

DECEASED JOINT TENANCY  
AFFIDAVIT

STATE OF ILLINOIS )  
 ) SS.  
COUNTY OF COOK )



Patricia A. Lenski being duly sworn states that she resides at 4641 N. Knox, in the City of Chicago, State of Illinois.

That she was acquainted with James A. Lenski, deceased, who, at the time of his death, was one of the owners in the land in Cook County, Illinois, described as:

Lot 21 in Block 10 in Montrose, in the West Half of the North West Quarter of Section 15, Township 40 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Real Estate Index Number: 15-15-111-006-0000

Address of Real Estate: 4641 N. Knox, Chicago, Illinois 60630

That the deceased died October 2, 2002, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will and Testament.
- Leaving a Last Will and Testament. The original of the unproven will should be filed with the Clerk of the Probated Division of the Circuit Court of \_\_\_ County, Illinois.
- Leaving a Last Will and Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of \_\_\_ County, Illinois, about \_\_\_\_\_.

Subscribed and Sworn to before me this 27th day of November, 2002.

*Patricia A. Lenski*  
Patricia A. Lenski, Affiant

*Lynn M May*  
Notary Public



PREPARED BY & RETURNED TO :

DROST, KIVLAHAN & McMAHON LTD.  
Attorneys At Law  
11 S. Dunton Avenue  
Arlington Heights, IL 60005-1475

UNOFFICIAL COPY

DECEASED'S BIRTH NO. REGISTRATION DISTRICT NO. 11003 STATE OF ILLINOIS 0030113385 STATE FILE NUMBER

**MEDICAL CERTIFICATE OF DEATH**

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

**DECEASED**

1. DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)  
James A. Lenski Male 3. October 2, 2002

4. COUNTY OF DEATH AGE—LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)  
Cook 5a. 75 5b. MOS. DAYS 5c. HOURS MIN 5d. May 18, 1927

6a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6b. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6c. IF HOSP OR INST. INDICATE O O A OP EMER RM, INPATIENT (SPECIFY)  
Park Ridge Lutheran General Hospital DOA

7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)  
Chicago, IL 8a. Married 8b. Patricia A. (Salmon) 9. Yes

10. SOCIAL SECURITY NUMBER 11a. USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDUSTRY 12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)  
348-20-2980 11a. Civil Engineer 11b. Engineering 12. Elementary/Secondary (0-12) College (1-4 or 5-) 2

13a. RESIDENCE (STREET AND NUMBER) 13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13c. INSIDE CITY (YES/NO) 13d. COUNTY  
4641 N. Knox Chicago Yes Cook

13e. STATE - ZIP CODE 14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)  
Illinois 13f. 60630 14a. White 14b. NO YES SPECIFY:

**PARENTS**

15. FATHER—NAME FIRST MIDDLE LAST MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST  
Albert T. Lenski Elizabeth M. Voborsky

17a. INFORMANT'S NAME (TYPE OR PRINT) 17b. RELATIONSHIP 17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)  
Patricia A. Lenski 17b. Wife 17c. 4641 N. Knox Chicago, IL 60630

18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Immediate Cause (Final disease or condition resulting in death) (a) Intercerebral Hemorrhage 7 weeks

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. AUTOPSY (YES/NO) WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)  
Hypertension 19a. No 19b.

20a. DATE OF OPERATION, IF ANY 20b. MAJOR FINDINGS OF OPERATION 20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?  
20c. YES NO

21a. (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) HOUR OF DEATH  
Sept. 24, 2002 21b. Yes 21c. 12:55 a.m.

22a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED DATE SIGNED (MONTH, DAY, YEAR)  
22a. SIGNATURE Richard N. Clark MD 7447 W. Talcott Chicago IL 60631 22b. 10/2/2002

22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22d. ILLINOIS LICENSE NUMBER  
Richard N. Clark MD 7447 W. Talcott Chicago IL 60631 22d. 036-069277

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

**DISPOSITION**

24a. BURIAL, CREMATION, REMOVAL (SPECIFY) 24b. CEMETERY OR CREMATORY—NAME 24c. LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)  
Burial 24b. Maryhill 24c. Niles, Illinois 24d. 10/5/2002

25a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP  
Tohle Funeral Home 4325 W. Lawrence Ave. Chicago, IL 60630

25b. FUNERAL DIRECTOR'S SIGNATURE 25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER  
Kenneth C. Halter 25c. 034-011884

26a. LOCAL REGISTRAR'S SIGNATURE 26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)  
Jay W. Tossy 26b. October 3, 02

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at Item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE OCTOBER 3, 2002 SIGNED Jay W. Tossy AT EVANSTON, Illinois OFFICIAL TITLE LOCAL REGISTRAR

The original record of this death 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 a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.