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Doc#: 0417511144
Eugene "Gene" Moore Fee: \$30.00
Cook County Recorder of Deeds
Date: 06/23/2004 12:03 PM Pg: 1 of 4

JG4

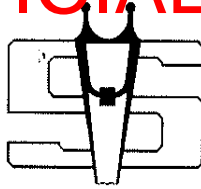
Property of Cook County Clerk's Office

**DECEASED JOINT
TENANCY
AFFIDAVIT**

STEWART TITLE OF ILLINOIS
2 N. LA Salle STREET
SUITE 1820
CHICAGO, IL 60602

379231

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Sanctity of Contract

Stewart Title Company of Illinois

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
COUNTY OF COOK) SS.

STCI File Number: 379231

Edward Kuzebksi

being duly sworn states that Edward Kuzebksi resides at 311 Michael Manor in the City of Glenview, IL 60035

That Edward Kuzebksi was acquainted with Teresa Kuzebksi deceased who, at the time of death, was one of the sworn of the land in County, Illinois, describes as:

See Attached Legal

That the deceased died 10-04-2003 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 _____.

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 Stewart Title Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

Edward Kuzebksi

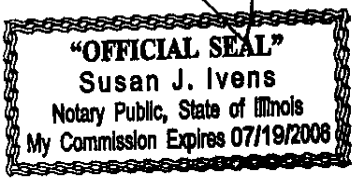
this 24 day of May A.D. 2004

Susan J. Ivens

Notary Public

Edward Kuzebksi

(Affiant's Signature) EDWARD KUZEBSKI



File Number: TM144563

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LEGAL DESCRIPTION

Lot 9 in Block 2 in Glenview Terrace Subdivision, being a subdivision in the East half of the Southeast quarter of fractional Section 11, Township 41 North, Range 12, East of the Third Principal Meridian, according to the plat thereof recorded November 6, 1958 as document 17368598, in Cook County, Illinois.

Commonly known as: 311 Michael Manor
Glenview IL 60025

Property of Cook County Clerk's Office

County of Cook

OCT 07 2003

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I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

David Orr
COUNTY CLERK

STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. 16.0	STATE OF ILLINOIS		STATE FILE NUMBER	
		REGISTERED NUMBER	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 Female	DATE OF DEATH (MONTH, DAY, YEAR)		
	1. Teresa Kuzebaska		2. F	3. 10-04-2003		
	COUNTY OF DEATH		AGE—LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)
	4. Cook		5a. 58	MOS. DAYS	HOURS MIN.	5d. April 1, 1945
	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. RM, INPATIENT (SPECIFY)
	6a. Glenview		6b. 311 Michael Manor			6c. ---
	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. Poland		8a. Married	8b. Edward Kuzebski		9. No
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
	10. 355-84-7293		11a. House Keeping	11b. Nursing Home	12. 10	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	COUNTY	
13a. 311 Michael Manor		13b. Glenview		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. 60025	14a. White	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
FATHER—NAME FIRST MIDDLE LAST			MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST			
15. Piotr Osinski			16. Janina Zakrzewska			
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
17a. Anna Kuzebaska		17b. Daughter	17c. 311 Michael Manor Glenview, IL 60025			
18. 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.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
Immediate Cause (Final disease or condition resulting in death)		(a) Stage IV Non-small Cell Lung Cancer		10 months		
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) DUE TO, OR AS A CONSEQUENCE OF				
		(c) DUE TO, OR AS A CONSEQUENCE OF				
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		AUTOPSY (YES/NO)		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)		
		19a. No		19b. ---		
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		
20a. ---		20b. ---		20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
(DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		(MONTH, DAY, YEAR)	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		TIME OF DEATH	
21a. ---		09-12-2003	21b. No		21c. 1:05 P.M.	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED (MONTH, DAY, YEAR)				
22a. SIGNATURE Catherine Deamant		22b. 10-06-2003				
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER				
22c. 1901 W. Harrison St Chicago IL 60612		22d. 036 079564				
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. ---						
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME	LOCATION CITY OR TOWN STATE	DATE (MONTH, DAY, YEAR)		
24a. Burial		24b. Maryhill Cemetery	24c. Niles, IL.	24d. 10/07/2003		
FUNERAL HOME NAME		STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE		ZIP		
25a. Skaja Terrace Funeral Home 7812 N. Milwaukee Ave. Niles, IL. 60714						
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER				
25b. John Blain		25c. 034-010299				
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)				
26a. David Orr		26b. OCT 07 2003				