUE COPY OF A RECORD

KEPT BY ME IN ORDINANCE OF SAID

LAW AND ORDINANCES.

DEPARTMENT OF PUBLIC

CITY OF CHICAGO

State's (YES/NO) 13c. Yes 13d. Cook COUNTY

14a. INDIAN. 81 RACE (WHITE, BLACK, AMERICAN White (SPECIFY) LAST 13b. Chicago OF HISPANIC ORIGIN? (SPECIFY NOOR YES-IF YES, SPECIFY CUBAN, MEXICAN, F. "ERTO HICAN, etc.) MOTHER-NAME 14b. XI NO □ YES SPECIFY: BICCIM

Buczek Catherine ő lodziej (MAIDEN) LAST

RELATIONSHIP MAILING ADDRESS (STREET AND NO. ORRIFO., 1), 16 TOWN, STATE, ZIP) 60459 loak Lawn,

1 Daughter 17c 4034 Almansa Lane, APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respirato, 'a-rest, shock, or heart failure. List only one cause on each line.

MYOCARDIAL ORONAIN 上がつのかと LOFARCTION)/SEHSE

ART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. DIABETES MELLITUS AUTOPSY (NESNO)

!

IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? WERE AUTOPSY FRIDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b.

> Willelm, no LOCAL REGISTRAR

> > **HTJA3H**

HOUR OF DEATH YES | NO CX

EXAMINER NOTIFIED? MESNO 21c 7:00 DATE SIGNED 03-30-02 (MONTH, DAY, YEAR)

A K

ILLINOIS LICENSE NUMBER

8594790200

Chicogo, TL 60638 CITY OR TOWN STATE NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED. 036-067536 (MONTH, DAY, YEAR)

CITY OR TOWN Illinois Chicago, Illinois FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 24d Apr. 3, 2002 60629

MULTICOLOR SIGNATURE SEAL IS

THIS CERTIFICATE COPY VALID WHEN

AFFIXED.

034-011910

DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

(BASED ON 1985 J.S. STANDARD CERTIFICATE) 為

APR 2

26b.

M.D.

Nancy

Wolniak-Cook_{25c.}

Illinois Department of Public Health-Division of Vital Records

STREET AND NUMBER OR R.F.D. 5700 S.

Pulaski

Rd.,

24c Justice,

LOCATION

Wolniak Funeral Home,

Resurrection

Burial

FUNERAL HOME

BURIAL, CREMATION, REMOVAL (SPECIFY)

CEMETERY OR CREMATORY-NAME

PLCTOH'S SIGNA

FUNERALO

25b

/R200 (Rev. 5/89)

26a. 🕨

disease or condition resulting in death)

mediate Cause (Final

FATI

ER-NAME

Illinois

131.60629 ZIP CODE

MIDDLE

INFORMANT'S NAME (TYPEORPHINT)

<u>John</u> FIRST

Elaine M.

Kocolowski

13a 3935 W.

57th

Street

SIDENCE (STREET AND NUMBER)



J

CONDITIONS, IF ANY
WHICH GIVE RISE TO....
MANEDIATE CAUSE (a)
TATING THE UNDERLYING

DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF

ত

AND LAST SAW HIM/HER ALIVE ON

NAME AND ADDRESS OF CERTIFIER 22a. SIGNATURE

(TYPE OR PRINT)

6240 W. 5514 St,

(TYPE OR PRINT)

Peter Bell MD

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME PATE AND F ACT AND DUE TO THE CAUSE(S) STATED.

7

ţ

29 -02

(MONTH, DAY, YEAR)

DATE OF OPERATION, IF ANY

HYPERTENSION

MAJOR FINDINGS OF OPERATION

206.