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JOINT TENANCY AFFIDAVIT

Janina Slowik Wicher, states under oath that she resides at 907 N. Richmond, Chicago Illinois; that the affiant was acquainted with the decedent; that at the time of death, the decedent, Joseph Wicher, was one of the owners of the property, in joint tenancy with Janina Slowic Wicher, his wife, located at 907 N. Richmond, Chicago, Illinois, and legally described as follows:

Doc#: 0329331109
Eugene "Gene" Moore Fee: \$26.50
Cook County Recorder of Deeds
Date: 10/20/2003 01:05 PM Pg: 1 of 2

Lot 18 in Block 14 in Carter's Resubdivision of Blocks, 1, 3, 4, 5, 7, 8, 9, 10, 11, 13, 14, 15, and Lots 2, 4 and 5 in Block 17, all in Carters Subdivision of Blocks 1, 2, 3, 4, and 7 in Cliffords Addition to Chicago, in Section 1, Township 39 North, Range 13 East of the Third Principal Meridian, in Cook County, Illinois.

PTN: 16-01-315-012-0000

Property Address: 907 N. Richmond, Chicago, Illinois 60622

That the decedent had not held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

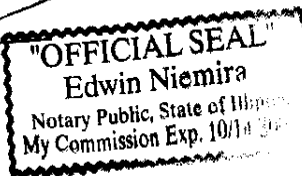
That the decedent died on August 26, 2001, and a copy of his death certificate is attached.

That the total value of decedent's estate, including the taxable interest in the above property was less than that necessary to qualify for Federal or Illinois Estate taxation.

Janina Slowik Wicher
Janina Slowik Wicher

Subscribed and Sworn to before me
this 2 day of Oct, 2003.

Edwin Niemira
NOTARY PUBLIC



This document prepared and mail to
Edwin R. Niemira
1110 N. Ashland Ave.
Chicago, IL 60622

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CITY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

AUG 28 2001

6/3431

MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **16.10**

REGISTERED NUMBER

DECEASED - NAME
FIRST MIDDLE LAST
Joseph Wicher

DATE OF DEATH (MONTH DAY YEAR)
Aug 26, 01

SEX **2 male**

DATE OF BIRTH (MONTH DAY YEAR)
16, 1918

IF POST OR INST INDICATED O A OF EMER RM INPATIENT (SPECIFY)
D.O.A.

WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO)
9 NO

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER
CHICAGO

8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
MARRIED

8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)
ST. Elizabeth Hospital

8c. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
Elementary Secondary (0-12)

8d. KIND OF BUSINESS OR INDUSTRY
MANUFACTURING

11b. MANUFACTURING 12. INSIDE CITY (YES NO) 13c. YES 13d. COOK COUNTY

10. SOCIAL SECURITY NUMBER
339-28-5765

11a. SECURITY CARD (CITY, TOWN, TWP, OR ROAD DISTRICT NO.)
CHICAGO

13a. RESIDENCE (STREET AND NUMBER)
907 N. RICHMOND

13b. CHICAGO (OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES SPECIFY CUBAN MEXICAN PORTORICAN etc))

13c. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)
WHITE

14a. MOTHER - NAME FIRST MIDDLE LAST
MARIA RICHMOND SHERWOOD

14b. NO YES SPECIFY: FIRST MIDDLE LAST
NO

15. FATHER - NAME FIRST MIDDLE LAST
U/A

16. MAILING ADDRESS (STREET AND NO. OR P.O. BOX OR TOWN STATE ZIP)
907 N RICHMOND SHERWOOD

17a. JANINA WICHER 17b. WIFE 17c. 907 N RICHMOND SHERWOOD

17d. RELATIONSHIP (SPECIFY)
WIFE

17e. MODE OF DYING (such as cardiac or respiratory arrest, shock, or heart failure). List only one cause on each line.
Arterio Sclerotic Cardio Vascular Disease

18. PART I. Immediate Cause (Final disease or condition resulting in death)
(a) Arterio Sclerotic Cardio Vascular Disease

18. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
(b) Diabetes Mellitus

19. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
(a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF

20a. NATURAL ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED (SPECIFY)
NATURAL

20b. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY)
AT HOME

20c. DATE OF INJURY (MONTH DAY YEAR) (HOUR)
Aug 26, 01 8:30 P.M.

20d. LOCATION (CITY, TOWN, TWP, OR ROAD DISTRICT NO., COUNTY, STATE)
CHICAGO ILL

21a. I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSES STATED, AND THAT...
Dr. Aldo J. Alvarez MD

21b. DATE SIGNED (MONTH DAY YEAR)
Aug 27, 01

21c. DATE SIGNED (MONTH DAY YEAR)
Aug 27, 01

22a. CORONER'S PHYSICIAN'S NAME (Type or Print)
Dr. Aldo J. Alvarez MD

22b. DATE (MONTH DAY YEAR)
Aug 27, 01

23a. BURIAL CREMATION, REMOVAL (SPECIFY)
BURIAL

23b. STREET AND NUMBER OR R.F.D.
MARYHILL

23c. CITY OR TOWN
CHICAGO ILL

23d. STATE
IL

23e. ZIP
60640

24a. FUNERAL HOME
DURANTE FUNERAL SERVICES

24b. STREET AND NUMBER OR R.F.D.
2351 W AUGUSTA BLVD

24c. CITY OR TOWN
CHICAGO ILL

24d. STATE
IL

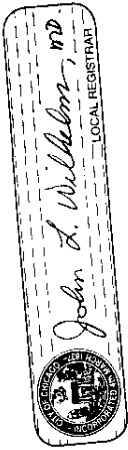
24e. ZIP
60640

25a. FUNERAL DIRECTOR'S SIGNATURE
DURANTE

25b. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
0341-010018

25c. DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR)
Aug 28 2001

I, JOHN C. WILHELM M.D., LOCAL REGISTRAR 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 AND 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.