

UNOFFICIAL COPY



0314307022

Eugene "Gene" Moore Fee: \$28.00
Cook County Recorder of Deeds
Date: 05/23/2003 12:55 PM Pg: 1 of 3

STATE OF ILLINOIS)
) SS
COUNTY OF C O O K)

JOINT TENANCY AFFIDAVIT

JANICE KAHLE, hereby referred to as the affiant, states under oath that the affiant resides at 8284 W. Strong, Norridge, IL; that the affiant was acquainted with RAYMOND J. SOBKOVIK, the decedent; that at the time of death, the decedent was one of the owners of the property commonly known as 4715 N. Oketo, Harwood Heights, IL by virtue of a properly recorded joint tenancy warranty deed, said property, located in Cook County, Illinois, and legally described as per the attached.

Address of Property: 4715 N. Oketo, Harwood Heights, IL 60706
P.I.N. 12-13-204-017-0000

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 November 17, 1971, as evidenced by a certified copy of his death certificate attached hereto;

That the Illinois Estate Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full.

That the affiant makes this affidavit to induce Attorneys' Title Guaranty Fund, Inc. to issue its policy of title insurance on the above described property.

The affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold Attorneys' Title Guaranty Fund, Inc. harmless and to reimburse The Fund for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature which The Fund may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

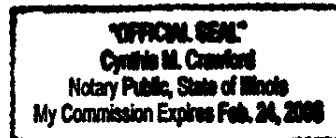
1. Claims against the estate of RAYMOND J. SOBKOVIK, the decedent;
2. Illinois Estate Inheritance Tax and Federal Estate Tax which may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.

Janice Kahle (SEAL)
JANICE KAHLE

Subscribed & Sworn to before me this 17th day of March, 2003.

Michael J. Cornfield
Notary Public

This Affidavit Prepared by and return to:
MICHAEL J. CORNFIELD
6153 N. Milwaukee Avenue
Chicago, Illinois 6064



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Legal Description:

Lot 17 in Block 4 in Oliver Salinger and Company's Second Lawrence Avenue Manor Subdivision of Lot 7 in C.R. Balls Subdivision of the North half of the North West Quarter of Section 18, Township 40 North, Range 13, East of the Third Principal Meridian and the North 25.4 acres of the North East Quarter of the North East Quarter of Section 13, Township 40 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

Property of Cook County Clerk's Office

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CERTIFIED COPY OF A DEATH RECORD
UNOFFICIAL COPY

REGISTRATION DISTRICT NO. **1692** STATE OF ILLINOIS LOCAL RECORD
 REGISTERED NUMBER **1254** MEDICAL CERTIFICATE OF DEATH COUNTY FILE NUMBER

1. DECEASED—NAME FIRST MIDDLE LAST RAYMOND J. SOBKOVIAK		2. SEX Male	3. DATE OF DEATH (MONTH, DAY, YEAR) November 17, 1971
4. RACE (SPECIFY) White	5. AGE—LAST BIRTHDAY (YRS.) 5a. 55	6. DATE OF BIRTH (MONTH, DAY, YEAR) 6. June 23, 1916	7. PLACE OF DEATH COUNTY COOK
7b. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER PROVISO TOWNSHIP	7c. INSIDE CITY (YES/NO) NO	7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) VETERANS ADM., HINES, ILL. 60141	
8. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Wisconsin	9. CITIZEN OF WHAT COUNTRY USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	11. NAME OF SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Emily Krupa
12. SOCIAL SECURITY NUMBER 389 14 4442	13a. USUAL OCCUPATION Laborer	13b. KIND OF BUSINESS OR INDUSTRY Factory	13c. U.S. WAR VETERAN (YES/NO) yes
14a. RESIDENCE STATE Illinois	14b. COUNTY Cook	14c. CITY, TOWN, TWP. OR ROAD DISTRICT NO. Harwood Heights	14d. INSIDE CITY (YES/NO) yes
14e. STREET AND NUMBER 4719 N. Oketo	15. FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST Jake Sobkoviak Mary Cavals		
17a. INFORMANT'S SIGNATURE J.G. GHERARDI, Med. Adm. Ast.		17b. RELATIONSHIP Hospital Records	17c. MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP) VETERANS ADM., HINES, ILL. 60141

PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE (a) Lymphosarcoma of the Gastrointestinal Tract		unknown
DUE TO OR AS A CONSEQUENCE OF:		
(b) _____		
DUE TO OR AS A CONSEQUENCE OF:		
(c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		19a. AUTOPSY (YES/NO) no
DATE OF OPERATION, IF ANY; MAJOR FINDINGS OF OPERATION		19b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

21. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED AT 11:05 P. M. ON THE DATE, AT THE PLACE AND FROM THE CAUSE(S) STATED		NOTE: IF AN INJURY WAS INVOLVED THIS DEATH, THE CORONER MUST BE NOTIFIED.
21a. DECEASED FROM: MONTH DAY YEAR 11 4 71	21b. TO MONTH DAY YEAR 11 17 71	21c. AND LAST SAW HIM/HER ALIVE ON: MONTH DAY YEAR November 17 71
22a. SIGNATURE THOMAS D. DALE JR., M.D.	22b. DATE SIGNED (MONTH, DAY, YEAR) November 18, 1971	22c. ILLINOIS LICENSE NUMBER 36-34233
23. MAILING ADDRESS—CERTIFIER STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE ZIP VETERANS ADM., HINES, ILL. 60141		
24a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	24b. CEMETERY OR CREMATORY—NAME Weyerhaeuser	24c. LOCATION CITY OR TOWN STATE Bruce Wisconsin
25a. FUNERAL HOME NAME STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE ZIP Chasen Funeral Home 5766 Higgins Chicago Illinois 60630	25b. FUNERAL DIRECTOR'S SIGNATURE WALTER R. CHASEN	
25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 4350		26a. LOCAL REGISTRAR'S SIGNATURE Don Crovengano
26b. DATE REC'D BY LOCAL REGISTRAR (MONTH, DAY, YEAR) NOV 10 1971		26c. CITY OR TOWN STATE ZIP FOREST PARK, ILLINOIS

VS 200.1 (1968) BUREAU OF STATISTICS - ILLINOIS DEPARTMENT OF PUBLIC HEALTH - SPRINGFIELD 62701

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 3 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

DATE **APR 11 1973** SIGNED **Don Crovengano**
 AT **FOREST PARK, ILLINOIS**, Illinois, OFFICIAL LOCAL REGISTRAR OF VITAL STATISTICS

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield, County clerk 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 or the local registrar or the county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

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