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17/0021 53 001 Page 1 of 3
2000-05-08 09:23:10
Cook County Recorder 25.50



JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
)SS
COUNTY OF COOK)

ELIZABETH C. WIZER, hereinafter referred to as the Affiant, deposes and states that the Affiant resides at 5049 Butterfield, in Hillside, Cook County, Illinois.

That the decedent at the time of his death was one of the owners of the property in Hillside, Cook County, Illinois, legally described as follows:

SEE OVER FOR LEGAL DESCRIPTION, COMMON ADDRESS AND TAX INDEX NUMBER

Name of Decedent: RICHARD R. WIZER, a/k/a RICHARD WIZER

Date of Death: November 8th, 1998
See Death Certificate attached.

That the above property was held in joint tenancy by the decedent and ELIZABETH C. WIZER, surviving spouse.

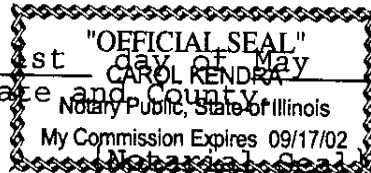
That the decedent died intestate. That the total value of the estate of said decedent, including his interest in the above real estate, is \$100,000.00. That the Illinois Inheritance Tax and the Federal Estate Tax, if any, due from the decedent's estate has been paid in full.

That this Affidavit is made to clear the chain of title of the above described real property and establish title in the surviving joint owner.

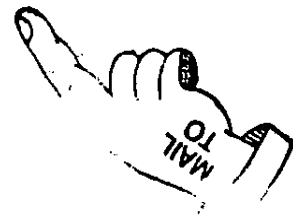
Dated this 1st day of May, 2000.

Signature Elizabeth C. Wizer

SUBSCRIBED AND SWORN TO before me this 1st day of May, 2000, a Notary Public in and for said State and County.
Carol Kendra Notary Public
My Commission Expires 09/17/02



This Instrument Prepared By: ALAN J. BERNICK, Attorney-at-Law, 5500 South Sawyer Avenue, Chicago, Illinois 60629 - Phone: 1-773-434-4500; FAX: 1-773-436-8886



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Parcel 1:

Lots 3 and 4 in Block 4 in Vendley and Company's 1st Addition to Hillside Acres, being a resubdivision of Porters Addition to Hillside, a subdivision of part of the North 1/2 of Section 18, Township 39 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

Parcel 2:

The North 1/2 of the vacated alley lying adjoining said Parcel 1 aforesaid.

Address Of Property:

5049 Butterfield Road
Hillside, Illinois 60162

Permanent Tax Index No.:

15-18-206-022-0000

Property of Cook County Clerk's Office

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DECEDENT'S BIRTH NO. _____
 REGISTRATION DISTRICT NO. **45.0**
 REGISTERED NUMBER _____

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

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

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
 1. RICHARD WIZER Male 3 November 8, 1998
 COUNTY OF DEATH AGE—LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)
 4. Kane 5a. 71 5b. 5c. 5d. February 18, 1927
 CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)
 6a. Aurora 6b. Copley-Rush Medical Ctr. 6c. Inpatient
 BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
 7. Chicago, Il. 8a. Married 8b. Elizabeth Nee Janiga 9. Yes
 SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
 10. 361-12-5860 11. Bartender 11b. Drake Hotel 12. 11
 REFERENCE (STREET AND NUMBER) CITY, TOWN, TWP, OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY
 13a. 5049 Butterfield 13b. Hillside 13c. Yes 13d. Cook
 STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)
 13e. Illinois 13f. 60162 14a. White 14b. NO YES SPECIFY:

DECEASED

PARENTS

FATHER—NAME FIRST MIDDLE LAST MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST
 15. John Wizer 16. Helen Juras
 INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
 17a. Elizabeth Wizer 17b. Wife 17c. 5049 Butterfield Hillside, IL 60162

CAUSE

18. PART I. Enter the cause, or causes 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) METASTATIC WNG CA TO BRAIN
 DUE TO, OR AS A CONSEQUENCE OF
 CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) INTERMITTENT ARTERIAL HYPERTENSION 20+ (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.

CERTIFIER

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION AUTOPSY (YES/NO) WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)
 20a. 20b. 19a. No 19b.
 (I DID, (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) HOUR OF DEATH
 21a. 4/7/98 21b. No 21c. 12:34AM M.
 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 *Christopher Cascino* 22b. 11-9-98
 NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 60506 ILLINOIS LICENSE NUMBER
 22c. CHRISTOPHER CASCINO M.D. 1221 N. Highland ave. Aurora IL 22d. 36080914
 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

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
 24a. Burial 24b. Resurrection Cemetery 24c. Justice Illinois 24d. Nov 11 1998
 FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
 25a. Hennessy Bruno Funeral Home 5903 Burr Oak Berkely Illinois 60163
 FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
 25b. *Michael J. Bruno* 25c. 034-08875
 LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
 26a. *Lorraine P. Sava* 26b. NOV 10 1998
 Illinois Department of Public Health—Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)

CERTIFIED COPY OF VITAL RECORDS

STATE OF ILLINOIS)
COUNTY OF KANE) SS

DATE ISSUED

NOV 10 1998
Lorraine P. Sava

LORRAINE P. SAVA
COUNTY CLERK

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County Clerk, Kane County, Geneva, Illinois.



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