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2002-11-06 13:44:22
Cook County Recorder 26.50

DECEASED JOINT TENANCY AFFIDAVIT

MAIL RECORDED AFFIDAVIT TO:
Law Offices of John M. Mueller
2103 Norwich Court
Glenview, Illinois 60025



0021223417

STATE OF ILLINOIS)
)SS
COUNTY OF COOK)

MARIAN S. MANUZAK, a widow who is not since remarried, being duly sworn, on oath deposes and says that:

1. Affiant resides at 5218 South Natchez Avenue, Chicago, Illinois 60638.
2. Affiant is the surviving spouse of STEVE J. MANUZAK, deceased (referred to herein as "Decedent"), who at the time of his death was one of the owners in joint tenancy of the property commonly known as 5218 South Natchez Avenue, Chicago, Illinois 60638, and legally described as:

The South 40 feet of the North 85 feet of Lot 119 in First Addition to Bartlett's Highlands, being a Subdivision of the East Half (E-1/2) of the Southeast Quarter (SE-1/4) of Section 7, Township 38 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Real Estate Index Number: 14-07-413-032-0000

Address of real estate: 5218 South Natchez Avenue, Chicago, Illinois 60638.

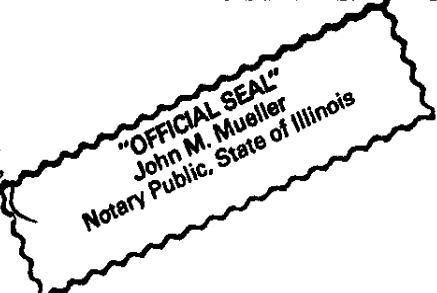
3. Decedent died on January 12, 1999, and a certified copy of Decedent's death certificate is attached hereto.
4. Decedent died leaving no last will.
5. That the total value of Decedent's estate, including both real and personal property owned by Decedent either individually or in joint tenancy at the time of Decedent's death, did not exceed \$400,000.
6. Further Affiant sayeth not.

Marian S. Manuzak
MARIAN S. MANUZAK

SUBSCRIBED and sworn to
before me this 8th day
of March, 2002.

John M. Mueller
Notary Public

Commission expires: July 24, 2005



COOK COUNTY CLERK'S OFFICE
RECORDS & CLERK
EUBANK CENTER BUILDING

Prepared by: Law Offices of John M. Mueller, 2103 Norwich Court, Glenview, Illinois 60025.

Handwritten signature/initials

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I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the record for the person named and that this record was established and filed in my office in accordance with the provisions of the Illinois Statutes relating to the registration of births, stillbirths, and deaths.

DATE: JAN 15 1999
 AT: BERWYN, ILLINOIS

SIGNED: Robert C. Rehors
 OFFICIAL TITLE: REGISTRAR

The original record is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. Local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of this record by the Department of Public Health or the local registrar shall be prima facie evidence in all courts and places of the facts therein.

DEC 27 1999

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DECEDENT'S BIRTH NO.		STATE OF ILLINOIS		STATE FILE NUMBER			
REGISTRATION DISTRICT NO.	14-21	MEDICAL CERTIFICATE OF DEATH		REGISTERED NUMBER	047		
DECEASED-NAME	Steve			FIRST	MIDDLE	LAST	Sex
COUNTY OF DEATH	Cook	AGE LAST BIRTHDAY	76	12	Male	DATE OF BIRTH	3 January 12, 1999
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	Berwyn	HOSPITAL OR OTHER INSTITUTION NAME (IF NOT AT HOME, GIVE STREET AND NUMBER)	MacNeal Hospital	19	1922	DATE OF DEATH	12, 1999
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	Chicago, IL	NAME OF SURVIVING SPOUSE (MARRIAGE NAME, IF WIFE)	Patricia Nickel	12	12	DATE OF BIRTH	19, 1922
SOCIAL SECURITY NUMBER	330-14-1609	NAME OF BIRTH PLACE OR INDUSTRY	Retail	12	12	DATE OF BIRTH	19, 1922
RESIDENCE (STREET AND NUMBER)	5218 S. Natchez	KIND OF BUSINESS OR INDUSTRY	Retail	12	12	DATE OF BIRTH	19, 1922
STATE	Illinois	OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.)	NO	12	12	DATE OF BIRTH	19, 1922
FATHER-NAME	James	MOTHER-NAME	AND	12	12	DATE OF BIRTH	19, 1922
MOTHER-NAME	Manuszak	RELATIONSHIP	Wife	12	12	DATE OF BIRTH	19, 1922
INFORMANT'S NAME (TYPE OR PRINT)	Marian Manuzak	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)	5218 S. Natchez, Chicago, IL 60638	12	12	DATE OF BIRTH	19, 1922
18. PART I. Immediate Cause (Final disease or condition resulting in death)	(e) <u>Septic</u> (f) <u>due to</u> (g) <u>consequence of</u> (h) <u>blow</u> (i) <u>carcinoma</u>						
18. PART II. Other conditions contributing to death but not resulting in the underlying cause given in PART I.	(a) <u>HTN</u> (b) <u>HTN</u> (c) <u>HTN</u>						
19a. AUTOPSY	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
19b. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
20. DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION <u>HTN</u>						
21. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.	(I) DID NOT ATTEND THE DECEASED (II) DID NOT SAW HIM/HEN ALIVE ON						
22a. SIGNATURE	(TYPE OR PRINT) <u>Emelita C. Bond</u>						
22b. NAME AND ADDRESS OF CERTIFIER	6649 S Archer, Chicago, IL 60638						
22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER	(TYPE OR PRINT)						
23. BURIAL CREMATION, REMOVAL (SPECIFY)	24a. <u>Burial</u> 24b. <u>Fairmount Willow Hills</u> 24c. <u>Willow Springs, Illinois</u> 24d. <u>Jan. 16, 1999</u>						
25a. FUNERAL HOME	Ridge Funeral Home 6620 W. Archer Avenue Chicago IL 60638						
25b. FUNERAL DIRECTOR'S SIGNATURE	(TYPE OR PRINT) <u>James St. Onofre</u>						
25c. LOCAL REGISTRAR'S SIGNATURE	(TYPE OR PRINT) <u>Robert C. Rehors</u>						
25d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	JAN 15 1999						

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