

# UNOFFICIAL COPY

## DECEASED JOINT TENANCY AFFIDAVIT



Eugene "Gene" Moore Fee: \$26.50  
Cook County Recorder of Deeds  
Date: 08/27/2003 09:50 AM Pg: 1 of 2

STATE OF ILLINOIS )  
 ) ss.  
COUNTY OF COOK )

JANINA ZAJAC, a widow,  
being duly sworn states that she  
resides at 8526 North Oketo  
Avenue, Niles, Illinois 60714.

That she was acquainted  
with STANLEY ZAJAC, deceased,  
who at the time of his death, was  
one of the owners of the land in  
Cook County, Illinois, described  
as:

Above Space for Recorder's Use Only

LOT EIGHTEEN (18) IN BLOCK ON (1), IN NILES GARDENS, BEING A SUBDIVISION IN THE NORTHEAST QUARTER (1/4) OF SECTION 24, TOWNSHIP 41 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, ACCORDING TO THE PLAT THEREOF REGISTERED IN THE OFFICE OF THE REGISTRAR OF TITLES OF COOK COUNTY, ILLINOIS, ON MARCH 12, 1956, AS DOCUMENT NUMBER 1656187.

Permanent Real Estate Index Number: 09-24-208-019-0000

Address of Real Estate: 8526 North Oketo Avenue, Niles, Illinois 60714

That the deceased died March 29, 2000, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

Leaving no Last Will & Testament.

Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of \_\_\_\_\_ County, Illinois.

Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of \_\_\_\_\_ County, Illinois, about \_\_\_\_\_.

That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of \_\_\_\_\_ dollars.

Subscribed and sworn to before me  
this July 8, 2003.

Stephen A. Kubiатовski  
Notary Public

Janine Zajac  
JANINA ZAJAC, Affiant

RECORDED IN JANINA ZAJAC, 8526 North Oketo Avenue, Niles, Illinois 60714  
STEPHEN A. KUBIATOWSKI  
NOTARY PUBLIC, STATE OF ILLINOIS  
My Commission Expires 1/13/04

JUL 01 2003

**UNOFFICIAL COPY**

I, DAVID ORR, County Clerk of the County of Cook, in the State of Illinois, 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.

*David Orr*  
COUNTY CLERK

IRTH NO.	REGISTRATION DISTRICT NO. <i>160B</i>	STATE OF ILLINOIS	STATE FILE NUMBER
<b>MEDICAL CERTIFICATE OF DEATH</b>			
DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. <b>STANLEY ZAJAC</b>		2. <b>MALE</b>	3. <b>MARCH 29, 2000</b>
COUNTY OF DEATH	AGE—LAST BIRTHDAY (YRS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.
4. <b>COOK</b>	5a. <b>68</b>	5b.	5c.
DATE OF BIRTH (MONTH, DAY, YEAR)		5d. <b>MAY 3, 1931</b>	
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
6a. <b>NILES</b>		6b. <b>8526 N. OKETO</b>	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	
7. <b>POLAND</b>		8b. <b>JANINA ENGEL</b>	
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		9. <b>NO</b>	
8a. <b>MARRIED</b>		IF HOSP. OR INST. INDICATE D.O.A. OR I/EMER. RM. INPATIENT (SPECIFY)	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION	
10. <b>118-26-0309</b>		11a. <b>DRIVER</b>	
KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
11b. <b>TRUCKING</b>		12. <b>12</b>	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.	
13a. <b>8526 N. OKETO</b>		13b. <b>NILES</b>	
INSIDE CITY (YES/NO)		COUNTY	
13c. <b>YES</b>		13d. <b>COOK</b>	
STATE		ZIP CODE	
13e. <b>ILLINOIS</b>		13f. <b>60714</b>	
RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)	
14a. <b>WHITE</b>		14b. <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>YES</b> SPECIFY:	
FATHER—NAME FIRST MIDDLE LAST		MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST	
15. <b>JAN ZAJAC</b>		6. <b>JOZEFA BEDNARCZYK</b>	
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	
17a. <b>JANINA ZAJAC</b>		17b. <b>WIFE</b>	
ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)		17c. <b>8526 N. OKETO NILES, IL 60714</b>	
18. PART I. Enter the diseases, or complications 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) <b>(a) Pancreatic Cancer</b>			
DUE TO, OR AS A CONSEQUENCE OF			
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. <b>(b)</b>			
DUE TO, OR AS A CONSEQUENCE OF			
<b>(c)</b>			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		AUTOPSY (YES/NO)	
		19a. <b>NO</b>	
		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)	
		19b.	
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION	
20a.		20b.	
IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		20c. <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	
I (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	
21a.		21b. <b>YES</b>	
HOUR OF DEATH		21c. <b>2:00 P.M.</b>	
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 <i>[Signature]</i>		22b. <b>MAR 30, 2000</b>	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER	
22c. <b>Eric Pales MD 660 Rand Rd. D.P.</b>		22d. <b>036-097368</b>	
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.	
23. <b>Dr. Mario Atkinson 960 RAND RD. DES PLAINES, IL</b>			
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION CITY OR TOWN STATE	DATE (MONTH, DAY, YEAR)
24a. <b>BURIAL</b>	24b. <b>MARYHILL CEMETERY</b>	24c. <b>NILES ILLINOIS</b>	24d. <b>APR 1, 2000</b>
FUNERAL HOME NAME	STREET AND NUMBER OR R.F.D.	CITY OR TOWN STATE	ZIP
25a. <b>MALEC &amp; SONS FUNERAL HOME 6000 N. MILWAUKEE AVE CHICAGO ILLINOIS 60646</b>			
FUNERAL DIRECTOR'S SIGNATURE	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		
25b. <i>[Signature]</i> <b>WESLEY A. STINCH</b>	25c. <b>034-011619</b>		
LOCAL REGISTRAR SIGNATURE	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		
26a. <i>[Signature]</i> <b>KAREN L. COOT, M.D. REGISTRAR</b>	26b. <b>March 30, 2000</b>		