





Doc#: 0416205003

Eugene "Gene" Moore Fee: \$50.00 Cook County Recorder of Deeds

Date: 06/10/2004 09:20 AM Pg: 1 of 3

Stewart Title Company of Illinois

DECEASED JOINT TENANCY AFFIDAVIT 1 04 3 STCI File Number: 382375 STATE OF ILLINOIS SS. **COUNTY OF** resides at 6632 N CHICORA in the City of EFIN being duly sworn states that 📙 CHICAGO 6 21 Fdeceased who, at the time of death, was one of the т. was acquainted with sworn of the land in County, Illinois, describes as: CHICAGO, IL 60602 2 NORTH LASALLE STREET, SUITE 1920 STEWART TITLE OF ILLINOIS 2s evidenced by a certified copy of death certificate of the deceased That the deceased died 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 unpreven 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 That the total value of the estate of the deceased, including both real and personal property owned by the deceased eit er individually or in joint Affiant makes this affidavit for the purpose of inducing Stewart Title Company to issue its Title Insurance Policy., describing the above mentioned Subscribed and sworn to before me by the said

"OFFICIAL SEAL"

Beata Madej

Notary Public, State of Illinois

Notary Public, State of Illinois My Commission Exp. 06/03/2007

Jun S

COOK COOK COOK CITY TOWN TWP OR ROAD DIST COOK CO	FIRST AMES	6b. LUTHE	GRIFE UNDERTYEAM MOS. DAYS 55. THERINSTITUTION RAN GENER NAME OF SU	R UNDER 10 5 HOURS 1 5c. N-MALE (IF NOT IN RAL HOSP	SEX 2. MALE AY DATE OF	DATE OF DEATH 3. AUGUST BIRTH (MONTH DAY, AUGUST 2, EET AND NUMBER)	YEARI 1933 IF HOSP, OR INST. INDICATE 0.0 A. OPEMER, RM. IMPATIENT (SPECIFY) 60. Inpatient
COUNTY OF DEATH COOK TY, TOWN, TWP, OR ROAD DISTING BARK RIDGE SIBRTHPLACE (CITYAND STATE OR OREIGN COUNTRY) Chicago, IL SOCIAL SECURITY NUMBER 10. 320 28 3414 RESIDENCE (STREET AND NUMBER) 138. 6632 N CHICORI	MARRIED, N WIDOWED, D Ba. Ma. T. J USUAL OCC	AGE-LAST BIRTHDAY (YRS) 5a. OO HOSPITAL OR O' 6b. LUTHE: EVERMARRIED. INCACED (SPECIFY) TIED	GRIFE UNDER 1 YEAR MOS. DAYS 55. THER INSTITUTION RAN GENER NAME OF SU BB. E. 1 1 6	TIN R UNDER 1 C S HOURS N SC N MAME (IF NOT IN RAL HOSP RVIVING SPOUS	DATE OF 5d. EITHER GIVE STR	BIRTH (MONTH DAY, AUGUST 2, EET AND NUMBER)	1933 IF HOSP, OR INST. INDICATE 0.0 A. OPEMER, RM. IMPATIENT (SPECIFY) 6c. Inpatient WAS DECEASED EVER IN U.
COOK COOK COOK CITY TOWN TWP OR ROAD DIST COOK CO	MARRIED, NI WIDOWED, E Ba. Ma. T. J USUAL OCCI	AGE-LAST BIRTHDAY (YRS) 5a. GO HOSPITAL OR O 6b. LUTHE EVER MARRIED. INVORCED (SPECIFY) C I G d	MOS. DAYS 5b. THERINSTITUTIO RAN GENER NAME OF SU	S HOURS SC. N-NAME (IF NOT IN RAL HOSP RVIVING SPOUS	5d. EITHER GIVE STR	AUGUST 2,	1933 IF HOSP, OR INST. INDICATE D.O.A. OP EMER. RM. IMPATENT (SPECIFY) 6c. Inpatient WAS DECEASED EVER IN U.
DITY, TOWN, TWP, OR ROAD DISTIPATION OF ROAD D	MARRIED, NI WIDOWED, D Ba. Mari USUAL OCCI	HOSPITALORO 6b. LUTHEL EVERMARRIED. INVORCED (SPECIFY) 1 E d UPATION	THERINSTITUTION RAN GENER NAME OF SU	N-NAME (IF NOT IN RAL HOSP RVIVING SPOUS	EITHER GIVE STR		6c Inpatient
PARK RIDGE BIRTHPLACE (CITYAND STATE OR OREIGN COUNTRY) Chicago, IL SOCIAL SECURITY NUMBER 10. 320 28 3414 RESIDENCE (STREET AND NUMBER) 138. 6632 N CHICORI STATE ZIP	MARRIED, NI WIDOWED, D Ba. Mari USUAL OCCI	6b. LUTHE	NAME OF SU	RAL HOSP RVIVING SPOUS	ITAL		6c Inpatient
SIRTHPLACE (CITYAND STATE OR OREIGN COUNTRY) Chicago, IL SOCIAL SECURITY NUMBER 10. 320 28 3414 RESIDENCE (STREET AND NUMBER) 13a. 6632 N CHICORI STATE ZIP	Ba Mari USUAL OCC	EVER MARRIED. SIVORCED (SPECIFY) C 1 e d UPATION	Bb. File		E (MAIDEN NAME	, IFWIFE)	I WAS DECEASED EVENING
Chicago, IL SOCIAL SECURITY NUMBER 10. 320 28 3414 RESIDENCE (STREET AND NUMBER) 13a. 6632 N CHICORI STATE ZIP	Ba Mari USUAL OCC	ried UPATION	8b. Eile				ARMEDFORCES? (YES-NO
SOCIAL SECURITY NUMBER 10. 320 28 3414 RESIDENCE (STREET AND NUMBER) 13a. 6632 N CHICORI	USUAL OCC	UPATION		<u>een Her</u>	nessy	ATION (SPECIEVON)	9.Y € 5 YHIGHEST GRADE COMPLETED)
