

STATE OF ILLINOIS )

COUNTY OF COOK )

**UNOFFICIAL COPY**

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9931/0014 43 005 Page 1 of 2

2003-01-09 11:33:53

Cook County Recorder 26.50

**DECEASED JOINT TENANCY**  
**AFFIDAVIT**

**COOK COUNTY**  
**RECORDER**  
**EUGENE "GENE" MOORE**  
**ROLLING MEADOWS**



For Recorder Use only

ANNA E. BADURA, hereinafter referred to as the affiant, states under oath that the affiant resides at 5630 W. Henderson, Chicago, Illinois; that the affiant was acquainted with PETER A. BADURA, the decedent; that at the time of death, the decedent was one of the

owners of the property, by virtue of properly recorded joint tenancy warranty deed, said property located in Cook County, Illinois, and legally described as follows:

LOT 16 IN ELSIE HOLLATZ'S CENTRAL AVENUE SUBDIVISION OF THE NORTH 5 ACRES OF THE SOUTH 20 ACRES OF THE EAST 40 ACRES OF THE SOUTH EAST 1/4 OF SECTION 20, TOWNSHIP 40 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

P. I. N. # 13-20-420-025-0000

ADDRESS OF REAL ESTATE: 5630 W. Henderson, Chicago, Illinois

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

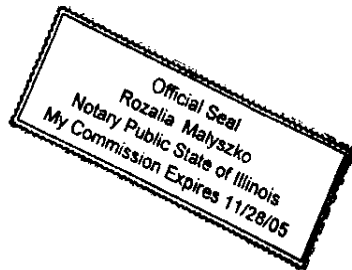
That the decedent died on July 10, 2002, leaving no last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$90,000.00; and the value of the above property individually was \$ 90,000 00.

*Anna E. Badura* (Seal)  
ANNA E. BADURA

Subscribed and Sworn to before me this 3rd day of December, 2002.

*Rozalia Malyszko*  
Notary Public



MAIL TO:

RICHARD S. CHELMINSKI  
5521 N. CUMBERLAND, #1109  
CHICAGO, ILLINOIS 60656



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Property of Cook County Clerk's Office

STATE OF ILLINOIS  
 COUNTY OF COOK  
 CITY OF CHICAGO

JUL 12 2002

I, JOHN L. WILHELM M.D., 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 OBTAINANCE OF SAID LAW AND ORDINANCES.

*John L. Wilhelm, MD.*  
 LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

REGISTRATION DISTRICT NO. **16.10** STATE OF ILLINOIS  
 REGISTERED NUMBER **610595**

**MEDICAL CERTIFICATE OF DEATH**

DECEASED-NAME FIRST **PETER** MIDDLE **A.** LAST **BADURA** SEX **MALE** DATE OF DEATH (MONTH, DAY, YEAR) **JULY 10, 2002**

COUNTY OF DEATH **COOK** UNDER 1 DAY HOURS MIN DATE OF BIRTH (MONTH, DAY, YEAR) **MARCH 2, 1917**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **CHI CHICAGO** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **NORWEGIAN AMERICAN HOSPITAL**

6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **CHI CHICAGO** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **MARRIED** NAME OF SURVIVING SPOUSE (MADEN NAME, IF WIFE) **ANNA KLICK**

7. CHICAGO, ILLINOIS SOCIAL SECURITY NUMBER **325-03-0137** USUAL OCCUPATION **MAINTENANCE MAN** KIND OF BUSINESS OR INDUSTRY **U.S. POST OFFICE** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) **College (1-4 or 5+)**

10. RESIDENCE (STREET AND NUMBER) **5630 W HENDERSON** CITY, TOWN, TWP. OR ROAD DISTRICT NO. **CHI CHICAGO** INSIDE CITY (YES/NO) **YES** COUNTY **COOK**

13a. STATE **ILLINOIS** ZIP CODE **60634** RACE (WHITE, BLACK, AMERICAN INDIAN, OTHER SPECIFY) **WHITE** OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) **NO**

FATHER-NAME FIRST **PETER** MIDDLE **T.** LAST **BADURA** MOTHER-NAME FIRST **HATTIE** MIDDLE **LAMINSKI** LAST **LAMINSKI**

15. INFORMANT'S NAME (TYPE OR PRINT) **PETER HOSP RECORDS** MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) **17c. 1044 N FRANCISCO CHICAGO ILL 60622**

17a. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Enter the immediate cause (Final disease or condition resulting in death) **Renal failure**

(a) DUE TO, OR AS A CONSEQUENCE OF **Anemia**

(b) DUE TO, OR AS A CONSEQUENCE OF **ca of prostate**

18. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

20a. DATE OF OPERATION, IF ANY **JULY 10, 2002** MAJOR FINDINGS OF OPERATION **AS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) NO**

20b. (DID/DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON) **JULY 10, 2002** HOUR OF DEATH **02:21 A M.**

21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED. **CHI CHICAGO**

22a. SIGNATURE AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **John L. Wilhelm, MD.** ILLINOIS LICENSE NUMBER **036-083101**

22b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

23. BURIAL, CREMATION, REMOVAL (SPECIFY) **BURIAL** CEMETERY OR CREMATORY-NAME (IF OTHER THAN ABOVE) **ST. ADALBERT CEMETERY** CITY OR TOWN **CHICAGO, ILLINOIS** STATE **ILLINOIS** DATE (MONTH, DAY, YEAR) **JULY 13, 2002**

24a. FUNERAL HOME NAME **MATZ FUNERAL HOME** STREET AND NUMBER OR R.F.D. **3440 NORTH CENTRAL AVENUE** CITY OR TOWN **CHICAGO, ILLINOIS** STATE **ILLINOIS** ZIP **60634**

25a. FUNERAL DIRECTOR'S SIGNATURE **John L. Wilhelm, MD.** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **034-011825**

25b. LOCAL REGISTRAR'S SIGNATURE **John L. Wilhelm, MD.** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **JUL 13 2002**

26a. LOCAL REGISTRAR'S SIGNATURE **John L. Wilhelm, MD.** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **JUL 13 2002**