

UNOFFICIAL COPY

DECREASED JOINT TENANCY AFFIDAVIT



0320548073

Eugene "Gene" Moore Fee: \$28.50
Cook County Recorder of Deeds
Date: 07/24/2003 10:28 AM Pg: 1 of 3

STATE OF ILLINOIS]
COUNTY OF COOK]

EDWARD OSAK being duly

sworn states that HE resides at 1040 N. ROCKWELL in the city of CHICAGO
ILLINOIS.

That HE was acquainted WALTER OSAK deceased who, at the time of HIS death, was one of the owners of the land in COOK County, Illinois, described as:

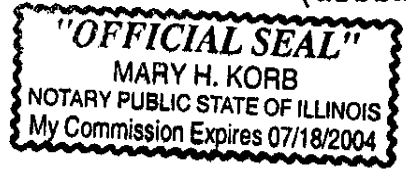
P.I.N. 16-01-409-053-0000 & 16-01-409-054-0000

That the deceased died JULY 27, 1977 as evidenced by a certified copy of death certificate of the deceased attached hereto.

Subscribed and sworn to before me by the said EDWARD OSAK this 21ST day of JULY, A.D. 2003

[Signature]
Notary Public

*Edward Osak
(affiant signature)



After Recording Return to:

UNOFFICIAL COPY

paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the said second party forever, all the right, title, interest and claim which the said first party has in and to the following described parcel of land, and improvements and appurtenances thereto in the County of _____, State of _____ to wit:

LOTS 21 AND 22 IN GROSS THIRD HUMBOLDT PARK
ADDITION TO CHICAGO IN SECTION 1, TOWNSHIP 39
NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL
MERIDIAN, IN COOK COUNTY, ILLINOIS

PINK 16-01-409-053 0000
PINK 16-01-409-054-0000

Property of Cook County Clerk's Office
ZBAB

UNOFFICIAL COPY

STATE OF WISCONSIN
 DEPARTMENT OF HEALTH AND SOCIAL SERVICES
 DIVISION OF HEALTH
 ORIGINAL CERTIFICATE OF DEATH
 STATE DEATH NO.

DECEASED NAME: **WALTER** First Middle Last
 SEX: **Male** DATE OF BIRTH: **March 24, 1918** MONTH DAY YEAR
 AGE: **59** YEARS

DECEASED NAME: **Rhineland** (Specify) **White**
 STATE OF BIRTH: **Ill.** CITIZEN OF WHAT COUNTRY: **USA**
 HOSPITAL OR OTHER INSTITUTION - NAME: **28 N. Brown (Fenlon Hotel) St.**
 SURVIVING SPOUSE: **None** (If wife, give maiden name)

RESIDENCE STATE: **Ill.** COUNTY: **Cook**
 SOCIAL SECURITY NO.: **# 322-03-5738**
 USUAL OCCUPATION: **Television Repairman**
 KIND OF BUSINESS OR INDUSTRY: **Own Business**

FATHER - NAME: **Stanley** First Middle Last
 MOTHER - MAIDEN NAME: **Mary** First Middle Last
 ZIP: **60622** CITY OR VILLAGE: **Chicago** STATE: **Ill.**

CAUSE: **17a. Annette Shontz**
17b. 1040 Rockwell St. Chicago Ill 60622
17c. X (If Yes, Give War or Dates of Service)
17d. X (If Yes, Give War or Dates of Service)
17e. X (If Yes, Give War or Dates of Service)
17f. X (If Yes, Give War or Dates of Service)
17g. X (If Yes, Give War or Dates of Service)
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17x. X (If Yes, Give War or Dates of Service)
17y. X (If Yes, Give War or Dates of Service)
17z. X (If Yes, Give War or Dates of Service)

ACCIDENT: **20a. X** (If Yes, Give Date, Time, and Place of Injury)
20b. X (If Yes, Give Date, Time, and Place of Injury)
20c. X (If Yes, Give Date, Time, and Place of Injury)
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20x. X (If Yes, Give Date, Time, and Place of Injury)
20y. X (If Yes, Give Date, Time, and Place of Injury)
20z. X (If Yes, Give Date, Time, and Place of Injury)

CERTIFICATION: **21a. X** (If Yes, Give Date, Time, and Place of Death)
21b. X (If Yes, Give Date, Time, and Place of Death)
21c. X (If Yes, Give Date, Time, and Place of Death)
21d. X (If Yes, Give Date, Time, and Place of Death)
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21x. X (If Yes, Give Date, Time, and Place of Death)
21y. X (If Yes, Give Date, Time, and Place of Death)
21z. X (If Yes, Give Date, Time, and Place of Death)

CERTIFIER NAME: **Robert C. Gelas**
 ADDRESS: **Box # 492, Rhineland, WI 54501**
 SIGNATURE: *Robert C. Gelas*
 DATE SIGNED: **July 28, 1977**

BURIAL: **Aug. 1, 1977**
 CEMETERY: **Saints Cemetery**
 ADDRESS: **411 Saints Cemetery, Hydebrand, Wisconsin 54501**
 SIGNATURE: *Walter Rhineland*
 DATE SIGNED: **July 28, 1977**

Funeral Home: **Rhineland Wisconsin**
 Address: **411 Saints Cemetery, Hydebrand, Wisconsin 54501**
 Signatures: *Walter Rhineland*, *Frances A. Rhineland*
 Date: **July 28, 1977**