

# UNOFFICIAL COPY



## JOINT TENANCY AFFIDAVIT

Mail Recorded Document to:

Ted Kowalczyk Esq.  
6052 W. 63<sup>rd</sup> Street  
Chicago, IL 60638-4342

Doc#: 0426746095  
Eugene "Gene" Moore Fee: \$28.00  
Cook County Recorder of Deeds  
Date: 09/23/2004 11:43 AM Pg: 1 of 3

Rose Strzycki, hereinafter referred to as the affiant, states under oath that the affiant resides at 6245 S. Meade Ave, in the City of Chicago, Illinois, that the affiant was acquainted with FRANK STRZYCKI, the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of properly recorded joint tenancy warranty deed, said property located in the City of Chicago, Cook County, Illinois, and legally described as follows: 3

### SEE REVERSE FOR LEGAL DESCRIPTIONS

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

That the decedent died on November 20, 1978 leaving no/a last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$40,000.00; and

That the value of the above property individually was \$65,000.00.

That the affiant makes this affidavit to induce **CHICAGO TITLE** [or any Title Company] to issue its policy of title insurance on the above described property.

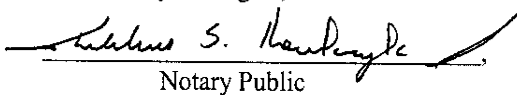
The affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold **CHICAGO TITLE** [or any Title Company], harmless and to reimburse the Fund for all loss, costs, damages, suites, attorney's fees and expenses and every kind and nature which the fund may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

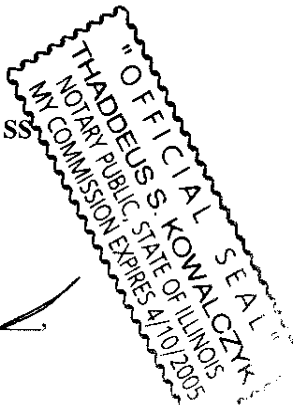
1. Claims against the estate of FRANK STRZYCKI, the decedent;
2. Illinois State Inheritance Tax and Federal Tax which may be charges against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights to contribution.

  
Rose Strzycki

STATE OF Illinois )  
                                  )  
COUNTY OF Cook    )

Subscribed and Sworn to before me  
this 10<sup>th</sup> day of August, 2004.

  
Notary Public



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## LEGAL DESCRIPTION

LOT TWENTY SIX IN BLOCK TEN IN CENTRAL ADDITION TO CLEARING, A  
SUBDIVISION OF THE SOUTH 3/4 OF THE EAST 1/2 OF THE SOUTH WEST 1/4  
OF SECTION 17, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD  
PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

P.I.N. 19-17-331-015-0000

Commonly known as: 6245 S. Meade, Chicago, IL 60638

Property of Cook County Clerk's Office

STATE OF ILLINOIS )  
County of Cook )

DAVID ORR, County Clerk

**UNOFFICIAL COPY**

FEB 19 2002

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'S BIRTH NO.		REGISTRATION DISTRICT NO. <b>16.10</b>		STATE OF ILLINOIS		STATE FILE NUMBER	
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH				625575	
1. DECEASED NAME		FRANK STRZYCKI		SEX		DATE OF DEATH	
2. MALE		3. NOVEMBER 20, 1978		RACE		COUNTY OF DEATH	
4a. WHITE		5a. AMERICAN		5b. 70		6. 8/14/08	
7b. CHICAGO		7c. HOLY CROSS HOSPITAL		7d. D.C.A.		7e. COOK	
8. ILLINOIS		9. U.S.A.		10. MARRIED		11. ROSE MATUSZYK	
12. 344-14-2069		13a. ADMIN. ASSIST.		13b. CEMETERY		13c. NO	
14a. 6245 So. Meade Ave.		14b. CHICAGO		14c. YES		14d. COOK	
14e. ILLINOIS		15. FRANK STRZYCKI		16. KATHERINE RICHERT		17. 6245 So. Meade Ave. Chicago Ill 60638	
18. DEATH WAS CAUSED BY		PART I. IMMEDIATE CAUSE		(a) Myocardial infarction		14hr	
(b) Coronary Artery Disease		PART II. OTHER SIGNIFICANT CONDITIONS		(c)		14hr	
20a. DATE OF OPERATION		20b. MAJOR FINDINGS OF OPERATION		21a. I ATTENDED THE DECEASED FROM		21b. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE STATE	
22a. SIGNATURE		22b. NAME AND ADDRESS OF CERTIFIER		22c. NAME OF ATTENDING PHYSICIAN		22d. DATE	
23. BURIAL OR CREMATION		24. Entombment		25. Richard Funeral Home, Inc.		26. NOV 21 1978	

-02/

DECEASED

6403

284

PARENTS

1109 A  
112 B

CAUSE

CERTIFIER

Funeral Home