

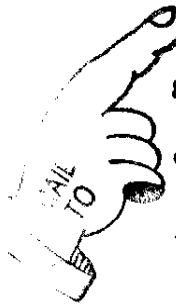
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Doc#: 0426649178
Eugene "Gene" Moore Fee: \$26.50
Cook County Recorder of Deeds
Date: 09/22/2004 03:51 PM Pg: 1 of 2

**DECEASED JOINT
TENANCY AFFIDAVIT**

*White & White
1100 main street Suite 200
Downers Grove ill 60515*



STATE OF ILLINOIS]
]]
COUNTY OF DuPage]

Frances J. White being duly

sworn states that Affiant resides at 2044 Wheeler

Illinois in the City of Woodridge

That she was acquainted Vytenis J. Statkus

deceased who, at the time of his death, was one of the owners of the land in Cook

County, Illinois, described as:

PARCEL 1: UNIT 105 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN LITHUANIAN WORLD CENTER CONDOMINIUM AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NUMBER 90-567511, IN THE SOUTHWEST 1/4 OF SECTION 28, TOWNSHIP 37 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PARCEL 2: NON-EXCLUSIVE EASEMENTS FOR THE BENEFIT OF PARCEL 1 AS SET FORTH AND ESTABLISHED BY THE UMBRELLA DECLARATION FOR THE LITHUANIAN WORLD CENTER RECORDED NOVEMBER 16, 1990 AS DOCUMENT NUMBER 90-561900 FOR INGRESS, EGRESS, P.I.N. 22-28-301-005-1005 PARKING AND STRUCTURAL SUPPORT FOR THE LITHUANIAN WORLD CENTER RESIDENTIAL CONDOMINIUM BUILDING.

That the deceased died October 18, 2003

as evidenced by a certified copy of death certificate of the deceased attached hereto.

OFFICIAL SEAL
WILLIAM F WHITE
NOTARY PUBLIC STATE OF ILLINOIS
COMMISSION EXP. AUG. 8 2005

Subscribed and sworn to before me by the

FRANCES J WHITE

this 11th day of AUGUST, A.D. 19 2004

[Signature]
Notary Public

[Signature]
(affiant signature)
26.50
(2)

OCT 23 2003

STATE OF ILLINOIS
County of Cook

UNOFFICIAL COPY

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
STATE FILE NUMBER

REGISTRATION DISTRICT NO. **16.0**
REGISTERED NUMBER
DECEASED NAME **VYTENIS STATKUS** FIRST MIDDLE LAST
SEX **MALE**
DATE OF BIRTH (MONTH, DAY, YEAR) **OCTOBER 18, 2003**
COUNTY OF DEATH **COOK** AGE - LAST BIRTHDAY (YRS) **88** UNDER 1 YEAR UNDER 1 DAY
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **WILLOW SPRINGS** HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **CHATEAU CENTER**
CITY, TOWN, TWP. OR ROAD DISTRICT NO. **SALESMAN** NAME OF SURVIVING SPOUSE (MARRIAGE, IF WIFE) **SOFILIA KANTANASKATTE**
CITY, TOWN, TWP. OR ROAD DISTRICT NO. **UNIT105** LEMONT ILLINOIS

DECEASED
WILLOW SPRINGS
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)
UKRAINE
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
MARRIED
SOCIAL SECURITY NUMBER **323-34-0176** USUAL OCCUPATION **SALESMAN**
KIND OF BUSINESS OR INDUSTRY (INTERNATIONAL)
SALES

RESIDENCE (STREET AND NUMBER) **14915 W. 127TH ST., UNIT105** CITY, TOWN, TWP. OR ROAD DISTRICT NO. **LEMONT**
STATE **ILLINOIS** ZIP CODE **60439** FACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) **WHITE**
FATHER-NAME FIRST MIDDLE LAST **ALFONSAS STASISKIS** RELATIONSHIP **WIFE**
MOTHER-NAME FIRST MIDDLE LAST **BRONE RAGAZINSKATTE**

