

DECEASED JOINT TENANCY  
AFFIDAVIT



Doc#: 0422445020  
Eugene "Gene" Moore Fee: \$26.50  
Cook County Recorder of Deeds  
Date: 08/11/2004 08:59 AM Pg: 1 of 2

STATE OF ILLINOIS            )  
  ) ss.  
COUNTY OF COOK            )

EDWARD PODYMA, a widower, being duly sworn states that he resides at 3346 West Warner Avenue, Chicago, Illinois 60618.

That he was acquainted with GERALDINE B. PODYMA, deceased, who at the time of her death, was one of the owners of the land in Cook County, Illinois, described as:

Above Space for Recorder's Use Only

LOT FORTY-THREE (43) (EXCEPT EAST EIGHT (8) FEET THEREOF) IN BLOCK FIVE (5) AND EAST TWELVE (12) FEET OF LOT FORTY-FOUR (44) IN BLOCK FIVE (5) IN W. H. CONDON'S SUBDIVISION OF THE WEST HALF (1/2) OF THE EAST HALF (1/2) OF THE SOUTHEAST QUARTER (1/4) OF SECTION 14, TOWN 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Real Estate Index Number: 13-14-420-023-0000

Address of Real Estate: 3346 West Warner Avenue, Chicago, Illinois 60618

That the deceased died October 4, 2001, 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.

Subscribed and sworn to before me this July 20, 2004.

*Stephen A. Kubiowski*

*Edward Podyma*  
EDWARD PODYMA, Affiant



3346 West Warner Avenue, Chicago, Illinois 60618

MEDICAL CERTIFICATE OF DEATH

615619

000838771WS1

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO.

OCT 05 2001

REGISTRATION DISTRICT NO. 16.10  
REGISTERED NUMBER

DECEASED-NAME: Geraldine  
COUNTY OF DEATH: Cook  
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: 4  
AGE-LAST BIRTHDAY (YRS): 58  
BIRTHDAY (MOS.): 70  
HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN OTHER, GIVE STREET AND NUMBER): Swedish Covenant Hosp.  
SEX: Female  
DATE OF DEATH (MONTH, DAY, YEAR): 3 October 4, 2001  
DATE OF BIRTH (MONTH, DAY, YEAR): 24 December 1930  
IF HOSP. OR INST. PATIENT (SPECIFY) (YES/NO): DOA

6a. Chicago  
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): Chicago Ill.  
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): 8a. Married  
SOCIAL SECURITY NUMBER: 10360-24-1555  
USUAL OCCUPATION: Office Wkr.  
RESIDENCE (STREET AND NUMBER): 3346 W. Warner Avenue  
CITY, TOWN, TWP. OR ROAD DISTRICT NO.: Chicago

13a. Illinois  
STATE: Illinois  
ZIP CODE: 60618  
RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): White  
14b. NO  
MOTHER-NAME (MOTHER'S FIRST, MIDDLE, LAST): Helen nee Wojdaczak

15. Edward Podyma  
FATHER-NAME (FATHER'S FIRST, MIDDLE, LAST): Edward Podyma  
RELATIONSHIP: Husband  
MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY, TOWN, STATE, ZIP): 3346 Warner A. Chicago IL. 60618

17a. Edward Podyma  
18. PART I: Immediate Cause (Final disease or condition resulting in death)  
HYPERTENSION  
HYPOCHOLESTEROLEMIA  
CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b)  
CAUSE LAST: (c)

19a. NO  
19b. NO  
19c. YES  
20a. DATE OF OPERATION, IF ANY: 2001  
MAJOR FINDINGS OF OPERATION: 20b. NO  
20c. YES  NO

21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.  
21b. NO  
21c. 10:00 AM  
DATE SIGNED (MONTH, DAY, YEAR): 10/4/01

22a. SIGNATURE: [Signature]  
22b. ILLINOIS LICENSE NUMBER: 036-078292  
22c. DATE SIGNED (MONTH, DAY, YEAR): 10/4/01

23. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): Dr. P. Fahrenbach 7447 Talcott A. Chicago Ill. 60631  
24. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT):

25. BIRTHAL CREMATION, REMOVAL (SPECIFY):  
26. CEMETERY OR CREMATORY-NAME: Maryhill  
27. STREET AND NUMBER OR R.F.D.: 24c. Niles, Illinois  
CITY OR TOWN: Chicago Ill. 60618

28. NAME: Klemundt F.H. 3313 Irving Park Rd. Chicago Ill. 60618  
29. STREET AND NUMBER OR R.F.D.:  
CITY OR TOWN: Chicago Ill. 60618

30. LOCAL REGISTRAR'S SIGNATURE: John L. Wilhelm, M.D.  
31. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): OCT 05 2001

32. LOCAL REGISTRAR'S SIGNATURE: [Signature]  
33. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): OCT 05 2001

34. LOCAL REGISTRAR'S SIGNATURE: [Signature]  
35. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): OCT 05 2001

John L. Wilhelm, M.D.  
LOCAL REGISTRAR

JOHN L. WILHELM M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS FOR THE CITY OF CHICAGO AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO. THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN ORDINANCE OF SAID LAW AND ORDINANCES.

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

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