

UNOFFICIAL COPY

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:

1. Claims against the estate of Lorraine L. Jarzynski, the decedent;
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;
4. Rights of contribution.

James J. Jarzynski by
Elaine M. Karolowski (Seal)

Elaine M. Karolowski (Seal)

Subscribed and sworn to before me this

16th day of July, 2002
(Month) (Year)
Christine A. Hunt
(Notary Public)



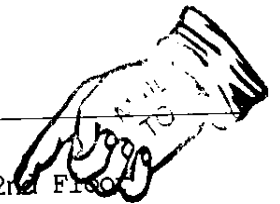
Note: If the decedent left a will, it will be necessary that the original or certified copy thereof be presented to ATG for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

This instrument prepared by:

August R. Butera
(Name)
33 North Dearborn, 2nd Floor
(Address)
Chicago, IL 60602
(City, State, Zip)

Return to:

August R. Butera
(Name)
33 North Dearborn, 2nd Floor
(Address)
Chicago, IL 60602
(City, State, Zip)



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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 Third Principal Meridian, in Cook County, Illinois.

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

Property of Cook County Clerk's Office

REGISTRATION NO. **1610**
 DISTRICT NO. **1610**
 REGISTERED NUMBER

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH
 NUMBER **605135**

DECEASED-NAME: **Lorraine Jarzynski** FIRST MIDDLE LAST
 SEX: **Female**
 DATE OF BIRTH: **December 1, 1923** (MONTH, DAY, YEAR)
 DATE OF DEATH: **March 30, 2002** (MONTH, DAY, YEAR)

COUNTY OF DEATH: **Cook**
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **4 Cook**
 AGE-LAST BIRTHDAY (YRS): **78**
 HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): **Mount Sinai Hospital Medical Ct. Inpatient**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **Chicago, IL**
 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **Widowed**
 NAME OF SURVIVING SPOUSE (MADEN NAME, IF WIFE): **None**

SOCIAL SECURITY NUMBER: **358-24-6361**
 USUAL OCCUPATION: **Secretary**
 NAME OF BUSINESS OR INDUSTRY: **Attorney's Office**
 EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): **2**

RESIDENCE (STREET AND NUMBER): **3935 W. 57th Street**
 CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **Chicago**
 OF HISPANIC ORIGIN? (SPECIFY NOR OR YES-IF YES, SPECIFY CUBAN, MEXICAN, F. I. C. H. I. C. A. N. E. T. C.): **NO**

STATE: **Illinois** ZIP CODE: **60629**
 RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): **White**
 INSIDE CITY (YES/NO): **Yes**
 COUNTY: **Cook**

FATHER-NAME: **John Buczek** FIRST MIDDLE LAST
 MOTHER-NAME: **Catherine Kolodziej** FIRST MIDDLE LAST
 RELATIONSHIP: **Daughter**
 MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY, TOWN, STATE, ZIP): **4034 Almansa Lane, Oak Lawn, IL 60459**

IMMEDIATE CAUSE (Final disease or condition resulting in death): **MYOCARDIAL INFARCTION**
 CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a): **CORONARY ARTERY DISEASE**
 STATEMENT OF THE UNDERLYING CAUSE LAST: **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.
HYPERTENSION Diabetes Mellitus
 MAJOR FINDINGS OF OPERATION: **20b.**

20a. (CORONER) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: **03-29-02**
 21. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, PLACE AND F. I. C. AND DUE TO THE CAUSE(S) STATED.
 21a. SIGNATURE: **Peter Bell MD**
 21b. I WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): **Yes**


22a. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): **Peter Bell MD 6240 W. 55th St, Chicago, IL 60638**
 22b. ILLINOIS LICENSE NUMBER: **036-067536**
 22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT):
 22d. HOUR OF DEATH: **7:00 AM**
 22e. DATE SIGNED (MONTH, DAY, YEAR): **03-30-02**

23. BURIAL, CREMATION, REMOVAL (SPECIFY): **Burial**
 CEMETERY OR CREMATORY-NAME: **Resurrection**
 LOCATION: **Justice, Illinois**
 CITY OR TOWN: **Chicago**
 STATE: **Illinois**
 DATE: **Apr. 3, 2002**

24a. FUNERAL HOME: **Wolniak Funeral Home, 5700 S. Pulaski Rd., Chicago, Illinois 60629**
 24b. FUNERAL DIRECTOR'S SIGNATURE: **Nancy Wolniak-Cook**
 24c. ILLINOIS LICENSE NUMBER: **034-011910**
 25a. LOCAL REGISTRAR'S SIGNATURE: **John A. Wilhelm, M.D.**
 25b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **APR 2 2002**
 26a. (Rev. 5/89)

STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO
APR 2 2002

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 A. Wilhelm, M.D.
 LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

CITY OF CHICAGO
 DEPARTMENT OF PUBLIC HEALTH