DECEASED JOINT TENANCY AFFIDAVIT

10:44:06

2002-10-25

Cook County Recorder

26.50

Mail to: Richard A Hirsche 4363 North Harlem, 2nd Floor Norridge, Illinois 60706

1256555 18



COUNTY OF COOK )ss	being duly sworn states that <u>she</u> resides at
GRAZYNA SASAL	being duly sworn states that
	<del></del>
That GRAZYNA SASAL vas acquainted with We deceased who, at the time of his dean, was one of the control of the	WODZIMIERZ P. SASAL  owners of the land in <u>Cook</u> County, Illinois, described as:
SEE REVERSE SIDE FOR LECAL DESCRI	
PIN: 02-12-102-023-0000	
That the deceased died JANUARY 20, 2000, as eattached hereto.	widenced by a certified copy of death certificate of the deceased
That the deceased died:	04/2
Leaving no Last Will & Testament.	
	The aniginal of the unproven
will should be filed with the Clerk C	copy of which is attached hereto. The original of the unproven of the Probate Division of the Circuit Court of
will should be filed with the Clerk C County, Illinois.  Leaving a Last Will & Testament w of the Circuit Court of	which was filed in the Unprov. Will Box of the Probate Division  County, Illinois about
will should be filed with the Clerk C County, Illinois.  Leaving a Last Will & Testament w of the Circuit Court of	which was filed in the Unprove. Will Box of the Probate Division  County, Illinois about
will should be filed with the Clerk County, Illinois.  Leaving a Last Will & Testament won the Circuit Court of  That the total value of the estate of the deceased either individually or in joint tenancy at the time of the dea	which was filed in the Unprove. Will Box of the Probate Division County, Illinois about
will should be filed with the Clerk County, Illinois.  Leaving a Last Will & Testament won of the Circuit Court of  That the total value of the estate of the deceased either individually or in joint tenancy at the time of the dea  Affiant makes this affidavit for that purpose of issue its Title Insurance Policy, describing the above ment	which was filed in the Unprove. Will Box of the Probate Division County, Illinois about
will should be filed with the Clerk County, Illinois.  Leaving a Last Will & Testament won the Circuit Court of  That the total value of the estate of the deceased either individually or in joint tenancy at the time of the dea	which was filed in the Unprove. Will Box of the Probate Division County, Illinois about
will should be filed with the Clerk of County, Illinois.  Leaving a Last Will & Testament won of the Circuit Court of  That the total value of the estate of the deceased either individually or in joint tenancy at the time of the deal Affiant makes this affidavit for that purpose of issue its Title Insurance Policy, describing the above ment Subscribed and sworn to before me by the said	which was filed in the Unprove. Will Box of the Probate Division County, Illinois about

## UNOFFICIAL COPY

PROPERTY ADDPESS: 1054 RANDVILLE, PALATINE, ILLINOIS 60074

THE NORTH 9.04 FEET OF THE SOUTH 259.95 FEET OF THE WEST 10.48 FEET OF THE EAST 1109.49 FEET, TOGETHER WITH I'VE NORTH 30.81 FEET OF THE SOUTH 250.91 FEET OF THE WEST 27.27 FEET OF THE EAST 1126.26 FEET, TOGETHER WITH THE NORTH 38.21 FEET OF THE SOUTH 220.10 FEET OF THE WEST 16.79 FEET OF THE EAST 1126.28 FEET, ALL AS MEASURED ALONG AND DEPORT OF THE SOUTH AND THE SOUT PERPENDICULAR TO THE SOUTH I INE OF THE NORTHEAST 1/4 OF SECTION 12, TOWNSHIP 42 Th.
NE O.
RD PRIN.
Office NORTH, RANGE 10, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

