

# UNOFFICIAL COPY

**DOCUMENT COVER SHEET  
FOR**



**Doc#: 0411346202**  
Eugene "Gene" Moore Fee: \$30.00  
Cook County Recorder of Deeds  
Date: 04/22/2004 03:20 PM Pg: 1 of 4

JAMES HOSNA

This space for recorder's use only

**DECEASED JOINT TENANCY AFFIDAVIT  
FOR PROPERTY**

The premises commonly known as 2616 S. Sawyer Avenue; Chicago, Illinois 60623.

Permanent Index Number (PIN): 16-26-406-031-0000

Property of Cook County Clerk's Office

**Mail to:**

**AMY DELANEY  
DELANEY LAW OFFICES, LTD.  
12416 S. HARLEM AV., SUITE 103  
PALOS HEIGHTS, IL 60463**

**THIS DOCUMENT PREPARED BY:**  
AMY DELANEY, ESQ.  
DELANEY LAW OFFICES, LTD.  
12416 S. HARLEM AVE. - SUITE 103  
PALOS HEIGHTS, IL 60463  
(708) 361-8819

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**LEGAL DESCRIPTION:**

LOT 13 IN PINKERT AND WITTKER'S SUBDIVISION OF THE WEST 1/2 OF BLOCK 1 IN STEEL'S SUBDIVISION OF THE SOUTH EAST 1/4 AND THE EAST 1/2 OF THE SOUTH WEST 1/4 OF SECTION 26, TOWNSHIP 39 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED AUGUST 16, 1892 AS DOCUMENT NO. 1717997 IN COOK COUNTY, ILLINOIS

Property of Cook County Clerk's Office

**MAIL TO:**

AMY DELANEY  
DELANEY LAW OFFICES, LTD.  
12416 S. HARLEM AVENUE, SUITE 103  
PALOS HEIGHTS, IL 60463

**SEND SUBSEQUENT TAX BILLS TO:**

RITA HOSNA  
2616 S. SAWYER AVENUE  
CHICAGO, ILLINOIS 60623

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## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF COOK

ss

RITA HOSNA being duly sworn states that she resides at 2616 S. SAWYER AVENUE, in the City of CHICAGO, ILLINOIS.

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

LOT 13 IN PENKERT AND WITTKER'S SUBDIVISION OF THE WEST 1/2 OF BLOCK 1 IN STEEL'S SUBDIVISION OF THE SOUTH EAST 1/4 AND THE EAST 1/2 OF THE SOUTH WEST 1/4 OF SECTION 26, TOWNSHIP 39 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED AUGUST 16, 1892 AS DOCUMENT NO. 1717997 IN COOK COUNTY, ILLINOIS

That the deceased died JULY 27, 2003, 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. The original of the Unproven Will should be filed with the Clerk of the Probate Division of the Circuit Court of \_\_\_\_\_ County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of \_\_\_\_\_ County, Illinois about \_\_\_\_\_.

Subscribed and sworn to me by the said

*Amy J. Parise*

this 18<sup>th</sup> day of March, A.D. 2004

Amy J Parise - Delaney, Attorney  
Notary Public



*Rita Hosna*  
Affiant's signature

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DECEDENT'S BIRTH NO.

REGISTRATION DISTRICT NO. 220

STATE OF ILLINOIS

STATE FILE NUMBER

REGISTERED NUMBER 03465

MEDICAL CERTIFICATE OF DEATH

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

DECEASED-NAME FIRST MIDDLE LAST SEX MALE DATE OF DEATH (MONTH, DAY, YEAR) JULY 27, 2003

COUNTY OF DEATH AGE-LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR) 4. DUPAGE 5a. 84 5b. 5c. 5d. June 10 1919

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATE D.O.A. OP/EMER/ADM. INPATIENT (SPECIFY) 6a. HINSDALE 6b. HINSDALE HOSPITAL 6c. DR

A DECEASED B C D E

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 7. Chicago IL 8a. NEVER MARRIED 8b. NO NR 9. YES

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 10. 322-18-8048 11a. OWNER/MANAGER 11b. House Moving 12. 5

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY 13a. 2616 So. Sawyer 13b. Chicago 13c. YES 13d. Cook

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) OF HISpanic ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 13e. Illinois 13f. 60623 14a. WHITE 14b. NO YES SPECIFY:

PARENTS

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 15. Edward Hosna 16. Lillian HEJNA

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17a. Rita Hosna 17b. Sister 17c. 2616 S. Sawyer Chicago IL 60623

1 2 3 CAUSE

13 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (a) (b) (c) DUE TO, OR AS A CONSEQUENCE OF

(a) myocardial infarction 2 hours (b) (c) CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

4 5 N P

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION AUTOPSY (YES/NO) IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 19a. No 19b. 20c. YES NO

(DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON 21a. 6/30/03 7-12-03 WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) HOUR OF DEATH 21b. NO YES 21c. 10:10 a.m.

CERTIFIER

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 22a. SIGNATURE DATE SIGNED (MONTH, DAY, YEAR) 22b. 7/30/03

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER 22c. 908 N. Elm St. #207 Hinsdale, IL 60521 22d. 036-057540

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED. 23.

DISPOSITION #21a corr/ per coroner 8-4-03 sc

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR) 24a. BURIAL 24b. St. Adalbert 24c. Dupage Illinois 24d. July 30 2003

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. J. Linhart & Sons 6820 W. Cermak Skokie IL 60402

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25b. 25c. 11644

LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26a. 26b. JUL 30 2003

IR200 (Rev. 5/89)

Illinois Department of Public Health—Division of Vital Records

BASED ON 1989 U.S. STANDARD CERTIFICATE



111 North County Farm Road Wheaton, Illinois 60187

This is to certify that this is a true and correct copy of the official record filed with the Illinois Department of Public Health.

Local Registrar signature

Local Registrar

Not valid without the embossed seal of DuPage County Health Department