UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT

0325234208

Doc#: 0325234208
Eugene "Gene" Moore Fee: $26.50
Cook County Recorder of Deeds
Date: 09/09/2003 03:51 PM Pg: 1 of 2

State of Illinois)
)ss.
County of Cook)

MARIE M. TRANKINA, being duly sworn, states that she resides at 7117 Riverside Drive in the City of Berwyn, Illinois 60402;

That she was acquainted with FRANK R. TRANKINA, deceased, who, at the time of his death, was one of the owners in joint tenancy of the land in Cook County, Illinois, described as:

LOT 7 IN RIVERSIDE PARK, BEING A SUBDIVISION OF PART OF LOT 1 OF CIRCUIT COURT PARTITION OF THE NORTHWEST ¼ AND THE SOUTHWEST ¼ OF SECTION 30, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINICIPAL MERIDIAN ACCORDING TO THE PLAT THEREOF RECORDED AS DOCUMENT 16 266 591, IN COOK COUNTY, ILLINOIS.

Permanent Real Estate Index Number: 16-30-327-014
Address of Real Estate: 7117 Riverside Drive, Berwyn, Illinois 60402

That the deceased died November 4, 2002, as evidenced by a certified copy of death certificate of the deceased attached hereto;

That the deceased died:

- ☐ Leaving no Last Will and Testament
- ☒ Leaving a Last Will and 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 Cook County, Illinois.
- ☒ Leaving a Last Will and Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, Illinois, about September 4, 2003.

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 Six hundred fifty thousand dollars.

Affiant makes this affidavit for the purpose of providing a clear chain of title and inducing a Title Insurance Company to issue a title insurance policy on the above mentioned real property upon sale of said property, describing the above mentioned real property.

OFFICIAL SEAL
ANNE CHRISTNEY MUDD
NOTARY PUBLIC STATE OF ILLINOIS
MY COMMISSION EXPIRES:03/03/04

Marie Trankina
Signature of the Affiant

Subscribed and sworn before me by the said Marie M. Trankina, this 22nd day of August, 2003

Anne Christney Mudd
Notary Public

Property of Cook County Clerk's Office

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I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the record for the person named 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: NOV 0 7 2002 SIGNED: Robert C. Rechous

AT: BERWYN, ILLINOIS OFFICIAL TITLE: REGISTRAR

The original record is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. Local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of this record by the Department of Public Health or the local registrar shall be prima facie evidence in all courts and places of the facts therein.

PRINTED BY AUTHORITY OF THE STATE OF ILLINOIS

DECEDENT'S BIRTH NO.

REGISTRATION DISTRICT NO. 16-21

REGISTERED NUMBER 794

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED

1. DECEASED–NAME: FIRST Frank; MIDDLE R.; LAST Trankina
2. SEX: Male
3. DATE OF DEATH (MONTH, DAY, YEAR): November 4, 2002
4. COUNTY OF DEATH: Cook
5a. AGE–LAST BIRTHDAY (YRS): 71
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
5d. DATE OF BIRTH (MONTH, DAY, YEAR): August 13, 1931
6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: Berwyn
6b. HOSPITAL OR OTHER INSTITUTION–NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): 7117 Riverside Drive
6c. IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM, INPATIENT (SPECIFY)
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): Oak Park, IL
8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): Marie Cikanek
9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO): Yes
10. SOCIAL SECURITY NUMBER: 341-24-9450
11a. USUAL OCCUPATION: Sales Promotion Exec.
11b. KIND OF BUSINESS OR INDUSTRY: Sales Promotion
12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): Elementary/Secondary (0-12); College (1-4 or 5+): 4
13a. RESIDENCE (STREET AND NUMBER): 7117 Riverside Drive
13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO.: Berwyn
13c. INSIDE CITY (YES/NO): Yes
13d. COUNTY: Cook
13e. STATE: Illinois
13f. ZIP CODE: 60402
14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): White
14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES–IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.): X NO ☐ YES SPECIFY:

PARENTS

15. FATHER–NAME: FIRST Frank; MIDDLE J.; LAST Trankina
16. MOTHER–NAME: FIRST Beatrice; MIDDLE A.; (MAIDEN) LAST Tomaselli
17a. INFORMANT'S NAME (TYPE OR PRINT): Marie Trankina
17b. RELATIONSHIP: Wife
17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 7117 Riverside Dr., Berwyn, IL 60402

CAUSE

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.

Immediate Cause (Final disease or condition resulting in death) → (a) Carcinoma of the Prostate — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 18 mos.

DUE TO, OR AS A CONSEQUENCE OF

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b)

DUE TO, OR AS A CONSEQUENCE OF

(c)

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

19a. AUTOPSY (YES/NO): No
19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)
20a. DATE OF OPERATION, IF ANY
20b. MAJOR FINDINGS OF OPERATION
20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES ☐ NO ☐

CERTIFIER

21. I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR): 10/22/02
21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): No
21c. HOUR OF DEATH: 7:00 P.M.

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

22a. SIGNATURE ▶ Philip Palutsis
22b. DATE SIGNED (MONTH, DAY, YEAR): November 5, 2002
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): Philip Palutsis, M.D. 4413 Roosevelt Rd., Hillside, IL
22d. ILLINOIS LICENSE NUMBER: 036-062738-1
23. 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.

DISPOSITION

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
24b. CEMETERY OR CREMATORY–NAME: Queen of Heaven
24c. LOCATION CITY OR TOWN STATE: Hillside, Illinois
24d. DATE (MONTH, DAY, YEAR): Nov. 9, 2002
25a. FUNERAL HOME NAME: Drechsler, Brown & Williams; STREET AND NUMBER OR R.F.D.: 203 S. Marion St.; CITY OR TOWN, STATE, ZIP: Oak Park, Illinois 60302
25b. FUNERAL DIRECTOR'S SIGNATURE ▶ Charles M. Williams
25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 034-012154
26a. LOCAL REGISTRAR'S SIGNATURE ▶ Robert C. Rechous Reg.
26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): NOV 07 2002

VR200 (Rev. 5/89) Illinois Department of Public Health—Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)

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