

**REI REAL ESTATE INDEX**

**UNOFFICIAL COPY**

**DECEASED JOINT TENANCY AFFIDAVIT**

1820 RIDGE AVENUE  
EVANSTON, IL 60201.3690  
847.884.9000 FAX 847.884.9534



00215845

2303/0058 11 001 Page 1 of 3  
2000-03-28 11:43:55  
Cook County Recorder 47.50

Commitment Number: 2

Date: 3-8-2000

R819207



STATE OF ILLINOIS

COUNTY OF Cook

LARRY H. GORSKI, AKA LARRY H. GORSKI SR. being duly sworn states that HE resides at 10267 PELHAM ST. in the City of WESTCHESTER

That HE was acquainted with JUNE M. GORSKI deceased who, at the time of HER death, was one of the owners of the land in Cook County, Illinois, described as:

Property Address: 10267 PELHAM ST. WESTCHESTER, IL 60154  
PIN: 15-21-103-054

That the deceased died 2/21/2000, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

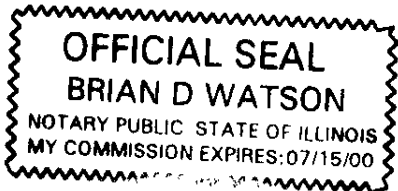
- Leaving no Last Will & Testament.
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of \_\_\_\_\_ County, Illinois.
- Leaving a Last Will & Testament which was filed in 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 \_\_\_\_\_ dollars.

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

[Signature]  
Affiant

Subscribed and sworn to before me this 8<sup>TH</sup> day of March, A.D. 2000  
[Signature]  
Notary Public



REI TITLE SERVICES # R819207 1 of 2

Mail to:  
Harris Banks  
150 W. Wilson  
Palatine, IL 60067

# UNOFFICIAL COPY

00215845

LOT 71 (EXCEPT THE W 9 FEET THEREOF) & LOT 72 (EXCEPT THE E 6 FEET THEREOF) TOGETHER WITH THE N 1/2 OF THE 16 FOOT VACATED ALLEY LYING S & ADJACENT THERETO AS VACATED BY ORDINANCE RECORDED AS DOCUMENT 19131270 IN GEORGE F. NIXON & CO.'S WESTCHESTER IN THE W 1/2 OF THE NW 1/4 OF SECTION 21, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

The Real Property or its address is commonly known as 10267 PELHAM ST., WESTCHESTER, IL 60154. The Real Property tax identification number is 15-21-103-054-0000.



Property of Cook County Clerk's Office



UNOFFICIAL COPY

00215849

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. <b>220</b>	STATE OF ILLINOIS	STATE FILE NUMBER
	REGISTERED NUMBER	<b>MEDICAL CERTIFICATE OF DEATH</b>	

1 Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED-NAME: FIRST <b>JUNE</b> MIDDLE <b>M.</b> LAST <b>GORSKI</b>		SEX: <b>2 FEMALE</b>	DATE OF DEATH (MONTH, DAY, YEAR): <b>3 FEBRUARY 21, 2000</b>
	COUNTY OF DEATH: <b>4 DUPAGE</b>	AGE-LAST BIRTHDAY (YRS): <b>5a 43</b>	UNDER 1 YEAR: <b>5b</b>	UNDER 1 DAY: <b>5c</b>
	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: <b>6a HINSDALE</b>	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): <b>6b MANOR CARE CENTER</b>		IF HOSP. OR INST. INDICATE D.O.A. (CHECKED FOR INPATIENT) (SPECIFY): <b>6c INPATIENT</b>
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): <b>7a CHICAGO, ILLINOIS</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): <b>8a MARRIED</b>	NAME OF SURVIVING SPOUSE (Maiden Name, if wife): <b>8b LARRY H. GORSKI</b>	

