

UNOFFICIAL COPY



Chicago Title Insurance Com



Prep. by mail Caroline Wesolek
c/o D. Grabowski
5858 N. Milwaukee Ave, Chicago IL 60646

(1/3)

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF

Order No. 56-15-008

Caroline Wesolek

being duly sworn

states that she resides at 3548 N. Oleander Avenue in the City of Chicago

That she was acquainted with Raymond J. Wesolek

deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as: Unit 201 as delineated on survey of Lots 1, 2 and 3 in Block 12 in Sawiak and Company's First Addition to Addison Heights, a Subdivision of part of Lot 2 in Assessor's Division of the East half of Fractional Section 24, Township 40 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois, which survey is attached as Exhibit "A" to Declaration of Condominium made by The Exchange National Bank of Chicago, as Trustee under Trust No. 10449, recorded in the Office of Recorder of Cook County, Ill, as Document No. 19879151; together with an undivided 7.348 percent interest in said Parcel (excepting from said Parcel the property and space comprising all the Units thereof as defined and set forth in said Declaration and survey).

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aw

12-24-400-041
That the deceased died September 21, 1970, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

- 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, does not exceed the sum of TWENTY NINE THOUSAND (\$29,000.00) dollars.

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

Subscribed and sworn to before me by the said

CAROLINE H. WESOLEK

this 15 day of MARCH, A.D. 1984

[Signature]

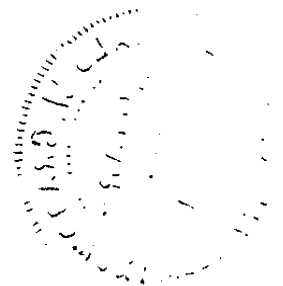
Notary Public

[Signature]

(affiant's signature)
Caroline H. Wesolek

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Property of Cook County Clerk's Office



REGISTRATION DISTRICT NO. 16.10
 DECEASED—NAME **RAYMOND WESOLEK** FIRST MIDDLE LAST
 SEX **MALE** DATE OF DEATH (MONTH, DAY, YEAR) **19 1970**

RACE **WHITE** AGE—LAST BIRTHDAY (YRS.) **51** UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR) **6-18-19** PLACE OF BIRTH (CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER) **Chicago** (INSIDE CITY (YES/NO) HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER))
 BIRTHPLACE (STATE OR FOREIGN) **ILLINOIS** CITIZEN OF WHAT COUNTRY **USA** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **MARRIED** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)
 SOCIAL SECURITY NUMBER **352-05-0280** TRANSPORT ADMINISTRATOR **ADOLPH W. COOK, JR.** U.S. WAR VETERAN (YES/NO) **NO** WAR OR DATES OF SERVICE
 RESIDENCE **ILLINOIS** COUNTY **COOK** CITY, TOWN, TWP. OR ROAD DISTRICT NO. **CHICAGO** (INSIDE CITY (YES/NO) STREET AND NUMBER) **1441 YES 3548 N. CLELANDER**

FATHER—NAME **JOHN WESOLEK** MOTHER—MAIDEN NAME **MARGARET RUSCHINSKI**
 INFORMANT'S SIGNATURE **ADM. CLERK HOSKINS** MAILING ADDRESS (STREET AND NO. OR R. F. D. CITY OR TOWN, STATE, ZIP) **2510 S. PRARIE**
 DEATH—WAS CAUSED BY: (a) **GENERALIZED METASTASIS** (b) **BRONCHOGENIC CARCINOMA** (c) **1 YR.**
 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]
 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STAINING THE USER, STAINING CAUSE LAST.
 PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) **190.** AUTOPSY (YES/NO) **NO** (IF YES, WERE FINDINGS CONFIRMED BY OTHER MEANS?
 DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION

ATTENDED THE DECEASED **8-28-70** (MONTH, DAY, YEAR) TO **9-19-70** (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON **9-19-70** (MONTH, DAY, YEAR) HOUR OF DEATH **2:35 A. M.**
 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE, AND FROM THE CAUSE(S) STATED.
 SIGNATURE **Robert L. Schmitz M.D.** DATE SIGNED (MONTH, DAY, YEAR) **19 1970** ILLINOIS LICENSE NUMBER **36-23414**

MAILING ADDRESS—CERTIFIER **55 E. WASHINGTON CHICAGO ILLINOIS 60602**
 STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
 BUNIAL, CREMATION, REMOVAL (SPECIFY) **24b. ST. JOSEPH RIVER GROVE, ILLINOIS 60630** CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
 FUNERAL HOME **24c. KOWACHEK FUNERAL HOME 5776 W. LAWRENCE AVE. CHICAGO, ILL. 60630** CITY OR TOWN STATE ZIP
 FUNERAL DIRECTOR'S SIGNATURE **24d. [Signature]** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **5313**

LOCAL REGISTRY SIGNATURE **24e. [Signature]** CHICAGO BOARD OF HEALTH DATE RECD. BY **26b. [Signature]** (MONTH, DAY, YEAR)
 CHICAGO Civic Center, Room 105 Concourse level, Chicago 60602
 ILLINOIS DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL RECORDS
 BASED ON 1968 U. S. STANDARD CERTIFICATE

STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO } SS
 I, Murray C. Brown, 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 of 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 as a record kept by me in pursuance of said laws and ordinances.

This Certified Copy VALID Only When Original BLUE SEAL And BLUE SIGNATURE Are Affixed.

Murray C. Brown
 LOCAL REGISTRAR

BOARD OF HEALTH - CITY OF CHICAGO