



Doc#: 0427418055  
Eugene "Gene" Moore Fee: \$54.00  
Cook County Recorder of Deeds  
Date: 09/30/2004 09:52 AM Pg: 1 of 4

STATE OF ILL  
COUNTY COOK

AFFIDAVIT OF SURVIVING S  
OR JOINT SURVIVOR

CYNTHIA T. SIKORA, being first duly sworn,  
deposes and says as follows:

1) That WALTER L. SIKORA and FRANCES T. SIKORA  
6032868LP

are joint owners of property under a duly recorded survivorship or tenancy by entireties deed.

2) That the property is known as 10211 S. CHARLES AVE  
COOK Street and City  
County, State of ILL and also known as Permanent

Parcel Number \_\_\_\_\_ on the records of the County Auditor. The original  
Survivorship Deed is recorded in the records of the \_\_\_\_\_ County Recorder  
in Volume \_\_\_\_\_, Page \_\_\_\_\_.

I have included the descriptive information requested below and have attached a full legal  
description as an attachment hereto.

Mail To: Box # 352

"SEE EXHIBIT "A" ATTACHED"

3) That WALTER L. SIKORA died on or about MARCH 30  
20 01, at PALOS HILLS IL

4) That by virtue of the death of the party listed in Item #3 above,  
FRANCES T. SIKORA is the fee simple owner of the above described  
property and requests that this fact be reflected on the land and tax records of the county.

Witness

[Signature]  
Witness

Affiant

[Signature]  
Affiant

STATE OF ILLINOIS **UNOFFICIAL COPY**

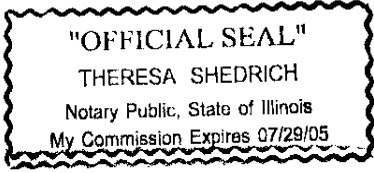
COUNTY OF COOK

Sworn to before me and subscribed in my presence this 29<sup>th</sup> day of September  
20 04

*Theresa Shedrich*

Notary Public

My Commission Expires: 7/29/05



Property of Cook County Clerk's Office

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named herein and that this record was established and filled in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

**UNOFFICIAL COPY**

Date April 2, 2001 Signed Jarefina Danek  
At Cook County Department of Public Health Official Title Chief Deputy Registrar,  
1010 Lake Street, Oak Park, Illinois 60301

REGISTRATION DISTRICT NO. 160  
REGISTERED NUMBER

STATE OF ILLINOIS  
**MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER

DECEASED-NAME <b>Walter</b>		FIRST	MIDDLE <b>Sikora</b>	LAST <b>Sikora</b>	SEX <b>Male</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>March 30, 2001</b>
COUNTY OF DEATH <b>Cook</b>		AGE-LAST BIRTHDAY (YRS) <b>83</b>		UNDER 1 YEAR MOS. DAYS HOURS MIN.		DATE OF BIRTH (MONTH, DAY, YEAR) <b>Sept 7 1917</b>
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <b>Palos Hills</b>		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>Wind sor Manor Nursing Center, 10426 S. Roberts Rd.</b>		NAME OF SURVIVING SPOUSE (MARRIAGE NAME IF WIFE) <b>Frances Filipiak</b>		OR INST. INDICATE D.O.A. OF HOME, INPATIENT (SPECIFY)
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>Passaic NJ</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>married</b>		NAME OF BUSINESS OR INDUSTRY <b>U.S. Postal</b>		EDUCATION (SPECIFY HIGHEST GRADE COMPLETED) <b>Elementary/Secondary (0-12)</b>
7. SOCIAL SECURITY NUMBER <b>10-143-05-4534</b>		USUAL OCCUPATION <b>Mail Carrier</b>		CITY, TOWN, TWP. OR ROAD DISTRICT NO. <b>Palos Hills</b>		IN SIDE CITY
RESIDENCE (STREET AND NUMBER) <b>10211 S. Charles</b>		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) <b>White</b>		OF HISPANIC ORIGIN? (YES OR NO) (IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) <b>NO</b>		COUNTY <b>Cook</b>
FATHER-NAME <b>Lawrence</b>		FIRST	MIDDLE <b>Sikora</b>	LAST <b>Mary Malolink</b>	MOTHER-NAME (SPECIFY: (MAIDEN) LAST)	
INFORMANT'S NAME (TYPE OR PRINT) <b>Cynthia Sikora</b>		RELATIONSHIP <b>daughter</b>		MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY OR TOWN, STATE, ZIP) <b>9304 Waterford Lane, Oak Park</b>		
18. PART I. Immediate Cause (Final disease or condition resulting in death) <b>End stage chronic lung disease</b>		Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. <b>chronic</b>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) DUE TO, OR AS A CONSEQUENCE OF		(c)		
PART II. Other significant conditions contributing to death but not resulting in the immediate cause given in PART I. <b>AAA renal failure</b>		DATE OF OPERATION, IF ANY <b>AAA renal failure</b>		MAJOR FINDINGS OF OPERATION		
20a. (DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON)		20b. (MOS. OR YEAR)		20c. (MOS. OR YEAR)		20d. (MOS. OR YEAR)
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		21c. HOUR OF DEATH <b>4:45 A.M.</b>		21d. DATE SIGNED (MONTH, DAY, YEAR) <b>4/1/01</b>
22a. SIGNATURE OF CERTIFIER <b>Phyllis Jethroin MD</b>		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>Phyllis Jethroin MD, 3635 S. Harlem Ave, Riverside, IL 60546</b>		22b. ILLINOIS LICENSE NUMBER <b>36-46173</b>		22d. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
23. BURNAL CREMATION, REMOVAL (SPECIFY) <b>Burial</b>		CEMETERY OR CREMATORY-NAME <b>Resurrection</b>		LOCATION <b>Justice</b>		DATE (MONTH, DAY, YEAR) <b>April 2, 2001</b>
24a. FUNERAL HOME <b>Justice</b>		NAME <b>Justice</b>		STREET AND NUMBER OR R.F.D. <b>Justice</b>		STATE <b>IL</b>
25a. FUNERAL DIRECTOR'S SIGNATURE <b>Karen L. Scott, M.D.</b>		NAME <b>Karen L. Scott, M.D.</b>		STREET AND NUMBER OR R.F.D. <b>Justice</b>		STATE <b>IL</b>
25b. LOCAL REGISTRAR'S SIGNATURE <b>Jarefina Danek</b>		NAME <b>Jarefina Danek</b>		STREET AND NUMBER OR R.F.D. <b>Justice</b>		STATE <b>IL</b>
25c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>APR 02 2001</b>		25d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>APR 02 2001</b>		25e. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>APR 02 2001</b>		25f. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>APR 02 2001</b>

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F i r s t   A m e r i c a n   T i t l e   I n s u r a n c e   C o m p a n y

Commitment No: 06032368

## Schedule C

The land referred to in this policy is situated in the State of Illinois, County of Cook and is described as follows:

LOT 1 IN KAUP'S RESUBDIVISION OF LOT 61 IN FRANK DE LUGACH A WELSER WOODS, A SUBDIVISION OF THE SOUTH WEST 1/4 OF THE SOUTHEAST 1S/4 AND THE SOUTH 10 ACRES OF THE NORTH EAST 1/4 OF SAID SOUTHEAST 1/4 OF SECTION 11, TOWNSHIP 37 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

End of Schedule C.

Property of Cook County Clerk's Office