



Chicago Title Insurance Company



DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

} ss.

Order No. _____

Joseph C. Steiskal

being duly sworn

states that he resides at 9245 S. 78th Ave. Hickory Hills, IL 60457 in the City of Hickory Hills

That he was acquainted with Joseph C. Stejskal, Jr. a/k/a Joseph C. Steiskal, Jr. deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

LOT 17 (EXCEPT THE EAST 6 FEET) AND THE EAST 11 FEET OF LOT 18 IN BLOCK 1 IN E. A. CUMMINGS AND COMPANY'S WEST 39TH STREET SUBDIVISION OF BLOCKS 38 AND 46 IN CIRCUIT COURT PARTITION OF SECTIONS 31 AND 32, TOWNSHIP 39 NORTH, RANGE 17 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT RECORDED DECEMBER 31, 1915 AS DOCUMENT 5779277 IN COOK COUNTY, ILLINOIS.

That the deceased died December 10, 1987, 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 THOUSAND 00/100 dollars.

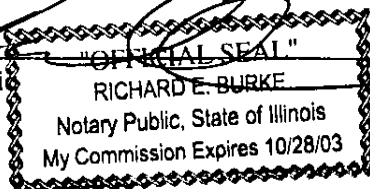
Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

JOSEPH C. STEISKAL

this 15th day of March, A.D. 2000

Notary Public



(affiant's signature)

Joseph C. Steiskal

PROPERTY COMMONLY KNOWN AS: 7008 w. Pershing Rd., Berwyn, IL

P.I.N. # 16-31-327-043

LEGAL DESCRIPTION

LOT SEVENTEEN (17) (EXCEPT THE EAST SIX FEET THEREOF) AND THE EAST ELEVEN FEET OF LOT EIGHTEEN (18) IN BLOCK ONE (1) IN E. A. CUMMINGS AND COMPANY'S WEST 39TH STREET SUBDIVISION OF BLOCKS 38 AND 46 IN CIRCUIT COURT PARTITION OF SECTIONS 31 AND 32, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN.

MAIL TO:

THIS DOCUMENT PREPARED BY:
RICHARD BURKE
14535 JOHN HUMPHREY DR
ORLAND PARK, IL. 60462



Property of Cook County Clerk's Office

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the record in the name of [Name] and that this record was established and filed in accordance with the provisions of the Illinois Statutes relating to the registration of deaths.

UNOFFICIAL COPY

DATE: DECEMBER 11 1987

SIGNED: [Signature]

AT: BERWYN, ILLINOIS

OFFICIAL TITLE: Deputy Registrar

The original record is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and 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 or the county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

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REGISTRATION DISTRICT NO. 16.21
 REGISTERED NUMBER 989
 DECEASED-NAME Joseph C. Stejskal Jr. SEX Male DATE OF BIRTH (MO., DAY, YEAR) March 21, 1925 COUNTY OF DEATH Cook
 STATE OF ILLINOIS
 MEDICAL CERTIFICATE OF DEATH
 STATE FILE NUMBER