P.I.N. # 02-12-102-023-0000

copy of the c the death record HEREBY CERTIFY THAT filed and record decedent named in item 1, this and that the Illinois statutes of accordance with the provisions stillbirths and deaths. registration of births. 21178795 SIGNED: 2000 JANUARY 21, )ATE: Chief Deputy Registrar Title, Cook County Department of Public Health Official REGISTRATION DISTRICT NO. PITY, TOWN, TWP, DRROADDISTRICT NUMBER STATE 10 358-82-2352 sa Arlington Heights COMBITIONS, IF ANY WARCH GIVE RISE TO IMPREDIATE CAUSE (a) STATING THE UNDEPLYING FATHER NAME RESIDENCE (STREET AND NUMBER) BOCIAL SECURITY NUMBER BIRTHPLACE (CITY NOSTATEOR HLV 3G 40 ALNINGS HECEASED NAME 13a 1054 Randville Road 17a Grace Sasal EGIS FRED WEORMANT SNAME TYPE DRIFFWO) 16. PARTL F (DID) (DIDNOT) ATTEND THE DECEASED AND LAST SAVIHIMMER ALIVEON ; DATE OF OPERATION, IF ANY PART II. One: spilleur condition professional and an authorization and are are the square given in PART II. NAME AND AUDRESS OF DER FLH TO THE BEST OF MYKNOWLEDGE, DE OT O XXIARED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED termedate Causa (final 25a Ahlgrim & NAME OF ATTENDING TAYSICIAN IF OTHER THAN CERTIFIER Cook FINERAL DIRECTOR'S SIGNATURE FUNERAL HOME 24a Burial BUR AL CREMATION REMOVAL (SPECIFY) TOCAL REGISTRANS REAL PRODUCTION OF THE PERSON OF THE PERS 250 Mention of Parties Poland % ▼ Illinois 4920 NAZNIRAL Surenic Boleslaw REGISTRAR 16.0 Sons, Wlodzimierz Enter the dissenses, or complications that curses the ceath, Do not entire to mode of dying, such as cardiac or explicatory arrest, shook, or havin failure. List only one cause on each fine. 131,60067 SUCCODE De soute DEMETERY OR CHEMATORY - NAME DUE TO, OR AS A CONSEQUENCE OF <u>a</u> 245 St. Michael (b) DUE TO, OR AS A CONSTROUTING OF Ç cardiomyo 112. Machine Machine 112 Operator MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECTY) 8a. Married MAJOR FINDINGS . E OFERATION Ltd. Acute > MEDICAL CERTIFICATE OF DEATH UNDER DIS BARNI 20-99 Howart CHICAGO 11. 60630 RACE NAMITE, BLACK AMERICAN NOAM, etc.) (SPECITY) 14s White TH DAY YEAR 201 N. BIRTHOAY (YAS) HOSPITAL OR OTHER INSTITUTION NAME OF NOT SCETTERS, GRESTREET AND NUMBER) Verdicular Sasal Northwest Community Hospital MIDDLE P. KST STREET AND NUMBER OR R.F.D. Northwest Hwy. CITY, TOWN, TWP, OR ROAD DISTRICT NO 13bPalatine CAME OF BERLE UNDER I YEAR STATE OF ILLINOIS 176Kife RELATIONSHIP NAME OF SURVIVING SPOUSE PANDERWARE IF WAS KLULD PRINCESTAY Bb Grace Sudy Sasal 2 Ahlgrim 240 millation NCALVOOT OFHISPANIC ORIGIN? (STEET PLANDER YES FIVES, SPECIFY CLEAN, NEXICAN, MUSTICALIZAN, ALL MANA PERCON 8 HOJES MIN Tc1034 Randville Road, WAI ON ADDRESS (STREET AND NO ORRED. COYORTOWN, STATE, ZH Palatine, Palatine, il Bes  $|_{2}$  Male ð Be gand li 21b. EXAMINER NOTIFIED? (YESNO) CITY OR TOWN DATE OF BIRTH PAONIN, DAY, YEAR so October 17, DIEY OF TOWN

WESNOTA ASAGLITA ē

COMPLETION OF CHILDRESS OF CONTINUES NO.

THESE MONTHS?

ij.

No list

HINDER OF DEATH

YES II NO II

DATE SIGNED

PACHLY AV NEVAL

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4:20

201-21-2000

Sep. 09 2002 02:03PM P2

NOTE: FARRLIEN WAS INVOLVED IN THIS DEATH THE COPONER ON MEDICAL EXAMINER MIST OF NOTIFIED.

24d Jan. 22, DATE MONTH, DAY, YEAR!

2000

220. 036-083549 LLINOIS LICENSE NUMBER

IL 60067-5359 01

RAMERAL DRECTOR'S ILLINOIS LICERSENLAIBER

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

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anuary 21

200

(BASED ON 1359 U.S. STANDÁRD DERORCATE)

FAX NO.

Palatine,

ATTACOMETER TEXTS AND SEATE.

13c. Ye.5 IN SECTION

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Cook

COMPLETED!

ALNOO

BEN Bency Room P HOSP, OR AST, MUNICATE D.J.A.

WASDECEASED EVERNUS
ADMEDIFICACIEST IVES MOI

9. NO

SPECIFY:

MESOL

Galka

(MADEN) UST

3 January 20, DATE OF DEATH (MONTH: DAY, YEAR)

1947

STATE FILE