

UNOFFICIAL COPY

JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

MYRA KISIELEWSKI,
hereby referred to as the affiant, states under
oath that the affiant resides at 1728 W.
Wilmot Avenue

In the City of Chicago,
State of Illinois;
that the affiant was acquainted with SIGMUNT KISIELEWSKI,
the decedent; at the time of death, the
decedent was one of the owners of property,
by virtue of a property recorded joint
tenancy deed, said property located in
Cook County, State of
Illinois, and legally
described as follows:

Lot Five (5) in the Subdivision of Lots 42 to 48 in Block Five (5) in Bradwell's Addition in South part of East half of Southwest Quarter of Section Thirty-One (31), Township Forty (40) North, Range Fourteen (14), East of the Third Principal Meridian in Cook County, Illinois.

Permanent Index Number: 14-31-322-014-0000

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;

The decedent died on February 4, 1991, leaving no/a last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was \$ 100,000.00, and that the value of the above property individually was \$ 50,000.00.

The State and Estate/Inheritance Tax and the Federal Estate Tax, if any, that was due from the decedent's estate, has been paid in full;

The affiant makes this affidavit to induce Attorneys' Title Guaranty Fund, Inc. (ATG) to issue its policy of title insurance on the above described property.



Doc#: 0426802007
Eugene "Gene" Moore Fee: \$28.00
Cook County Recorder of Deeds
Date: 09/24/2004 08:23 AM Pg: 1 of 3

ATGF, INC.

333121174

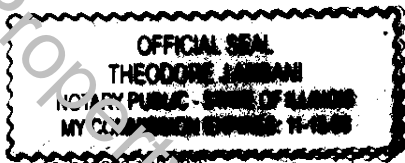
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JOINT TENANCY AFFIDAVIT (continued)

The affiant hereby covenants and agrees, individually, and for the affiants, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold ATG harmless and to reimburse ATG for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature that ATG 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 SIGMUNT KISIELEWSKI, the decedent;
2. State Estate/Inheritance Tax and Federal Estate Tax that may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.

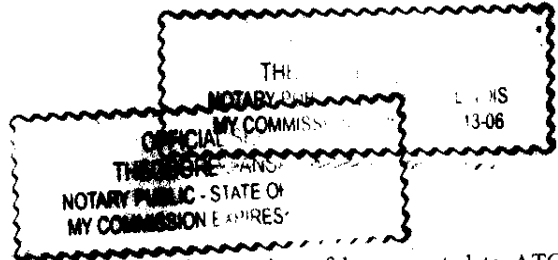


Myra Kisielewski (Seal)
 MYRA KISIELEWSKI (Seal)

Subscribed and sworn to before me this

9th day of September, 2004
(Month) (Year)

Theodore J. Ansani
 (Notary Public)



Note: If the decedent left a will, it will be necessary that the original or certified copy thereof be presented to ATG for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

This instrument prepared by

THEODORE J. ANSANI
(Name)

1411 W. Peterson Ave., Ste. 202
(Address)

Park Ridge, Illinois 60068
(City, State, Zip)

Return to:

ANSANI & ANSANI, P.C.
(Name)

1411 W. Peterson Ave., Ste. 202
(Address)

Park Ridge, Illinois 60068
(City, State, Zip)

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DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <u>1623</u>		STATE OF ILLINOIS				STATE FILE NUMBER	
REGISTERED NUMBER <u>182</u>		MEDICAL CERTIFICATE OF DEATH							
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)				
	1. Sigmunt Kisielowski			2. Male	3. February 4, 1991				
	COUNTY OF DEATH		AGE—LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)			
	4. Cook		5a. 63	5b.	5c.	5d. December 11, 1927			
	CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER			HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			IF HOSP. OR INST. INDICATE D.O.P. OP. EMER. RM, INPATIENT (SPECIFY)		
	6a. Evanston			6b. St. Francis Hospital			6c. Inp.		
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)			WAS DECEASED EVER IN ARMED FORCES? (YES/NO)		
	7. Poland		8a. Married	8b. Myra Tomczak			9. No		
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)			
	10. 325-28-3008		11a. Machinest.	11. Machine Shop		12. 12			
RESIDENCE (STREET AND NUMBER)				CITY, TOWN, TWP, OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	COUNTY		
13a. 1728 N. Wilmot				13b. Chicago		13c. Yes	13d. Cook		
STATE		ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN)				
13e. Illinois		13f. 60647	14a. White		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:				
FATHER—NAME FIRST MIDDLE LAST			MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST						
15. Zbigniew Kisielowski			16. Marianna N/A						
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)						
17a. Myra Kisielowski		17b. Wife	17d. 728 N. Wilmot Chicago, IL 60647						
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.								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
Immediate Cause (Final disease or condition resulting in death) → (a) Perioperative Myocardial Infarction								3 Days	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.								2 Years	
(b) Coronary Artery Disease								10 years	
(c) Atherosclerosis									
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.									
19. Renal Shutdown								19b. YES	
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION			AUTOPSY (YES/NO)		WERE AUTOPSY FINDINGS AVAILABLE FOR COMPLETION OF CAUSE OF DEATH? (YES/NO)		
20. Feb. 1, 1991		20b. Old Myocardial Infarction			19a. YES		19b. YES		
IF (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON				WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH			
21a. February 4, 1991				21b. NO		21c. 8:54 A.			
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.						DATE SIGNED (MONTH, DAY, YEAR)			
22a. SIGNATURE → Thomas E. Murphy MD						22b. Feb. 5, 1991			
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)						ILLINOIS LICENSE NUMBER			
22c. T E Murphy 800 Austin Evanston, Illinois						22d. 36-36884			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)						NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.			
23.									
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE		DATE (MONTH, DAY, YEAR)			
24a. Burial		24b. St Adalbert		24c. Niles, Illinois		24d. Feb. 8, 1991			
FUNERAL HOME NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE		ZIP			
25a. Malec & Sons Funeral Home		6000 N. Milwaukee		Chicago, Illinois		60646			
FUNERAL DIRECTOR'S SIGNATURE				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER					
25b. Edward J. Janus				25c. 5122					
LOCAL REGISTRAR'S SIGNATURE				DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)					
26a. →				26b. Feb 7 1991					

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 FEBRUARY 7, 1991 SIGNED Thomas E. Murphy MD
 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.