



UNOFFICIAL COPY

TICOR TITLE INSURANCE COMPANY

203 N. LASALLE, STE. 2200, CHICAGO, IL 60601

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS }
COUNTY OF Cook } ss.

Order No.: 2000 000533201 CH

I, Irma J. Wolski
being duly sworn states that she resides at Chicago
in the City of Chicago

3P

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



Doc#: 0332808210
Eugene "Gene" Moore Fee: \$50.00
Cook County Recorder of Deeds
Date: 11/24/2003 10:06 AM Pg: 1 of 3

That the deceased died F Raymond Wolski, as evidenced by a certified copy of death
certificate of the deceased attached hereto.

That the deceased died:

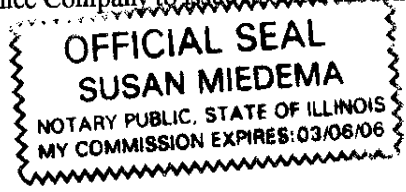
- Leaving no Last Will & Testament.
Leaving a Last Will & Testament a copy of which is attached hereto.
Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, Illinois about

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.

Affiant makes this affidavit for the purpose of inducing Ticor Title
describing the above mentioned property.

Insurance Company to issue its Title Insurance Policy,

Subscribed and sworn to before me by the said



this 13 day of NOV, A.D. 2003
Notary Public

(Affiant's Signature)

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STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.0  
 REGISTERED NUMBER  
 DECEASED-NAME FIRST MIDDLE LAST  
 1. COUNTY OF DEATH F. RAYMOND WOLSON SEX 2. MALE DATE OF BIRTH (MONTH, DAY, YEAR) 3. AUGUST 24, 2001  
 4. COOK CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN OTHER, GIVE STREET AND NUMBER) 5d. JUNE 01, 1938  
 6a. ARLINGTON HEIGHTS BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 6b. NORTHWEST COMMUNITY HOSPITAL  
 7. GREENVILLE, MS SOCIAL SECURITY NUMBER 8a. MARRIED 8b. IRMA SHAPIRO  
 10. 410-56-3336 RESIDENCE (STREET AND NUMBER) 11a. SELF EMPLOYED 11b. MANUFACTURING  
 13a. 605 E. IVY LANE RESIDENCE (STREET AND NUMBER) 13b. ARLINGTON HTS. CITY, TOWN, TWP. OR ROAD DISTRICT, N/A. INSIDE CITY (YES/NO) 13c. YES COUNTY 13d. COOK  
 13e. ILLINOIS STATE 14a. WHITE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)  
 FATHER-NAME FIRST MIDDLE LAST ALBERT DAVE WOLSON MOTHER-NAME FIRST MIDDLE LAST BERTHA REVITCH  
 INFORMANT'S NAME (TYPE OR PRINT) ALBERT DAVE WOLSON RELATIONSHIP 15. WIFE MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 60004  
 17a. IRMA WOLSON 17b. WIFE 17c. 605 E. IVY LANE ARLINGTON HTS. ILLINOIS  
 18. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.  
 Immediate Cause (Final disease or condition resulting in death) (a) *Hyperkalemia*  
 CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (b) DUE TO OR AS A CONSEQUENCE OF  
 STATING THE UNDERLYING CAUSE LAST (c)  
 PART II. Other significant conditions contributing to death, but not resulting in the underlying cause given in PART I.  
 DATE OF OPERATION, IF ANY (a) OR FINDINGS OF OPERATION (b)  
 20a. DID NOT ATTEND THE DECEASED (MONTH, DAY, YEAR) B/12/01  
 21a. TO THE BEST OF YOUR KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.  
 22a. SIGNATURE *[Signature]* NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) *Patricia A. Kenyon Sorrie, Jr.*  
 22c. OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) *6076*  
 23. BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. FOREST CREMATORY 24b. FOREST CREMATORY 24c. ROMEVILLE, ILLINOIS 24d. 08/30/2001  
 25a. CREMATION SOCIETY OF ILLINOIS 1030 E. NORTHWEST HWY. MT. PROSPECT, ILLINOIS 60056  
 25b. LOCAL REGISTRAR'S SIGNATURE *[Signature]* GERALD SULLIVAN 25c. 034-011165  
 25d. REGISTRAR KAREN L. SCOTT, M.P. DATE FILED BY (MONTH, DAY, YEAR) AUG 30 2001  
 26a. REGISTRAR (TYPE OR PRINT) *[Signature]* 26b. *[Signature]*

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent in item 1 and that this record was established and filed in my office in accordance with the provisions of Illinois statutes relating to the registrar of birth, stillbirth and death.

Signed *Yvonne The Curry* Date AUG 30 2001

At Cook County Department of Public Health Official Title Deputy Registrar  
 1010 Lake Street Suite 300 Oak Park, Illinois 60301

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## TICOR TITLE INSURANCE COMPANY

**ORDER NUMBER:** 2000 000533201 CH  
**STREET ADDRESS:** 605 E. IVY LANE  
**CITY:** ARLINGTON HEIGHTS      **COUNTY:** COOK COUNTY  
**TAX NUMBER:** 03-17-407-010-0000

**LEGAL DESCRIPTION:**

LOT 101 IN IVY HILL SUBDIVISION UNIT NO. 2, BEING A SUBDIVISION OF THE WEST 1/2 OF THE SOUTHEAST 1/4 OF SECTION 17, TOWNSHIP 42 NORTH, RANGE 11 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office