

UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT



Doc#: 0428002082
Eugene "Gene" Moore Fee: \$30.00
Cook County Recorder of Deeds
Date: 10/08/2004 08:24 AM Pg: 1 of 4

33061 or 43

STATE OF ILLINOIS

COUNTY OF Cook

Order No. 10482948

Kathleen M Ross being duly sworn states that he/she resides at 5 N Louis in the City of Mt Prospect, Illinois.

That he/she was acquainted with Miles C. Apida deceased who, at the time of his/her death, was one of the owners of the land in Cook County, Illinois, described as:

Description - See attached

Address 5 N Louis, Mt Prospect IL 60056
PIN 03-35-304-006-0000

That the deceased died May 7, 1995, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will & Testament.
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.
- Leaving a Law Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois about _____

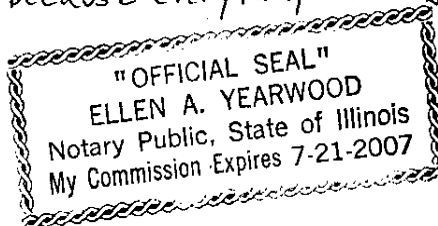
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of zero dollars, because everything was in joint tenancy with Helen M. Apida.

Subscribed and sworn to before me by the said

Kathleen M Ross

this 27 day of August, 2004

Ellen A Yearwood
Notary Public



Kathleen M. Ross
(Affiant's Signature)

ATGF, INC.

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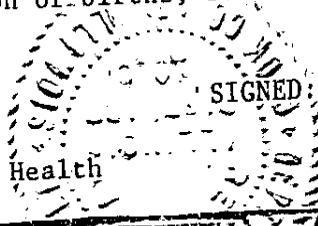
Legal Description:

Lot six (6) Block four (4) In Frank Serafine's First Addition, of the Southeast Quarter (1/4) of the Southeast (1/4) of Section 34, Township 42 North, Range 11, East of the Third Principal Meridian, except the West 1126.50 feet thereof, also the West 193.0 feet of the South West 1/4 of the South West 1/4 of Section 35, Township 42 North, Range 11, East of the Third Principal Meridian, according to Plat thereof registered in the office of the Registrar of Titles of Cook County, Illinois, on June 6, 1956 as Document Number 1674686.

Property of Cook County Clerk's Office

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I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.



SIGNED: Margrit Valaskis
Official Title, Chief Deputy Registrar

DATE: MAY 8, 1995

at Cook County Department of Public Health

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 16.0

REGISTERED NUMBER

DECEASED-NAME APIDA FIRST C. MIDDLE APIDA LAST Male SEX Male DATE OF DEATH (MONTH, DAY, YEAR) May 7, 1995

COUNTY OF DEATH Cook CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Northwest Community Hospital HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 600A

AGE-LAST BIRTHDAY (YRS) 84 UNDER 1 YEAR 0 MONTHS 0 DAYS 0 HOURS 0 MIN 0 SEC. DATE OF BIRTH (MONTH, DAY, YEAR) Feb. 19, 1911

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) Helen Talaronek

RESIDENCE (STREET AND NUMBER) 10346 05 5783 CITY, TOWN, TWP. OR ROAD DISTRICT NO. 11a Carpenter STATE Illinois ZIP CODE 60056 RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) White

13a. 13a. 5 N. Louis Street 13b. Mt. Prospect, 13c. COOK 13d. COOK

FATHER-NAME FIRST Antoni MIDDLE Apida LAST Apida RELATIONSHIP 17b. Wife MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 15 N. Louis St., Mt. Prospect, Illinois

17a. Helen Apida 17b. Wife 17c. 15 N. Louis St., Mt. Prospect, Illinois

18. PART I. Immediate Cause (Final disease or condition resulting in death) CARCINOMA OF PROSTATE WITH METASTASIS YEARS

18. PART II. Other significant conditions contributing to death but not resulting in the ultimate cause given in PART I. UNDERSTANDING OF PROSTATE CANCER. NERVOUS DISSENSE WITH APRIL 1994

20a. (I) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 5/5/95 WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) Yes

21a. TO THE BEST OF MY KNOWLEDGE, THE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. DATE SIGNED 5/8/95 HOUR OF DEATH 10:55 A.M.

22a. SIGNATURE [Signature] ILLINOIS LICENSE NUMBER 36-39375

22b. NAME AND ADDRESS OF DEATH CERTIFIER (TYPE OR PRINT) DR. PROSPER, Z.L. 60056

22c. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)

23. BURIAL CREMATION, REMOVAL (SPECIFY) Burial CEMETERY OR CREMATORY-NAME St. Adalbert LOCATION Illinois DATE May 10, 1995

24. FUNERAL HOME FRIEDRICH'S Funeral Home, Inc., 320 W Central Rd., Mt. Prospect, Illinois 60056

25. LOCAL REGISTRAR'S SIGNATURE [Signature] DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) May 8, 1995

26. REGISTRAR [Signature] DATE FILED BY REGISTRAR (MONTH, DAY, YEAR) May 8, 1995