Stewart Title Guaranty Company

Eugene "Gene" Moore Fee: \$50.00 Cook County Recorder of Deeds Date: 08/28/2003 01:27 PM Pg: 1 of 3

AFFIDAVIT RE DECEASED JOINT TENANT

E OF ILLINOIS)SS RE: YOUR ORDER NO.TM 110020 / OF COOK

PAUL P. SKOWRON, son of PETER P. SKOWRON, being duly sworn and for the purpose of inducing Stewart Title Guaranty Company to issue the subject policy covering the hereinafter described land, state:

- 1. That he resides at
- : 14129 HELLISTEAU WALLS

CH611121 PANK IL

60462

2. That he was acquainted with PETER P. SKOWRON, who died on

as evidenced by the attached certified copy of death certificate;

- 3. That said decedent was one of the owners of land described:
 - Γ in the subject order number;
 - R in the following legal description;
 - to follow.
- 4. That said decedent died:
 - Γ leaving no last will and testament;
 - Γ leaving a last will and testament, a copy of which is attached;
- 5. That the total value of the estate of said decodert for State of Illinois inheritance tax and Federal estate tax purposes does not exceed \$100,000.00.

Paul P. Oh.

Affiant

Subscribed and sworn to before me this 3041, day

of June ____, 2003.

margaret w Paluch

Notary Public

IBSION EXPIRES: 09/2

County of Cook) UNOFF LOUITY COUNTY COUNTY OF COUNTY OF COUNTY CO

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

| | • | | | | | • | | |
|---|--|------------------------------------|---------------------------|-------------------------------|--------------------------------|--|---|------------------------------------|
| DECEDENT'S BIRTH NO. | REGISTRATION /6.0 | TRATION /6.0 STATE OF ILLINOIS | | | | | STATE FILE NUMBER | |
| | REGISTERED MEDICAL CERTIFICATE OF DEATH | | | | | | | |
| Type or Print in PERMANENT INK | DECEASED-NAME | FIRST MIDDL | .E L | AST | SEX | DATE OF DEA | TH (MONTH, DAY, YEAR) | |
| See Funeral Directors, | 1. | Peter P. | Skowro | n | 2 Male | | • | |
| Hospital, or Physicians Handbook for | COUNTY OF DEATH | AGE-LAS | UNDER 1 | | 1 | BIRTH (MONTH, DA | January 26, | , 2003 |
| INSTRUCTIONS | 4. Cook | | 7 (YRS) MÖS. 5b. | 1 | MIN. | | | |
| ļ | CITY, TOWN, TAR CRECAD DISTR | | OROTHERINSTITU | 5c. TION-NAME (IF NOT IN | 50. J | une 30, 1 | | |
| | 6a. Palos Heigh | ts 6b. | Palos Comm | unity Hos | nital | LE I AND HOWBEN) | IF HOSP, OR INST, INDI OP/EMER. RM, INPATIE | NT (SPECIFY) |
| *************************************** | BIRTHPLACE (CITY AND STATE OF | MARRIED NEVERMARRIEI |) NAME OF | SURVIVING SPOUS | _ | AEMILES. | 6c. Inpatio | |
| DECEASED | FOREIGN COUNTRY) 7. Chicago, IL | WIDOWED, DIVORCED (SPI | ECIFY) | None | DE (MAIDENNAME | , IF WIFE) | WAS DECEA ARMED FOR | ISEDEVERINI BCES? (YES/N LES |
| B | SOCIAL SECURITY NUMBER | - Mt | 8b. | | | | J. | |
| C | 00/ 1/ 5000 | UNION UNION | | BUSINESSORINDU | | ATION (SPECIFY ON) ary/Secondary (0-12) | YHIGHEST GRADE COMPL College (1-4 or 5 +) | ETED) |
| | 10. 336-16-5083 RESIDENCE (STREET AND NUMBER) | 11a. Carpenter | 11b. | Housing | 12. | | | 2 |
| D | | | CITY, TOWN, TW | P, OR ROAD DISTR | RICT NO. | INSIDE CITY (YES/NO) | COUNTY | |
| E | 13a. 11225 S. L | | 13b. | Alsip | | 13c. Yes | | |
| | 2.7 3. | INDicer →/SPE | BLACK, AMERICAN CIFY) | OFHISPANICO | RIGIN? (SPECIFY) | NO OR YES-IF YES, SPE | CIFY CUBAN, MEXICAN, PUB | RTORICAN, 8 |
| ς | 13e. Illinois 13f. | 60803 _{14a.} | White | 14b. ₹ NO | ☐ YES | SPECIFY: | | |
| PARENTS | FATHER-NAME FIRST | MIDDLE L | ST | MOTHER-NAME | FIRST | MIDDLE | (MAIDEN) | LAST |
| | 15. Louis | | Skrwron | 16. | -Elizab | eth Anna | Slarz | -n/a- |
| | INFORMANT'S NAME (TYPE OR PRINT |) | re ATIONSH | IP MAILING | ADDRESS (STRE | ET AND NO. OR R.F.D., | CITY OR TOWN, STATE, ZIP | |
| 1 | 17a. Paul Skowro | n | 17h 301 | 1 170 14 | 129 Hem | pstead Dr | .Orland Par | k IL |
| 2 | 18. PART I. Enter th | e diseases, or complications that | caused the deam. To | | | | | |
| 3 | Immediate Cause (Final | or heart failure. List only one ca | use on each line. | | ~,g, 00011 00 001 | CHOCH TESPH AROLY EL | BETWEEN ON: | TEINTERVAL SET AND DEATH |
| | disease or condition | METASTATE | C 1011 | Smr | ces | ぐひ むでころかっ | | |
| | resulting in death) | UETO, OR AS A CONSEQUENC | | -1400 | <u>care</u> | | NAC | |
| | CONDITIONS, IF ANY WHICH GIVE RISE TO | o) | | (0) | L . | | | |
| CAUSE | IMMEDIATE CAUSE (a) | UETO, OR AS A CONSEQUENC | EOF | | Z | | | |
| | STATING THE UNDERLYING CAUSE LAST. | ^ 1 | | • | | | | |
| 4 | PART II. Other significant conditions contr | | derking cause given in D/ | | -0, - | AUTOROV | - | |
| 5 | | 110025 | | | | AUTOPSY (YES/NO) | WERE AUTOPSY FINDINGS A COMPLETION OF CAUSE OF | VAILABLE PRIOR DEATH? (YES/NO) |
| | DATE OF OPERATION, IF ANY | MAJOR FINDINGS OF OPER | ATION | | | 19a. NO | 19b. | |
| N | , | INFORTAINDINGS OF OFFIC | ATION | | | IF FEMA | LE, WAS THERE A PREGNA MONTHS? | NCY IN PAST |
| · ···································· | 20a | 20b. | · | | | | YES NO | |
| | I (DID) (DID NOT) ATTEND THE DECE AND CAST SAW HIM/HER ALIVE ON | | | ĮV IE | VAS CORONER C XAMINER NOTIF | PRMEDICA'. IF OU | | |
| *********** | 21a. | 1/21/03 | | 12 | 21b. NO | 210 | 8:30 a | • M. |
| | TO THE BEST OF MY KNOWLEDGE, | DEATH OCCURRED AT THE TIN | E DATE AND PLACE | AND DUE TO THE | AUSE(S) STATE | D. DAT | | I, DAY, YEAR) |
| CERTIFIER | 22a. SIGNATURE | 4 | 7 | | | 22b | ((1710 | 3 |
| | NAME AND ADDRESS OF CERTIFIED | | - | | | | OIS LICENSE NUMBER | |
| | 22c. (5300 | こうりょう えい | بعن ج | AW P | د رب | 22d | 036-069 | Over |
| | NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) | | | | | | NOTE: IF AN INJURY WAS INVOLVED IN THIS | |
| | 23. | | | | | | DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED. | |
| | BURIAL, CREMATION, CEMETERY OR CREMATORY—NAME LOCATION CITYORTOWN STATE DATE (MONTH, DAY, YEAR) REMOVAL (SPECIFY) | | | | | | | |
| | 24a. Cremation 24 | Evergreen Cr | ematory | 4c Everg | reen Par | k,Illinoi | s _{24d} Jan. 28 | 3,2003 |
| | FUNERAL HOME | NAME STE | REET AND NUMBER OR | R.F.D. | CITY OR TOW | N | STATE | ZIP |
| DISPOSITION | 25a. Blake-Lamb Funeral Home 4727 W. 103rd Street Oak Lawn Illinois 60453 | | | | | | | |
| | FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER | | | | | | | |
| 1 | OR A VIII OR H | | | | | | 34-011832 | |
| • | 25b. COOK COUNTY OF HOUSE AND COUNTY OF HIS AND COUNTY OF HOUSE AND COUNTY OF HOUSE AND COUNTY OF HOUSE AN | | | | | | CAL REGISTRAR (MONTH, DAY, YEAR) | |
| | LOCAL REGISTRAR'S SICHATURE | -2i | 3/11-A | | 1 | D QL. | 27,2003 | , |
| | 26a. VR200 (Rev. 5/89) | Illinois Danartmont | of Public Nealth—Di | vision of Vital Basse | | Sb. An | SED ON 1989 U.S. STANDAR | |
| | TIEGO (FIET. GIGG) | וויייולפר פולויייול | OF A SPORT INDICATED | FIGURE OF THE THOUGHT | | 1/ (50 | 0000 0.0.010741 | _ , |