RESIDENCE (STREET AND NUMBER) 13a. 6632 N CHICORI STATE ZIP	11aLa W		_	INESS OR INDU	Elemen	cary/Secondary (0-12)	College (1-4 or 5+)
13a 6632 N CHICOR		yer lot	116LaW	OR ROAD DISTR	ICT NO.	INSIDECITY	COUNTY
STATE	1	13	CHIC	AGO.		13c. Yes	13d. COOK
SINIE	CODE	RACE (WHITE, BLACK		OF HISPANIC OF	RIGIN? (SPECIFY	NOOR YES-IF YES, SPE	CIFY CUBAN, MEXICAN, PUERTO RICAN, AN
		14a. White		14b. ⊉ NO	☐ YES	SPECIFY:	(MAIDEN) LAST
130 ILLINOIS 131	60646	LAST		MOTHER-NAM		MIDDLE	CORRIGAN
15. THO'AS		GRI	FFIN	16.	CATHE	RINE	CITY OR TOWN, STATE, ZIP) 6006
INFORMANTS NAME (TYPEORP			RELATIONSHIP		ADUKESS (STR	MDCTTD DAI	RK RIDGE ILLINOIS
17a LAURIE TOMAS	ZKIFWICZ	REGISTRA	R7HOSP R	EC 17c. 1	/3 W.DE	owiec or resolutions at	TOST, APPROXIMATE OFFERVAL BETWEEN ONSET AND DEATH
	Annual Contract and an	omplications that cause List only one cause o	ed the death. Do not on each line.	enter ine mode o	r dysty, such as c		BE WEEK COLLE
immediate Cause (Final	W.	renie III	rman AA	rtioink	ובחחצי	Deedil	14 Nous.
resulting in death)	(a) (b) (c) (c) (d) (d)	CONFAULTING O	700 900			•	J h
CONDITIONS, IF ANY	Wint	rued Fo	conage	W VAI	1CKS		110013.
WHICH GIVE RISE TO	DUE TO O AS	CONSEQ TEN JE OF			L :1	is and co	ocis dave
STATING THE UNDERLYING	(c) FSUC	domores	Hueros	INOU	TUCIT	S DING 39	THE DESCRIPTION OF PROPERTY AND ASSESSMENT OF THE PROPERTY OF
PARTU. Other significant conditions of	menbuting to death but	not regulting in the underly	g cause given in PAR	La Cha		(YESAIO)	COMPLETION OF CAUSE OF CEATH? (YES/NO. 19b.
Adenocutina	moot th	e Lung Qu		re, Chia	DK YYM	TATE IF FEM	ALE, WAS THERE A PREGNANCY IN PAST
DATE OF OPERATION, IF ANY	MAJORFIN	DINGSOFO	" O,		400		YES NO
20a.	20b.	TI DAY VEAD		/	WASCORONER	OR MEDICAL HO	UR OF DEATH
AND LAST SAW HIM/HEH ALIVE L		z 10. 10	193		21b. NO	210	с. <u>10:31 А. м</u>
21a.	E. DEATH OCEU	AED AT THE TIME, C	ATE AND PLACE	AND DU TOTHE	CAUSE(S) STA	TEO. DA'	TE SIGNED (MONTH DAY, YEAR)
\interpretation	11 0/13	A A	U)		1	122	8/30/93
NAME AND ADDRESS OF CERTIF	TYPEO	A PRINT)	- /-		D Oro		INOIS CICENSE NUMBER
////	X15 I	u. Den	1 DSKK	Park	Ridoe,		d. 70 43 /3/ • TE: FAN HAIDRY WAS INVOLVED IN THIS
NAME OF ATTENDING PHYSICIA	NIFOTHER THAN	CERTIFIER (T	YEOR PRINT)		1	136/	ATH THE CORONER OR MEDICAL EXAMIN BT BE NOTIFIED.
23.			11.0	CATION	CITY OF TOWN	574**	DATE (MONTH, DAY, YEAR
				_	-	e (TT.)	24August 31
24a Burial		aints					STATE DP99
FUNERAL HOME					ago, I	L 60646	<u> </u>
ELINERAL DIRECTOR'S SIGNAT	UF AIT FI	7/2-	/			FUNERAL DIRECTOR	- 01734
(Va) ()	rais	Duns	NU	A		25c. 0 8	TO TO TO THE OWN YEARS
LOCAL RECEEDANTS SIGNATIVE	Fu A		•	23		DATEPLEDBYLOCAL	21 1902
SECULIVE AD		· Ogu	me /	Maun		260 000	IASED (AI 1088 U.S. STANDARD CERTIFIC
VR200 (Rev. 5/89)	1	Snois Department of	Public Health—Div	ision of Vital Rec	ords		
bitshea ana juca in my	going is a t office in ac	rue and corrections	ct copy of the the provision	he death rec as of the II	cord for the Know Vited	decedent nat Records Act.	ned of item 1, and that
gust 31, 1993			SIGNE.	<i>p</i>			
ANSTON		P111_	ole DERIC	IAI. TITLE	LOCA	L REGIS	<u> </u>
			wa verit				
	NFORMANTS NAME (TYPE ORP) 17a. LAURIE TOMAS: 18. PART1. Enter 18. PART1. Oner significant conditions 18. PART1. Oner significant	NFORMANT SNAME (TYPEORP INT) 17a. LAURIE TOMASZILIFAVICZ 18. PARTI. Enter the draw sector of the shock, or inwant failture. Immediate Cause (Final disease or condition resulting in death) CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. PART II. Other significant conditions contributing to death but the condition of the condition	NFORMANTS NAME (TYPE OR P. 1877) 17a. LAURIE TOMASZITENICZ REGISTRA 18. PART I. Enter the draw 5 00 complications that cause shock, or invent failure. List only one cause of condition resulting in death) CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING (c) CAUSE LAST. (d) PART II. Oner significant