

UNOFFICIAL COPY

Prepared by and Mail to:
Gerald R. Czarowski
3501 E. 106TH ST., STE. 208
Chicago, Illinois 60617



Doc#: 0407610065
Eugene "Gene" Moore Fee: \$26.50
Cook County Recorder of Deeds
Date: 03/16/2004 11:24 AM Pg: 1 of 2

Property of Cook County Clerk's Office

DECEASED JOINT TENANCY AFFIDAVIT OF SARAH M. YONOVICH , DECEASED

This affidavit relates to
SOUTH ONE AND ONE HALF (1 ½) FEET OF LOT EIGHTEEN (18) AND LOT NINETEEN (19) IN BLOCK
THIRTY FOUR (34) IN IRON WORKER'S ADDITION TO SOUTH CHICAGO, BEING A SUBDIVISION OF
THE SOUTH FRACTIONAL HALF (1/2) OF SECTION 8, TOWNSHIP 37 NORTH RANGE 15, EAST OF THE
THIRD PRINCIPAL MERIDIAN.

P.I.N.: 26-08-328-046-0000

COMMONLY KNOWN AS: 10546 S. AVE., L, CHICAGO, IL 60617

PATRICK JEROME YONOVICH, hereinafter referred to as the affiant, states under oath that the affiant resides at
10546 S. Ave., L, in the City of Chicago, State of Illinois; that the affiant was acquainted with, SARAH M.
YONOVICH the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of
properly recorded joint tenancy warranty deed, said property located in Chicago, County of Cook, State of Illinois.

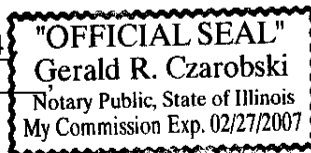
That the decedent had no interest in any business or partnership, nor held any power of appointment at death,
nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of
interests to take effect in possession or enjoyment after death;

That the decedent died on June 20, 1999, leaving no last will and testament;
That the total value of decedent's estate, including the taxable interest in the above
property was \$ 50,000.00 ;or less, and
That the value of the above property individually was \$ 40,000.00 or less.

Patrick Jerome Yonovich (Seal)

STATE OF ILLINOIS
SS
COUNTY OF COOK

Subscribed and Sworn to before me
this 16 th day of FEBRUARY, 2004
Gerald R. Czarowski
Notary Public



DONE AT CUSTOMER'S REQUEST

file D-P

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CERTIFICATE OF DEATH

THE FOLLOWING INFORMATION IS CONFIDENTIAL PERKINS

Date Issued: Hammond, Indiana Commission

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED: Name (First Middle Last) Sarah M. Yonovich; Sex: Female; Time of Death: 4:15 A; Date of Death: June 20, 1999

4. SOCIAL SECURITY NUMBER: 355-12-6391; 5a. AGE—Last Birthday (Years): 76; 5b. UNDER 1 YEAR: Months: Days; 5c. UNDER 1 DAY: Hours: Minutes; 6. DATE OF BIRTH (Mo, Day, Yr): April 25, 1923; 7. BIRTHPLACE (City and State or Foreign Country): Chicago, Illinois

8a. WAS DECEDENT A U.S. VETERAN? No; 8b. YEAR LAST SERVED IN U.S. ARMED FORCES?; 9. PLACE OF DEATH (Check only one—See instructions): HOSPITAL Inpatient; OTHER: Nursing Home; Other (Specify); ER/Outpatient; DOA; Residence

9b. FACILITY NAME (If not institution, give street and number): St. Margaret Mercy North Campus; 9c. CITY TOWN OR LOCATION OF DEATH: Hammond; 9d. COUNTY OF DEATH: Lake

10. MARITAL STATUS (Specify): Married; 11. SURVIVING SPOUSE (If wife give maiden name): John Yonovich; 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Food Services; 12b. KIND OF BUSINESS/INDUSTRY: General Mills

13a. RESIDENCE—STATE: Illinois; 13b. COUNTY: Cook; 13c. CITY TOWN OR LOCATION: Chicago; 13d. STREET AND NUMBER: 10546 Ave L

13e. ZIP CODE: 60617; 13f. INSIDE CITY LIMITS: No; Yes; 13g. ON A FARM? No; Yes; 14. CITIZEN OF WHAT COUNTRY? USA; 15. WAS DECEDENT OF HISPANIC ORIGIN? No; Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.); 16. RACE—American Indian, Black, White, etc. (Specify): White; 17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8; College (1-4 or 5+):

18. FATHER'S NAME (First Middle Last): Solo Condy; 19. MOTHER'S NAME (First Middle Maiden Surname): Mary Guierilla

20a. INFORMANT'S NAME (Type/Print): John Yonovich; 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 10546 Ave L Chicago, Ill. 60617; 20c. Relationship: Husband

21a. METHOD OF DISPOSITION: Burial; Entombment; Cremation; Removal from State; Donation; Other (Specify); 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place): June 24, 1999, Holy Cross Cemetery; 21c. LOCATION—City or Town, State: Calumet City, Ill.

22a. EMBALMER'S NAME: James F. Betkowski; 22b. EMBALMER'S LICENSE NO.: FD09200077; 23. WAS DEATH REPORTED TO CORONER? No; Yes

24a. SIGNATURE OF FUNERAL DIRECTOR: James F. Betkowski; 24b. LICENSE NUMBER (of Licensee): FD09200077; 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Baran & Son FHD#83007267, 1235-119th St, Whiting Ind., Fo; Elmwood Chapel Chicago Ill.

26. PART I: Enter the disease, injuries or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death

a. Anterior Cerebral infarction; IMMEDIATE CAUSE (Final disease or condition resulting in death); IMMEDIATE

b. Diabetic mellitus; DUE TO (OR AS A CONSEQUENCE OF); YEARS

c. Hypertension; DUE TO (OR AS A CONSEQUENCE OF); YEARS

d. Chronic renal failure; DUE TO (OR AS A CONSEQUENCE OF); YEARS

26. PART II: Other significant conditions - Conditions contributing to death but not previously stated in Part I

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): No; 28. WAS AN AUTOPSY PERFORMED? (Yes or no): NO; 29. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): NO

28a. CERTIFIER (Check only one): CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated; HEALTH OFFICER On the basis of examination and/or investigation in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated; CORONER On the basis of examination and/or investigation in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated

29a. SIGNATURE AND TITLE OF CERTIFIER: [Signature]; 29b. MEDICAL LICENSE NO.: 036-048935; 29c. DATE SIGNED (Month, Day, Year): JUNE 21, 1999

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 28b (Type/Print): S. VERMA 10701 S Elmwood Ave CHICAGO, ILL. 60617

31. HEALTH OFFICER'S SIGNATURE: [Signature]; 32. DATE Filled (Month, Day, Year): June 22, 1999

33. MANNER OF DEATH: Natural; Pending Investigation; Accident; Suicide; Could not be Determined; Homicide

34a. DATE OF INJURY (Month, Day, Year); 34b. TIME OF INJURY; 34c. INJURY AT WORK? (Yes or no); 34d. DESCRIBE HOW INJURY OCCURRED

34e. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify); 34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

35a. DATE PRONOUNCED DEAD (Month, Day, Year); 35b. MOTOR VEHICLE ACCIDENT? (Yes or no) - If yes, specify driver, passenger, pedestrian, etc.