15. INFORMANT'S NAME (TYPE OR PRINT) **ALFONSAS STASISKIS** RELATIONSHIP **WIFE** MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN STATE, ZIP) **17614915 W. 127TH ST., UNIT105, LEMONT, IL 60439**
17a. **SOFLIA STATKUS** 17b. **WIFE**

18. PART I. Immediate Cause (Final disease or condition resulting in death) **My mother had stroke**
Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.
18. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STARTING THE UNDERLYING CAUSE LAST. (b) DUE TO OR AS A CONSEQUENCE OF (c) DUE TO OR AS A CONSEQUENCE OF
My mother had stroke
stroke

20a. DATE OF OPERATION, IF ANY **10/10/03** MAJOR FINDINGS OF OPERATION
20b. **NO**
20c. **NO**
20d. **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. **5:55 A.M.**
21d. **10/22/03**
21e. **036-059443**

22a. SIGNATURE OF CERTIFIER **E. Vizimas** (TYPE OR PRINT)
22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **E. VIZIMAS M.D., 6918 W. ARCHER AVE., CHICAGO, IL, 60638**
22c. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)

23. BURIAL OR CREMATION, REMOVAL (SPECIFY) **BURIAL** CEMETERY OR CREMATORY NAME **248 ITHUANIAN NATIONAL** LOCATION **JUSTICE** CITY OR TOWN **ILLINOIS** STATE **ILLINOIS** DATE (MONTH, DAY, YEAR) **24d OCT. 21, 2003**
24a. FUNERAL HOME **25a. PETERUS LEMONT FUNERAL HOME, 12401 S. ARCHER AVE., LEMONT, ILLINOIS 60439**
24b. FUNERAL DIRECTOR'S SIGNATURE **RYN M. GRAY**
24c. STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
25a. FUNERAL DIRECTOR'S SIGNATURE
25b. FUNERAL DIRECTOR'S LICENSE NUMBER **034-015378**

25c. DATE FILED BY LOCAL REGISTRAR'S SIGNATURE **OCT 23 2003**
25d. DATE FILED BY LOCAL REGISTRAR'S SIGNATURE
25e. DATE FILED BY LOCAL REGISTRAR'S SIGNATURE
25f. DATE FILED BY LOCAL REGISTRAR'S SIGNATURE
25g. DATE FILED BY LOCAL REGISTRAR'S SIGNATURE
25h. DATE FILED BY LOCAL REGISTRAR'S SIGNATURE
25i. DATE FILED BY LOCAL REGISTRAR'S SIGNATURE
25j. DATE FILED BY LOCAL REGISTRAR'S SIGNATURE
25k. DATE FILED BY LOCAL REGISTRAR'S SIGNATURE
25l. DATE FILED BY LOCAL REGISTRAR'S SIGNATURE
25m. DATE FILED BY LOCAL REGISTRAR'S SIGNATURE
25n. DATE FILED BY LOCAL REGISTRAR'S SIGNATURE
25o. DATE FILED BY LOCAL REGISTRAR'S SIGNATURE
25p. DATE FILED BY LOCAL REGISTRAR'S SIGNATURE
25q. DATE FILED BY LOCAL REGISTRAR'S SIGNATURE
25r. DATE FILED BY LOCAL REGISTRAR'S SIGNATURE
25s. DATE FILED BY LOCAL REGISTRAR'S SIGNATURE
25t. DATE FILED BY LOCAL REGISTRAR'S SIGNATURE
25u. DATE FILED BY LOCAL REGISTRAR'S SIGNATURE
25v. DATE FILED BY LOCAL REGISTRAR'S SIGNATURE
25w. DATE FILED BY LOCAL REGISTRAR'S SIGNATURE
25x. DATE FILED BY LOCAL REGISTRAR'S SIGNATURE
25y. DATE FILED BY LOCAL REGISTRAR'S SIGNATURE
25z. DATE FILED BY LOCAL REGISTRAR'S SIGNATURE