conditions contributing to death but not resulting in the underly of the LUMAN (c) DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION 20a. 1(0ID) (DID NOT) ATTEND THE DECEASED MONTH, DAY, YEAR) AND LAST SAW HIMMER ALIVE ON 20a. 1(0ID) (DID NOT) ATTEND THE DECEASED MONTH, DAY, YEAR) AND LAST SAW HIMMER ALIVE ON 20a. 10 THE BEST OF MY KNOW EDGE, DEATH OCCUPAND AT THE TIME, IN THE BEST OF THE THE DECEASED MONTH, DAY, YEAR) NAME AND ADDRESS OF CERTIFIED (TYPE OR PRINT) 22a. SIGNATURE MAJOR CREMATORY—NAME 22b. All Saints FUNERAL CREMATION, REMOVAL (SPECPY) 24a. BUT i all 24b. All Saints FUNERAL HOME STREE 25a. SMI TH— COTCOTAIN FH. 6150 N FUNERAL DIRECTOR'S SIGNATURE 25b. MAJOR STREE 25c. MAJOR STREE 25c. MAJOR STREE 25d. MAJOR S	NFORMANT SNAME (TYPE ORP 46.T) 17.2. LAURIE TOMASZI, IF, VICZ REGISTRATIOSP R 18. PART I. Immediate Cause (Final disease or conditions on death and the death. Do not shock, or liver failure. List only one cause on each line. Immediate Cause (Final disease or conditions on death line. List only one cause on each line.) (a) OUS POR AS A CONSCIUENCY OF CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING (c) CAUSE LAST. PART II. Ones significant conditions constibuting to death but not resulting in the underly greates (a) one of the conditions constibuting to death but not resulting in the underly greates (a) one of the conditions of the LUMBAR AUGUST AUCOUNTY. PART II. Ones significant conditions constibuting to death but not resulting in the underly greates (a) one of the LUMBAR AUGUST AUCOUNTY. PART II. Ones significant conditions constibuting to death but not resulting in the underly greates (a) one of the CONDITION (c) PART II. Ones significant conditions constibuting to death but not resulting in the underly greates (a) one of the CONDITION (c) PART II. Ones significant conditions conditions constituting to death but not resulting in the underly greates (a) one of the CONDITION (c) PART II. Ones significant conditions on the cause on each line. PART II. Ones significant conditions constituting to the underly greates (a) one of the CONDITION (c) PART II. Ones significant conditions constituting to the underly greates (a) one of the CONDITION (c) PART II. Ones significant conditions constituting to the underly greates (a) one of the CONDITION (c) PART II. Ones significant conditions constituting to the underly greates (c) PART II. Ones significant conditions constituting to the underly greates (c) PART II. Ones significant conditions conditions constituting to the underly greates (c) PART II. Ones significant conditions c	INFORMATISNAME (TYPE OR P 187) 17a. LAURIE TOMASZITENICZ REGISTRAT/BIOSP REC 17c. 17 18. PART I. Enter the dree 18 co. or complications that caused the death. On not enter the mode or chases or condition resulting in death) (a) **William Condition resulting in death)** CONDITIONS, IF ANY WHICH GIVE RISE TO DUST OF AS A CONTINUE CONDITIONS, IF ANY WHICH GIVE RISE TO DUST OF AS A CONTINUE CONDITIONS, IF ANY WHICH GIVE RISE (a) STATING THE UNDERLYING (c) **SUCCOMPACE** AUCOGIANAL CONTINUE CON	INFORMATS NAME (TYPE OR P JULY) 17.2. LAURIE TOMASZITEVICZ REGISTRANTICSP REC 17.6. 1775 W. DE 17.2. LAURIE TOMASZITEVICZ REGISTRANTICSP REC 17.6. 1775 W. DE 18. PARTI. Enter the disease or compolications that caused the death. Do not enter the mode of dying, such as a classes or combon reasons in death in a combon reasons in a combon reasons in death in a combon reasons in death in a comb	INFORMATIS NAME (PIPE GREATED) 173. LAURIE TOMASZITIÈNICZ REGISTRATIGOP REC 175. 1775 W. DEMPSTER PAI 173. LAURIE TOMASZITIÈNICZ REGISTRATIGOP REC 175. 1775 W. DEMPSTER PAI 173. LAURIE TOMASZITIÈNICZ REGISTRATIGOP REC 175. 1775 W. DEMPSTER PAI 175. LAURIE TOMASZITIÈNICZ REGISTRATIGOP REC 175. 1775 W. DEMPSTER PAI 175. LAURIE TOMASZITIÈNICZ REGISTRATIGOP REC 175. 1755 W. DEMPSTER PAI 1

