UNOFFICIAL CORP

This instrument prepared by and mail to:

Eugene "Gene" Moore Fee: \$26.50 Cook County Recorder of Deeds Date: 08/05/2003 10:37 AM Pg: 1 of 2

Law Offices of Kulas & Kulas 2329 W. Chicago Avenue Chicago, Illinois 60622

State of Illinois)
) ss
County of Cook)

DECEASED JOINT TENANCY AFFIDAVIT

Lorraine Aparas being duly sworn on oath states that she resides at 2446 W. Huron Street, in the City of Chicago, State of Illinois.

That affiant was acquainted with the decedent, Paul J. Andras, who at the time of his death was one of the owners of the land in Cook County, Illinois, described as:

Lot 36 in Block 2 in R. P. Patterson's Subdivision of Block 1 in Wright and Webster Subdivision of the Northcast 1/4 of Section 12, Township 39 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

P.I. No.:

16-12-207-025-0000

Commonly known as:

2446 W. Huron Street, Chicago, Thinois 60612

That the decedent died on November 16, 1996, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the undersigned affiant is making this affidavit for the purpose of establishing and clarifying the chain of title for the above mentioned property.

Lorraine Andras

Subscribed and sworn to before me this 31st day of July, 2003.

Notary Public

"OFFICIAL SEAU"
PAUL J. KULAS
Notary Public, State of Illinois
My Commission Expires 12/08/06

DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 25c.34 - 011009"UNERAL DIRECTOR"S ILLINOIS LICENSE NUMBER DV 18 1995 PASEDON 1989 U.S. STANDARD OF TIFICATE AFFIXED. MIJETICOLOR SIGNATUHE SEAL IS

/R200 (Rev. 5/89)

Department of Public Health—Division of Vital Records

FUNERAL DIRECTOR'S SIGN

25a John Rago Sons

721

z

Western Ave., STREET AND NUMBER OR R.F.D.

ZIP

CITY OR FOWN

Chicago, Illinois 60612

Joseph

Rago

THIS CERTIFIED COPY VALID WHEN

235477302

d

OE

CITY OF CHICAGO

SHEET IS A TRUE COPY OF A RECORD CERTIFY THAT I AM THE KEEPER OF LAWS AND ORDINANCES KEPT BY ME IN PURSUANCE OF SAID **ACCOMPANYING CERTIFCATE ON THIS** THE CITY OF CHICAGO, THAT THE OF ILLINOIS AND THE ORDINANCES OF BY VIHITUE OF THE LAWS OF THE STATE AND DEATHS FOR THE CITY OF CHICAGO THE RECORDS OF BIRTHS, STILLBURTHS REGISTRAH OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HERLEBY L SHEILA LYNE, RSM, LOCAL

DEPARTMENT

NOV 18 1995

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COUNTY OF COOK STATE OF ILLINOIS CITY OF CHICAGO ¥ 1

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REGISTRATION DISTRICT NO.

STATE OF ILLINOIS

STATE FILE

REGISTERED	MEDICAL CE	ERTIFICATE OF DEAT	CLASON HI
DECEASED-NAME F	IRST MIDDLE	LAST SEX I	DATE OF DEATH (MONTH, DAY, YEAR)
1. PAUL		ANDRAS 2. MALE	R
COUNTY OF DEATH	\dashv	AR UNDER LOAY DATE OF BIR	(MONTH, DAY, YEAR)
4. COOK	Ĺ	5b. 5c. Min. 5d. OCt.	. 2, 1927
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER		INEITHER, GIVE STREE	-
BIRTHPI ACE (CTY AND STATE OF	6b. RESURRE	RESURRECTION MEDICAL CENTER	6c. IN
FOREIGN COUNTRY)	WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	E) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO.)
Chgo LLL	8a. Married	Ľ.	9. NO
OCCIAL SOCIETY NOMBER	USUAL OCCUPATION	DUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary: Secondary (0-12) College (1-4 or 5 +)
Ι.		Food co.	
(G)	CITY,	Ņ,	INSIDE CITY COUNTY
3a.2446 W. Huron	1 St. 13b.	Chicago	13c. Ves 13d. Cook
	RACE	OFHISPANIC ORIGIN? (SPECIFY	SPECIFY CUBAN,
13e Illinois 13f. 6	0612	14b XXNO ☐ YES SP	SPECIFY:
FATHER-NAME FIRST	MIDDLE	MOTHER-NAME FIRST	MIDDLE (À AIDEN) LAST
_	Andras	16. Anna	Lee
(NEORMANT'S NAME (TYPEORPRINT)		RELATIONSHIP MAILING ADDRESS (STREET AN	(STREET AND NO. OR R. F.D., TYC., TOWN, STATE, ZIP)
crraine	Andras :76.	b. Wife. 17c. 2446 W. Hu	
nmediate Cause (Final shock, or	diseases, or complications that caused the heart failure. List only one cause on each	cardi	APPROXIM BETWEENON
→	(a) CHRONIC OBSTRUCTIVE	VE PULMONARY DISEASE	2 YEARS
1	Å.	INFARCTION	2 WEEKS
STATING THE UNDERLYING (C)	(c)		
PART II. Other significant conditions contribu	Other significant conditions contributing to death but not resulting in the underlying cause given	se given in PART (AUTOPSY WERE AUTOPSY PRICHOS AVAILABLE PRICHTO COMPLETION OF CAUSE OF DEATH 7 (YES/NO)
0 J		, c	
CA CHERNION, TANK	MAJOR FINDINGS OF OPERATION	0)	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?
TO A TOO NOT ATTEND THE DECEASE	١		20c. YES □
MD LAST SAW HIM/HER ALIVE ON	NOVEMBER 16 1006	WINER NOTIFIED?	7.00DW
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)
SIGNATURE >	chy Saelos	Ó	22tNOVEMBER 17,1996
	(TYP)	C	ILLINOIS LICENSE NUMBER
ASHOK S.	DEYO!	CHICAGO, IL. 60646	224036-088986
23.	PRINTER HAN CEH IFICH ("PEORPRINT)	PRINT	NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
BURIAL CREMATION, CEME REMOVAL (SPECIFY)	CEMETERY OR CREMATORY-NAME	LOCATION CITYORTOWN ST	STATE DATE (MONTH, DAY, YEAR)
24a Burial 24b.	ryhill	Niles	is May.20,1996
FUNERAL HOME	NAME STREET AND NU	AND NUMBER OR R.F.D. CITY OR FOWN	IAIS

0321718013 Page: 2 of 2