

UNOFFICIAL COPY



DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS )  
 ) ss.  
COUNTY OF COOK )

Doc#: 0326226206  
Eugene "Gene" Moore Fee: \$26.00  
Cook County Recorder of Deeds  
Date: 09/19/2003 02:24 PM Pg: 1 of 2

FLORENCE H. LORENZ, being duly sworn states that she resides at 2433 Rebecca Lane, Glenview, Illinois 60025.

Above Space for Recorder's Use Only

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

Lot 23 in Alke's Subdivision of the East 1/2 of the East 1/2 of the Southeast 1/4 of the Southwest 1/4 of Section 22, Township 40 North, Range 13 East of the Third Principal Meridian, in Cook County, Illinois.  
P.I.N.: 13-22-318-022-0000

Address: 3307 North Kenneth Avenue, Chicago, Illinois 60641

That the deceased died Feb 14, 2000 as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died: Intestate

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 \$300,000.00.

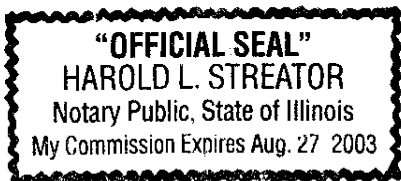
Affiant makes this affidavit for the purpose of inducing the Attorneys Title Guaranty Fund, Inc. to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me this 5th day of August, 2003.

Harold L. Streator  
Notary Public

Florence H. Lorenz  
FLORENCE H. LORENZ, Affiant

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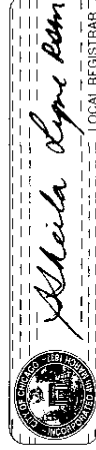
CITY OF CHICAGO

DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

FEB 16 2000

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO  
REGISTERAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN ORDINANCE OF SAID LAW AND ORDINANCES.



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

STATE FILE NUMBER

602625

## MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.10

REGISTERED NUMBER

DECEASED-NAME 1. Helen	FIRST I.	MIDDLE Nurkowski	LAST 2. Female	SEX	DATE OF DEATH (MONTH DAY YEAR)
COUNTY OF DEATH 4. Cook	AGE-LAST BIRTHDAY (YRS) 5a. 90	UNDER 1 YEAR 5b. 0	HOURS 5c. 0	MIN	DATE OF BIRTH (MONTH DAY YEAR)
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6a. Chicago	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Widowed	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. None	6c. D.O.A.		
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Chicago, IL	USUAL OCCUPATION 11a. Homemaker	KIND OF BUSINESS OR INDUSTRY 11b. Home	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 8 VPS	9. No	
SOCIAL SECURITY NUMBER 10. 338-10-8188	CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13a. Chicago	INSIDE CITY (YES NO) 13c. Yes	COUNTY 13d. Cook	10. No	
RESIDENCE (STREET AND NUMBER) 13a. 3307 N. Kenneth	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. White	OF HISPANIC ORIGIN? (SPECIFY YES OR NO) 14b. X No	SPECIFY: 14c. Cook	11. No	
STATE 13b. Illinois	FIRST Peter	MIDDLE Ciesolkiewicz	LAST Zielaskiewicz	12. No	
FATHER-NAME	RELATIONSHIP 17a. Daughter	MAILING ADDRESS (STREET AND NO OR R.F.D. CITY OR TOWN, STATE, ZIP) 17c. 2433 Rebecca Lane Glenview, IL 60025	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	13. No	
IMMEDIATE CAUSE (Final disease or condition resulting in death) 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.	(a) ACUTE MYOCARDIAL INFARCTION (b) CORONARY ARTERY DISEASE (c) Dementia				
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				
DATE OF OPERATION, IF ANY 20a. 2/2/00	MAJOR FINDINGS OF OPERATION 20b. Miss Penny	AUTOPSY (YES NO) 19a. NO	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES [ ] NO [X]	19b. No	
(10) (DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a. 2/4/00	DATE OF DEATH 21b. 2/4/00	HOUR OF DEATH 21c. 3:30 P. M.	DATE SIGNED (MONTH DAY YEAR) 22b. 2/15/00	21d. No	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND I OWE TO THE CAUSE(S) STATED.	22c. JOHN SAGE M.D. 1247 MILWAUKEE AVE. GLENVIEW, ILLINOIS				
22a. SIGNATURE (IT IS OR PRINT) John Sage	22d. 36-11843				
NAME AND ADDRESS OF CERTIFIER	NOTE: IF AN INQUIRY WAS INVOLVED AT THIS DEATH, THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.				
22c. JOHN SAGE M.D. 1247 MILWAUKEE AVE. GLENVIEW, ILLINOIS	23. Burial, Cremation, Removal (Specify) 24a. Entombment				
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)	CEMETERY OR CREMATORY-NAME 24b. Maryhill	CITY OR TOWN Niles	STATE Illinois	DATE (MONTH DAY YEAR) 24d. Feb. 18, 2000	ZIP 60639
25a. Casey-Laskowski & Sons 4540 W. Diversey Ave. Chicago, Illinois	25c. #034-014711				
FUNERAL DIRECTOR'S SIGNATURE Casey-Laskowski	25d. 18, 2000				
LOCAL REGISTRAR'S SIGNATURE Michelle Lynn RSM	26b. FEB 16 2000				