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CHI385704
Lombard

AFFIDAVIT AS TO TENANCY BY ENTIRETIES



Doc#: 0425705258
Eugene "Gene" Moore Fee: \$50.00
Cook County Recorder of Deeds
Date: 09/13/2004 02:55 PM Pg: 1 of 3

STATE of Illinois)
COUNTY of COOK) ss.

On this 27th day of August, 2004 before me
personally appeared:

Randall J. Matousek

to me personally known, who being duly sworn on oath did say:

Affiant is the owner of the following property:

see attached

And that said property was formerly owned as tenants by the entirety

by Randall J. Matousek

and Deborah M. Matousek his wife

and that said: Deborah M. Matousek
died on the 9th day of August, 1990

That said parties were never divorced.

That the estate of the deceased together with that owned by them jointly was
less than \$600,000.00 and hence was not subject to Federal Inheritance Tax.

Signature

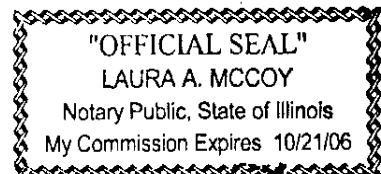


MAIL TO: NETCO
2 EAST 22ND ST.
SUITE 105
LOMBARD, IL 60148

31-17-108-015

Subscribed and sworn to before me the day and year above written.

Notary Public



My Commission Expires: 10-21-06

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AUGUST 24, 2004

STATE OF ILLINOIS
County of Cook

DAVID ORR, County Clerk

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

DECEASED	DECEASED'S BIRTH NO. REGISTRATION DISTRICT NO. <u>1610</u> REGISTERED NUMBER	STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH	STATE FILE NUMBER <u>90-048624</u>									
CAUSE	1. DECEASED'S NAME FIRST MIDDLE LAST: <u>Deborah M. Matousek</u> SEX: <u>Female</u> DATE OF DEATH (MONTH, DAY, YEAR): <u>3. August 9, 1990</u>											
PROFESSION	4. COUNTY OF DEATH: <u>Cook</u> AGE-LAST BIRTHDAY (YRS): <u>5a. 36</u> UNDER 1 YEAR: <u>5b.</u> UNDER 1 DAY: <u>5c.</u> DATE OF BIRTH (MONTH, DAY, YEAR): <u>5d. September 15, 1953</u>											
DECEASED	6a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: <u>Matteson</u> 6b. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): <u>108 S. Willow Road</u> 6c. IF HOSP. OR INST. INDICATE D.O.A. OP-EMER. RM. INPATIENT (SPECIFY): <u>At Home</u>											
CAUSE	7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): <u>Chicago, Illinois</u> 8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): <u>Married</u> 8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): <u>Randall J. Matousek</u> 9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO): <u>No</u>											
CAUSE	10. SOCIAL SECURITY NUMBER: <u>329-48-1510</u> 11a. USUAL OCCUPATION: <u>Secretary/Bookkeeper</u> 11b. KIND OF BUSINESS OR INDUSTRY: <u>Insurance Co.</u> 12. EDUCATION (SPECIFY ON 12): <u>12. 12</u>											
CAUSE	13a. RESIDENCE (STREET AND NUMBER): <u>108 S. Willow Road</u> 13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO.: <u>Matteson</u> 13c. INSIDE CITY (YES/NO): <u>Yes</u> 13d. COUNTY: <u>Cook</u>											
CAUSE	14a. STATE: <u>Illinois</u> 14b. ZIP CODE: <u>60443</u> 14c. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): <u>White</u> 14d. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.): <u>NO</u>											
PARENTS	15. FATHER-NAME FIRST MIDDLE LAST: <u>Mathew M. Madeda</u> 15b. MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST: <u>Geraldine Szymanski</u>											
CAUSE	17a. INFORMANT'S NAME (TYPE OR PRINT): <u>Randall J. Matousek</u> 17b. RELATIONSHIP: <u>Husband</u> 17c. MAILING ADDRESS (STREET AND NO. OF R.F.D., CITY OR TOWN, STATE, ZIP): <u>108 S. Willow Rd., Matteson, IL 60443</u>											
CAUSE	18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of death, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Immediate Cause (Final disease or condition resulting in death)</td> <td style="width: 60%;">(a) <u>Carcinomatosis</u></td> <td style="width: 20%;">16 Months</td> </tr> <tr> <td>CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.</td> <td>(b) <u>Carcinoma Of The Right Breast</u></td> <td>3 Years</td> </tr> <tr> <td></td> <td>(c)</td> <td></td> </tr> </table>			Immediate Cause (Final disease or condition resulting in death)	(a) <u>Carcinomatosis</u>	16 Months	CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	(b) <u>Carcinoma Of The Right Breast</u>	3 Years		(c)	
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	(c)											
CAUSE	PART II. Other significant conditions contributing to death but not resulting in the under- cause given in PART I. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">19a. ALL OF WHICH (YES/NO): <u>No</u></td> <td style="width: 30%;">19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH REPORT? (YES/NO): <u>No</u></td> </tr> </table>			19a. ALL OF WHICH (YES/NO): <u>No</u>	19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH REPORT? (YES/NO): <u>No</u>							
19a. ALL OF WHICH (YES/NO): <u>No</u>	19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH REPORT? (YES/NO): <u>No</u>											
CAUSE	20a. DATE OF OPERATION, IF ANY: <u>20b.</u> MAJOR FINDINGS OF OPERATION: <u>20c.</u> IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>											
CAUSE	21a. I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: <u>August 6, 1990</u> 21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): <u>No</u> 21c. HOUR OF DEATH: <u>9:15 A.M.</u>											
CAUSE	22a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED: <u>August 10, 1990</u> 22b. DATE SIGNED (MONTH, DAY, YEAR): <u>August 10, 1990</u>											
CAUSE	22c. SIGNATURE: <u>[Signature]</u> 22d. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): <u>Dr. J. Wolter 1653 W. Congress Pkwy Chg 11 60612</u> 22e. ILLINOIS LICENSE NUMBER: <u>36-31151</u>											
CAUSE	23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): <u>[Signature]</u> NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.											
CAUSE	24a. BURIAL/CREMATION, REMOVAL (SPE. IF V): <u>Burial</u> 24b. CEMETERY OR CREMATORY-NAME: <u>Holy Cross Cemetery</u> 24c. LOCATION: <u>Calume City, Illinois</u> 24d. DATE (MONTH, DAY, YEAR): <u>Aug. 13, 1990</u>											
CAUSE	25a. FUNERAL HOME: <u>HIRSCH MEMORIAL CHAPEL, 7151 WEST 183RD STREET, TINLEY PARK, ILLINOIS 60477</u> 25b. FUNERAL DIRECTOR'S SIGNATURE: <u>[Signature]</u> 25c. FUNERAL DIR. OR ILLINOIS LICENSE NUMBER: <u>8467</u>											
CAUSE	26a. LOCAL REGISTRAR'S SIGNATURE (TYPE OR PRINT): <u>[Signature]</u> 26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): <u>August 13, 1990</u>											

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Appendix A

LOT 646 IN WOODGATE GREEN UNIT NUMBER 4, BEING A SUBDIVISION OF PART OF THE WEST 1/2 OF THE NORTH EAST 1/4 IN SECTION 17 AND PART OF THE EAST 1/2 OF THE NORTH WEST 1/4 OF SECTION 17, TOWNSHIP 35 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

COMMONLY KNOWN AS: 108 S WILLOW RD, MATTESON, IL, 60443
PARCEL: 31-17-108-015

Property of Cook County Clerk's Office