Type or Print in PERMANENT INK See Funeral Director's Handbook for INSTRUCTIONS

1. RACE (WHITE, PLACE, AMERICAN ORIGIN OR DESCENT (INDIAN, ETC. (SPECIFY))		2. AGE (MONTHS)		3. MARRIAGE STATUS		4. DATE OF BIRTH (MO., DAY, YEAR)		5. COUNTY OF DEATH	
1a. <u>White</u>		2a. <u>American</u>		3a. <u>Married</u>		4a. <u>March 21, 1925</u>		5a. <u>Cook</u>	
6. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		7. HOSPITAL OR OTHER INSTITUTION - NAME, ST. AND NO. (IF KNOWN)		8. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		9. IF HOSP. OR INST. PATIENT (PP/EMER/RY/INPATIENT)		10. DOA	
6a. <u>Berwyn</u>		7a. <u>MacNeal Memorial Hospital</u>		8a. <u>Mary Lou nee Popp</u>		9a. <u>PP/EMER/RY</u>		10a. <u>DOA</u>	
7b. STATE OF BIRTH (IF NOT U.S.A.)		9. CITIZENSHIP OF WHAT COUNTRY		10. MARRIAGE STATUS (MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED)		11. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		12. DATE OF DEATH (MO., DAY, YEAR)	
7b. <u>Illinois</u>		9. <u>USA</u>		10. <u>Married</u>		11. <u>Mary Lou nee Popp</u>		12. <u>December 10, 1987</u>	
8. SOCIAL SECURITY NUMBER		9a. USUAL OCCUPATION		10. KIND OF BUSINESS OR INDUSTRY		11. WAS DECEASED EVER IN U.S. (SPECIFY YES OR NO)		12. WAR OR DATES OF SERVICE	
8. <u>319 20 0046</u>		9a. <u>Officer</u>		10. <u>Convictional</u>		11. <u>Yes</u>		12. <u>WW2</u>	
12. RESIDENCE STREET AND NUMBER		13a. CITY, TOWN, TWP. OR ROAD DISTRICT NO.		13b. INSIDE CITY (YES/NO)		14. COUNTY		15. STATE	
12. <u>7008 W. Pershing Rd.</u>		13a. <u>Berwyn</u>		13b. <u>Yes</u>		14. <u>Cook</u>		15. <u>Ill.</u>	
13b. FATHER-NAME		14. MOTHER-MAIDEN NAME		15. FATHER-NAME		16. MOTHER-MAIDEN NAME		17. FATHER-NAME	
13b. <u>Joseph Stejskal Sr.</u>		14. <u>Marie Cook</u>		15. <u>Andel</u>		16. <u>Andel</u>		17. <u>Andel</u>	
15. INFORMANT NAME (TYPE OR PRINT)		16. RELATIONSHIP		17. MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)		18. CITY OR TOWN, STATE, ZIP		19. COUNTY, STATE, ZIP	
15. <u>Mary Lou Stejskal</u>		16. <u>Wife</u>		17. <u>127008 W. Pershing</u>		18. <u>Berwyn, Ill.</u>		19. <u>60402</u>	
18. DEATH WAS CAUSED BY:		19. IMMEDIATE CAUSE		20. [WRITE ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]		21. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		22. HOURS	
18. <u>Heart Myocardial Infarction</u>		19. <u>Heart Myocardial Infarction</u>		20. <u>Heart Myocardial Infarction</u>		21. <u>hours</u>		22. <u>hours</u>	
23. PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		24. DATE OF OPERATION, IF MAJOR FINDINGS OF OPERATION		25. DATE OF OPERATION, IF MAJOR FINDINGS OF OPERATION		26. DATE OF OPERATION, IF MAJOR FINDINGS OF OPERATION		27. DATE OF OPERATION, IF MAJOR FINDINGS OF OPERATION	
23. <u>Chronic obstructive pulmonary disease</u>		24. <u>11-17-87</u>		25. <u>11-17-87</u>		26. <u>11-17-87</u>		27. <u>11-17-87</u>	
20a. I (D) (OPERATOR) AT TEND THE DECEASED AND LAST SAW HIM (HER) ALIVE ON		20b. (MONTH, DAY, YEAR)		21. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (SPECIFY YES OR NO)		22. HOUR OF DEATH		23. DATE SIGNED (MO., DAY, YR.)	
20a. <u>11-17-87</u>		20b. <u>11-17-87</u>		21. <u>Yes</u>		22. <u>4:32A</u>		23. <u>12-10-87</u>	
22. SIGNATURE AND ADDRESS OF CERTIFIER		23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		24. ILLINOIS LICENSE NUMBER		25. DATE SIGNED (MO., DAY, YR.)		26. ILLINOIS LICENSE NUMBER	
22. <u>Albert Sattler 3240 So Oak Park Dr Berwyn Ill</u>		23. <u>Albert Sattler</u>		24. <u>36-3892</u>		25. <u>12-10-87</u>		26. <u>36-3892</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		24. CEMETERY OR CREMATORY-NAME		25. LOCATION		26. CITY OR TOWN		27. STATE	
23. <u>Burial</u>		24. <u>Queen of Heaven</u>		25. <u>Hillside</u>		26. <u>Hillside</u>		27. <u>Ill.</u>	
24. FUNERAL HOME		25. NAME		26. STREET AND NUMBER OR R. F. D.		27. CITY OR TOWN		28. STATE	
24. <u>Joseph Nosek and Sons</u>		25. <u>Joseph G. Nosek</u>		26. <u>6716 W. 16th St.</u>		27. <u>Berwyn</u>		28. <u>Ill.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE		26. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		27. DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		28. DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		29. DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
25. <u>Joseph G. Nosek</u>		26. <u>60402</u>		27. <u>11. 1987</u>		28. <u>11. 1987</u>		29. <u>11. 1987</u>	
26. LOCAL REGISTRAR'S SIGNATURE		27. DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		28. DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		29. DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		30. DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
26. <u>[Signature]</u>		27. <u>11. 1987</u>		28. <u>11. 1987</u>		29. <u>11. 1987</u>		30. <u>11. 1987</u>	

VR 200 REV. 5/82

Illinois Department of Public Health - Office of Vital Records (BASED ON 1978 U.S. STANDARD CERTIFICATE)