

# UNOFFICIAL COPY



Doc#: 0423133209  
Eugene "Gene" Moore Fee: \$28.00  
Cook County Recorder of Deeds  
Date: 08/18/2004 11:12 AM Pg: 1 of 3

ST5062137 282 NACTT JS

*Property of Cook County Clerk's Office*

## DECEASED JOINT TENANCY AFFIDAVIT

JANINA KACZMARCZYK, being first duly sworn, on oath deposes and states, that she resides at 4149 North Menard Avenue, Chicago, Cook County, Illinois.

That she was married to and acquainted with JAN KACZMARCZYK, deceased, who, at the time of his death, was one of the owners of the land in Chicago, Cook County, Illinois, described as follows:

3/AR

### LEGAL DESCRIPTION

Lot Three (3) in Thomas C. Catino and Son's Portage Park Garden Subdivision, being a Subdivision of that part of the North Thirty (30) Acres of the South Sixty (60) Acres of the East Half (E-1/2) of the south East Quarter (SE-1/4) of Section Seventeen (17), Township Forty (40) North, Range Thirteen (13), East of the Third Principal Meridian, according to the Plat thereof recorded July 14, 1950 as Document No. 14851359 in Cook County, Illinois.

Permanent Index Number: 13-17-417-022-0000

Address: 4149 North Menard Avenue, Chicago, Illinois 60634.

**BOX 333-CT**

# UNOFFICIAL COPY


That the decedent, **JAN KACZMARCZYK**, died on March 8, 1996, as evidenced by a certified copy of Medical Certificate of Death of the deceased attached hereto. That the decedent died leaving no Last Will and Testament.

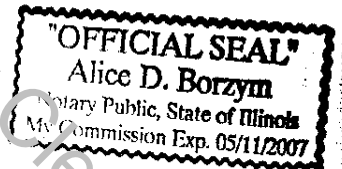
That the total value of the estate of the deceased, **JAN KACZMARCZYK**, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of THREE HUNDRED THOUSAND DOLLARS (\$300,000.00).

Affiant makes this Affidavit for the purpose of recording with the Office of the Cook County Recorder of Deeds.

  
 \_\_\_\_\_  
**JANINA KACZMARCZYK**

Subscribed and Sworn  
to me by said **JANINA KACZMARCZYK**  
this 15<sup>th</sup> day of June, Year 2004.

  
 \_\_\_\_\_  
 Notary Public



This Document was prepared by  
and Mail To:

Alice D. Borzym, Attorney at Law  
6650 North Northwest Highway, Suite 204  
Chicago, Illinois 60631

## UNOFFICIAL COPY

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. <u>10.03</u>	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 1. JAN KACZMARCZYK			SEX 2. MALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. MARCH 8, 1996	
	COUNTY OF DEATH 4. COOK		AGE—LAST BIRTHDAY (YRS) 5a. 58	UNDER 1 YEAR 5b. MOS. DAYS	UNDER 1 DAY 5c. HOURS MIN.	
	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. PARK RIDGE		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. LUTHERAN GENERAL HOSPITAL		IF HOSP. OR INST. INDICATE D.O.A. OP. EMER. RM. INPATIENT (SPECIFY) 6c. INPATIENT	
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. POLAND		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. MARRIED	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. JANINA POTONIEC		
	SOCIAL SECURITY NUMBER 10. 340 42 1216		USUAL OCCUPATION 11a. MACHINIST	KIND OF BUSINESS OR INDUSTRY 11b. TOOL&DIE	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. Elementary, Secondary (0-12) College (1-4 or 5-)	
	RESIDENCE (STREET AND NUMBER) 13a. 4149 N MENARD		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. CHICAGO	INSIDE CITY (YES/NO) 13c. YES	COUNTY 13d. COOK	
	STATE 13e. ILLINOIS		ZIP CODE 13f. 60634	RACE (WHITE, BLACK, AMERICAN INDIAN, etc. US SPECIFY) 14a. WHITE	OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
	FATHER—NAME FIRST MIDDLE LAST 15. STANISLAW KACZMARCZYK			MOTHER—NAME FIRST MIDDLE LAST (MAIDEN) LAST 16. WIKTORIA LAPCZYNSKI		
	INFORMANT'S NAME (TYPE OR PRINT) 17a. ANDREA ARAUJO		RELATIONSHIP 17b. HOSP REC	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 1775 DEMPSTER PARK RIDGE, ILLINOIS 60068		
	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.					
Immediate Cause (Final disease or condition resulting in death) (a) <u>Emphysema</u> DUE TO, OR AS A CONSEQUENCE OF				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>		
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) <u>Cancer of the Pancreas</u> DUE TO, OR AS A CONSEQUENCE OF				<u>3 months</u>		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.						
DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20b.		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>		
1 (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON 21a. <u>03/08/96</u>		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO	HOUR OF DEATH 21c. <u>12:15</u> 5:15 P.M.			
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE NAME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.				DATE SIGNED (MONTH, DAY, YEAR) 22b. <u>3/9/96</u>		
22a. SIGNATURE <u>Walter Fried</u>		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. <u>WALTER FRIED 1600 Lutheran Park Ridge</u>		ILLINOIS LICENSE NUMBER 22d. <u>2036-045731</u>		
23. <u>Dr. Jacob Bitman</u>		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.				
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. BURIAL	CEMETERY OR CREMATORY—NAME 24b. MARYHILL	LOCATION 24c. NILES ILLINOIS	CITY OR TOWN STATE 24d. MARCH 16, 1996	DATE (MONTH, DAY, YEAR)		
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. MALEC & SONS FUNERAL HOME 6000 N. MILWAUKEE AVE. CHICAGO ILLINOIS 60646						
FUNERAL DIRECTOR'S SIGNATURE 25b. <u>Wesley A. Stinich</u>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-011619				
LOCAL REGISTRAR (NAME AND TITLE) 26a. <u>REGISTRAR</u>		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. <u>March 12, 1996</u>				

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE MARCH 12, 1996

SIGNED

AT EVANSTON

Illinois OFFICIAL TITLE

LOCAL REGISTRAR

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.