

# UNOFFICIAL COPY



0030042034



## CHICAGO TITLE INSURANCE COMPANY

Prepared by/mailto: 1st Security Federal Savings Bank  
936 N. Western Ave., Chicago, IL 60622  
DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF COOK

ss.

Order No. 008062922 CTIC

MARIAN FEDOROWICZ

being duly sworn

states that HE resides at 5225 W. WARWICK in the City of CHICAGO

That I was acquainted with ALINA FEDOROWICZ

deceased who, at the time of HER death, was one of the owners of the land in COOK County, Illinois, described as

LOT 3 IN RESUBDIVISION OF THE EAST 150 FEET OF LOT 8 IN KOESTER AND ZANDERS SUBDIVISION OF LOT 2 (EXCEPT THE NORTH 30.65 FEET THEREOF) OF CIRCUIT COURT COMMISSIONERS' PARTITION OF THE SOUTH 1/2 OF THE NORTHEAST 1/4 OF THE EAST 1/2 OF THE EAST 1/2 OF THE NORTHWEST 1/4 (EXCEPT THE NORTH 20 ACRES THEREOF) IN SECTION 21, TOWNSHIP 40 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.  
PIN# 13-21-123-011-0000

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2003-01-09 12:05:27

Cook County Recorder 46.00

5225 W. Warwick, Chicago, IL 60641

That the deceased died \_\_\_\_\_, 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 \_\_\_\_\_

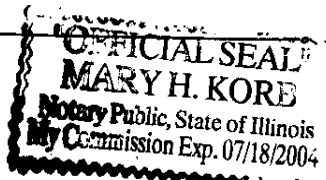
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of 291,000.00 dollars.

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

this 25<sup>th</sup> day of November, A.D. 2002

Notary Public



Marian Fedorowicz  
(affiant's signature)

BOX 333-CTI

STATE OF ILLINOIS  
 COUNTY OF COOK  
 CITY OF CHICAGO

STATE FILE NUMBER  
**614698**

**MEDICAL EXAMINER'S - CORONER'S  
 CERTIFICATE OF DEATH**

REGISTRATION DISTRICT NO. **16.10**  
 REGISTERED NUMBER  
**62 AUG 94**

**AUG 2 2 1994**

I, JOYCE A. BRAUNER, MPA, 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 FOR 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 OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

**UNOFFICIAL COPY**

**THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.**

**3004203A**

DECEASED-NAME 1. <b>ALINA</b> FIRST MIDDLE LAST		SEX 2. <b>Female</b>	DATE OF DEATH (MONTH, DAY, YEAR) 3. <b>August 4, 1994</b>
AGE-LAST BIRTHDAY (YRS) 5a. <b>28</b>		DATE OF BIRTH (MONTH, DAY, YEAR) 5d. <b>May 25, 1966</b>	IF HOSP. OR INST. INDICATED OR OP-EMERGM INPATIENT (SPECIFY) 6c. <b>DEA</b>
HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6a. <b>OUR LADY OF RESURRECTION</b>		NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) 8b. <b>Marian Fedorowicz</b>	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. <b>NO</b>
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. <b>Married</b>		KIND OF BUSINESS OR INDUSTRY 11a. <b>Homemaker</b>	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. <b>8</b> College (1-4 or 5-7)
SOCIAL SECURITY NUMBER 10. <b>336-84-2889</b>		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 11b. <b>Own Home</b>	INSIDE CITY (YES/NO) 13c. <b>Yes</b>
RESIDENCE (STREET AND NUMBER) 13a. <b>5225 W. Watwick</b>		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. <b>Chicago</b>	COUNTY 13d. <b>Cook</b>
STATE 13e. <b>Illinois</b>		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. <b>White</b>	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>YES</b> SPECIFY:
FATHER-NAME FIRST MIDDLE LAST 15. <b>Hipolit Szeligoyski</b>		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 16. <b>Maria Not Available</b>	
INFORMANT'S NAME (TYPE OR PRINT) 17a. <b>Marian Fedorowicz</b>		RELATIONSHIP 17b. <b>Husband</b>	MAILING ADDRESS (STREET AND NO., OR P.O., CITY OR TOWN, STATE, ZIP) 17c. <b>17c.5225 W. Watwick Chicago, IL. 60641</b>
18. PART I. Immediate Cause (Final disease or condition resulting in death) <b>(a) BRONCHIAL ASTHMA</b> DUE TO, OR AS A CONSEQUENCE OF <b>(b)</b> DUE TO, OR AS A CONSEQUENCE OF <b>(c)</b>		APPROPRIATE MEDICAL HISTORY BETWEEN ONSET AND DEATH	
PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			
NATURAL ACCIDENT, HOMICIDE, SUICIDE (UNDETERMINED) (SPECIFY) 20a. <b>PATURAL</b>		DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOUR 20c. <b>M. 20d</b>
INJURY AT WORK (YES/NO) 20e.		LOCATION (CITY, VIL. OR TOWN, CTRY., OR RD. DIST. NO., COUNTY, STATE) 20f.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I, OR PART II, ITEM 18) 20g.
I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INSTITUTION, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT CORONER'S - MEDICAL EXAMINER'S SIGNATURE 22a. <b>[Signature]</b>		THE DECEASED WAS PRONOUNCED DEAD ON DATE SIGNED (MONTH, DAY, YEAR) 21c. <b>5:30 AM. AUGUST 4, 1994</b>	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20h. <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
CORONER'S PHYSICIAN'S NAME (TYPE OR PRINT) 22b. <b>BARRY DOLPSCHULTZ MD</b>		DATE SIGNED (MONTH, DAY, YEAR) 22c. <b>22b. AUGUST 5 1994</b>	
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. <b>Burial</b>		CEMETERY OR CREMATORY-NAME 24b. <b>Local</b>	DATE (MONTH, DAY, YEAR) 24d. <b>Aug. 16, 1994</b>
FUNERAL HOME 25a. <b>Dykla-Sikorski Funeral Home</b>		STREET AND NUMBER OR R.F.D. 25b. <b>3630 West George St.</b>	CITY OR TOWN 25c. <b>Chicago, Illinois</b>
FUNERAL DIRECTOR'S SIGNATURE 25d. <b>[Signature]</b>		STATE 25e. <b>Illinois</b>	ZIP 25f. <b>60618</b>
LOCAL REGISTRAR'S SIGNATURE 26a. <b>[Signature]</b>		FUNERAL DIRECTOR'S TELEPHONE NUMBER 25c. <b>034-011164</b>	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. <b>AUG 09 1994</b>