

UNOFFICIAL COPY



0426703070

Doc#: 0426703070
 Eugene "Gene" Moore Fee: \$26.50
 Cook County Recorder of Deeds
 Date: 09/23/2004 01:26 PM Pg: 1 of 2

This instrument prepared by
 and mail to:

Law Offices of Kulas & Kulas
 2329 W. Chicago Avenue
 Chicago, Illinois 60622



State of Illinois)
) ss
 County of Cook)

DECEASED JOINT TENANCY AFFIDAVIT

Mary S. Waldukat being duly sworn on oath states that she resides at 1926 S. Highland Avenue, in the City of Berwyn, State of Illinois.

That affiant was acquainted with the decedent, Nestor Hrycaj, who at the time of his death was one of the owners of the land in Cook County, Illinois, described as:

Lot 10 in Block 1 in Humboldt Park Residence Association Subdivision of the Southwest 1/4 of the Northeast 1/4 of Section 1, Township 39 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

P.I. No.: 16-01-217-015-0000

Commonly known as: 2623 W. Hirsch, Chicago, Illinois 60622

That the decedent died on February 25, 2003, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the undersigned affiant is making this affidavit for the purpose of establishing and clarifying the chain of title for the above mentioned property.

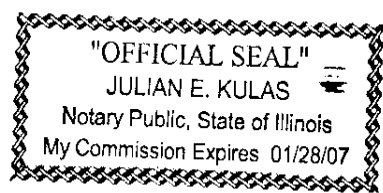
X *Mary S. Waldukat*

 Mary S. Waldukat

Subscribed and sworn to before me this
30 day of August, 2004.

Julian E. Kulas

 Notary Public



REGISTRATION DISTRICT NO. 16.10

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FILE NUMBER 616647

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

OCT 25 2000

I, SHEILA LYNE, RSM, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS 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.

CITY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH

Sheila Lyne Rsm LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

Medical certificate form with fields for deceased name (Stefania Hrycaj), date of death (October 19, 2000), cause of death (Brain hemorrhage), and registrar information.