0323820283 Page: 3 of 3

Coot County Clart's Office

UNOFFICIAL COPY

EXHIBIT A TO COOK COUNTY REAL ESTATE TRANSFER DECLARATION

LOT 51 IN ROBERT BARTLETT'S 111TH STREET GARDEN HOMESITES, A SUBDIVISION OF THE WEST 1/2 OF THE NORTHEAST 1/4 AND THE WEST 20 ACRES OF THE EAST 1/2 OF THE NORTHEAST 1/4 OF SECTION 21, TOWNSHIP 37 NORTH RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, (EXCEPT THE FOLLOWING: THAT PART CONVEYED TO THE CHICAGO AND CALUMET TERMINAL RAILROAD BY DEED, DATED JULY 27, 1889 AND RECORDED JULY 29, 1889 AS DOCUMENT 1134426 AND EXCEPT THAT PART CONVEYED TO THE BALTIMORE AND OHIO CHICAGO TERMINAL BY DEED DATED JUNE 24, 1929 AND RECORDED JULY 1, 1929 AS DOCUMENT 10416000, AND EXCEPT THAT PORTION OF PREMISES DEDICATED FOR 111TH STREET BY INSTRUMENT RECORDED DECEMBER 6, 1930 AS DOCUMENT NO. 10804268), ACCORDING TO THE PLAT THEREOF RECORDED NOVEMBER 8, 1944 AS DOCUMENT NO. 10804268, ACCORDING TO THE PLAT THEREOF RECORDED NOVEMBER 8, 1944 AS DOCUMENT 13392200 IN COOK COUNTY, ILLINOS.