DECEASED B C D E	SOCIAL SECURITY NUMBER: <b>10 353-40-5393</b>	USUAL OCCUPATION: <b>11a NURSE</b>	KIND OF BUSINESS OR INDUSTRY: <b>11b ONCOLOGY</b>	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): <b>12 2</b>
	RESIDENCE (STR. ET AL. NUMBER): <b>13a 10267 PELHAM</b>	CITY, TOWN, TWP. OR ROAD DISTRICT NO.: <b>13b WESTCHESTER</b>	INSIDE CITY (YES/NO): <b>13c YES</b>	COUNTY: <b>13d COOK</b>
	STATE: <b>13e ILLINOIS</b>	ZIP CODE: <b>13f 60154</b>	RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY): <b>14a WHITE</b>	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.): <b>14b NO</b>
	FATHER-NAME: FIRST <b>15 FRANK</b> MIDDLE <b>J.</b> LAST <b>KAZMIERCZAK</b>		MOTHER-NAME: FIRST <b>16 LUCILLE</b> MIDDLE <b>M.</b> LAST <b>HOFF</b>	

PARENTS	INFORMANT'S NAME (TYPE OR PRINT): <b>17a LARRY H. GORSKI</b>	RELATIONSHIP: <b>17b HUSBAND</b>	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): <b>17c 10267 PELHAM WESTCHESTER, IL 60154</b>
---------	--	----------------------------------	---

CAUSE 1 2 3	PART I: Enter the diseases, or conditions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one use on each line.		APPROXIMATE INTERVAL (IN HOURS) BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (Final disease or condition resulting in death): <b>(a) Lymphocytic interstitial pneumonitis</b>		
	CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: <b>(b) Hypogammaglobulinemia</b>		

N P	PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: <b>cardiomegaly, ascites</b>		AUTOPSY (YES/NO): <b>19a NO</b>	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO): <b>19b</b>
	DATE OF OPERATION, IF ANY: <b>20a</b>	MAJOR FINDINGS OF OPERATION: <b>20b</b>	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? <b>20c YES [ ] NO [X]</b>	

CERTIFIER	(1) (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/LIVE ON: <b>21a 2 20 2000</b>	W. SCORE (OR OTHER MEDICAL EVALUATION) (NOTIFIED) (YES/NO): <b>21b</b>	HOUR OF DEATH: <b>21c 3:30 A.M.</b>	
	TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED ABOVE: <b>22a</b>		DATE SIGNED (MONTH, DAY, YEAR): <b>22b 2 22 2000</b>	
	NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): <b>22c RATAT PRAKASH, M.D. ADVOCATE HEALTH CENTER 2545 SO. KING DRIVE CHICAGO, IL 60616</b>		ILLINOIS LICENSE NUMBER: <b>22d 036086830</b>	
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): <b>23</b>		NOTE: A PHYSICIAN WAS INVOLVED IN THIS DEATH (CHECKED BY PHYSICIAN OR MEDICAL EXAMINER MUST BE AT SIGNATURE): <b>23a</b>	

DISPOSITION	BURIAL/CREMATION/REMOVAL (SPECIFY): <b>24a BURIAL</b>	CEMETERY OR CREMATORY-NAME: <b>24b QUEEN OF HEAVEN</b>	LOCATION: CITY OR TOWN, STATE: <b>24c HILLSIDE, ILLINOIS</b>	DATE: (MONTH, DAY, YEAR): <b>24d FEB 24, 2000</b>
	FUNERAL HOME: NAME: <b>25a HURSEN FUNERAL HOME</b>	STREET AND NUMBER OR R.F.D.: <b>4001 WEST ROOSEVELT ROAD</b>	CITY OR TOWN, STATE, ZIP: <b>HILLSIDE, ILLINOIS 60162</b>	
	FUNERAL DIRECTOR'S SIGNATURE: <b>25b Stanislaw Krozal</b>	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: <b>25c 034-014908</b>		
	LOCAL REGISTRAR'S SIGNATURE: <b>26a [Signature]</b>	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): <b>26b FEB 23 2000</b>		

**DuPage County Health Department**  
 111 North County Farm Road  
 Wheaton, Illinois 60187

This is to certify that this is a true and correct copy of the official record filed with the Illinois Department of Public Health.

*[Signature]* Local Registrar

Not valid without the embossed seal of DuPage County Health Department.