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Doc#: 0335029300
Eugene "Gene" Moore Fee: \$30.00
Cook County Recorder of Deeds
Date: 12/16/2003 12:25 PM Pg: 1 of 4

1301445 'b

AFFIDAVIT

Property of Cook County Clerk's Office

4/11A

ATGF, INC.

Attorneys' Title Guaranty Fund, Inc. UNOFFICIAL COPY

1301945 1/3

STATE OF ILLINOIS

COUNTY OF ILLINOIS

SS.

JOINT TENANCY AFFIDAVIT

STEFAN M. TOMASZEK, hereinafter referred to as the affiant, states under oath that the affiant resides at 2518 ABBEY DR. in the City of DARIEN 60561, Illinois;

that the affiant was acquainted with HELEN TOMASZEK, the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of a properly recorded joint tenancy warranty deed, said property, located in COOK County, Illinois, and legally described as follows:

PER SUBJECT TITLE ORDER

That the decedent had no interest in any business or partnership, nor 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 5/29/93, leaving no ~~last~~ last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$ 100,000.00,

and that the value of the above property individually was \$ 100,000.00.

That the Illinois Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

That the affiant makes this affidavit to induce **Attorneys' Title Guaranty Fund, Inc.** to issue its policy of title insurance on the above described property.

The affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold **Attorneys' Title Guaranty Fund, Inc.** harmless and to reimburse the Fund for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature which the Fund may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

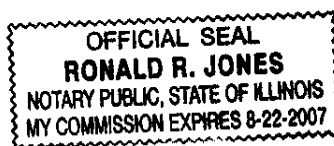
- 1) Claims against the estate of HELEN TOMASZEK, the decedent;
- 2) Illinois State Inheritance Tax and Federal Estate Tax which may be charged against the estate of said decedent;
- 3) Legacies, if any, created by the will of said decedent;
- 4) Rights to contribution.

[Signature] (Seal)
 _____ (Seal)

Subscribed and Sworn to before me

this 7 day of Nov., 2003

[Signature]
Notary Public



ATGF, INC

Note: If the decedent left a will, it will be necessary that the original or a certified copy thereof be presented to us for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

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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: June 3, 1995

SIGNED: Robert C. Rechner

*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.

DECEASED'S BIRTH NO.

REGISTRATION DISTRICT NO. 16.21
REGISTERED NUMBER 521

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

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

DECEASED-NAME	FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
<u>HELEN TOMASZEK</u>	<u>HELEN</u>		<u>TOMASZEK</u>	<u>FEMALE</u>	<u>MAY 29, 1995</u>
COUNTY OF DEATH	AGE LAST BIRTHDAY	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	
<u>COOK</u>	<u>77</u>	<u>5</u> MONTHS	<u>9</u> HOURS	<u>FEB 13, 1918</u>	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				
<u>BERWYN</u>	<u>MAC NEAL HOSPITAL</u>				
BIRTHPLACE (CITY AND STATE OR FOREIGN)	MARRIED, NEVER MARRIED, WIDOW, WIDOWED (SPECIFY)				
<u>WENONA, IL</u>	<u>MARRIED</u>				
SOCIAL SECURITY NUMBER	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF W/O)				
<u>325-16-6073</u>	<u>HENRY TOMASZEK</u>				
RESIDENCE (STREET AND NUMBER)	KIND OF BUSINESS OR INDUSTRY				
<u>5341 S. MULLIGAN</u>	<u>OWN HOME</u>				
STATE	OR HISPANIC OR MEXICAN? (SPECIFY) OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PORTORICAN, ETC.				
<u>ILL.</u>	<u>NO</u>				
FATHER-NAME FIRST MIDDLE LAST	RELATIONSHIP				
<u>MICHAEL TIRPAK</u>	<u>16 ANNA ORAVETZ</u>				
INFORMANT'S NAME (TYPE OR PRINT)	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)				
<u>HENRY TOMASZEK</u>	<u>176 MORAND 5341 S. MULLIGAN CHGO IL. 60638</u>				

<p>18. PART I. Immediate Cause (Final disease or condition resulting in death)</p> <p>(a) <u>CHLORO-PNEUMONIA PNEUMONIA</u></p> <p>(b) <u>ACUTE BACTERIAL ENDEMICITY</u></p> <p>(c) <u>CAUSE LAST</u></p>	<p>Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.</p> <p>19. PART II. One or more significant conditions contributing to death but not the underlying cause given in PART I.</p> <p><u>CASUALTY IN STAIRS</u></p>
<p>20a. DID (D) DID NOT (N) ATTEND THE DECEASED AND ASSIST SAW HIM/HER ALIVE ON</p> <p><u>D</u> <u>5-29-95</u></p>	<p>20b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)</p> <p><u>NO</u></p>
<p>21a. TO THE BEST OF MY KNOW, EDUCATION OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.</p> <p><u>WALKED W/ FRIEND</u></p>	<p>21b. HOUR OF DEATH</p> <p><u>1:19 P.M.</u></p>
<p>22a. SIGNATURE OF CERTIFIER (TYPE OR PRINT)</p> <p><u>Michael W. Freeland</u></p>	<p>22b. DATE SIGNED (MONTH, DAY, YEAR)</p> <p><u>5-31-95</u></p>
<p>22c. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)</p> <p><u>3231 S. ELWOOD, BERWYN, IL 60650</u></p>	<p>22d. ILLINOIS LICENSE NUMBER</p> <p><u>036-087737</u></p>

<p>23. RIGOR REMOVAL (SPECIFY)</p> <p><u>RESURRECTION</u></p>	<p>LOCATION</p> <p><u>JUSTICE</u></p>
<p>24a. BURIAL</p> <p><u>RESURRECTION</u></p>	<p>24c. CITY OR TOWN</p> <p><u>ILL</u></p>
<p>24b. CEMETERY OR CREMATORY-NAME</p> <p><u>RESURRECTION</u></p>	<p>24d. DATE (MONTH, DAY, YEAR)</p> <p><u>JUNE 3, 1995</u></p>
<p>25a. RIDGE FUNERAL HOME 4860 W. 31ST ST. CIGERO IL 60650</p> <p>FUNERAL DIRECTOR'S SIGNATURE</p> <p><u>Kenneth J. Ovenside</u></p>	<p>25c. ILLINOIS LICENSE NUMBER</p> <p><u>034-010404</u></p>
<p>25b. LOCAL REGISTRAR'S SIGNATURE</p> <p><u>Robert C. Rechner</u></p>	<p>25d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)</p> <p><u>JUN 1 1995</u></p>

VS200 (Rev. 5/85)

Illinois Department of Public Health - Division of Vital Records

(BASED ON 1989 U.S. STANDARD CERTIFICATE)

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LOT 30 AND THE SOUTH 1/2 OF LOT 31 IN BLOCK 17 IN BARTLETT
HIGHLANDS, BEING A SUBDIVISION OF THE SOUTHWEST 1/4 (EXCEPT THE
EAST 1/2 OF THE EAST 1/2 THEREOF) OF SECTION 8, TOWNSHIP 38
NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK
COUNTY, ILLINOIS.

PERMANENT INDEX NUMBER: 19-08-317-050