he original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC ABACTA at springlatic country he original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC ABACTA at springlation of the Illinois statutes provide that the lerks and local registrars are authorized to make certifications from copies of the original record by the Department of Public Health, local registrar or country clerk shall be prima facile evidence in all courts and places of the facts therein stated.

"运业活"等

'R-201'C /1978)

OFFICE OF VITAL RECORDS - ILLINOIS DEPARTMENT OF PUBLIC HEALTH - SPRINGFIELD 62761

0416205003 Page: 3 of 3

File Number: TM146644

Lot Six (6) in Block Five (5), in Edgebrook Manor, being a Subdivision of Lots 27, 32, 33, 34 and 35 and that part of the Southwest half of Lot 36 and all of Lot 39 West of Road; all of Lots 40, 41, 42, 43 and 44, the Southwest Half of Lot 45, all of Lots 47 to 52 both inclusive in the subdivision of Bronson's part of Caldwell's Reservation in Section 32, Townships 40 and 41 North, Range 13, East of the Third Principal Meridian, (excepting certain parts) according to Plat thereof, registered on March 1, 1922, as Document No. 148536, in Cook County, Illinois.

Permanent Index Number: 10-32-407-018 (Volume number 308)

TOO COOK COUNTY CLOTH'S OFFICE Commonly known as: 6632 North ChicoraAvenue