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Doc#: 0429927021
Eugene "Gene" Moore Fee: \$28.50
Cook County Recorder of Deeds
Date: 10/25/2004 09:59 AM Pg: 1 of 3

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

JOINT TENANCY AFFIDAVIT

Genowefa Parzych, hereinafter referred to as the affiant, states under oath that the affiant resides at 6451 W. 63rd St. in the City of Chicago, Illinois; that the affiant was acquainted with Zygmunt Parzych 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 Cook County, Illinois, and legally described as follows: (see Exhibit A attached)

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 7-12-04, leaving no ~~l~~ last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$ 275,000⁰⁰; and

That the value of the above property individually was \$ 120,000⁰⁰.

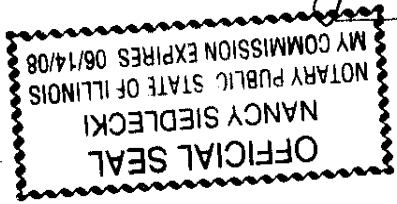
That the affiant makes this affidavit to induce ATTORNEYS' TITLE INSURANCE FUND, INC. to issue its policy of title insurance on the above described property.

the affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold ATTORNEYS' TITLE INSURANCE FUND, INC. harmless and to reimburse the Fund for all loss, costs, damages, suits, attorney's fees and expenses and every kind and nature which 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 Zygmunt Parzych, the decedent;
2. Illinois State Inheritance Tax and Federal Tax which may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights to contribution.

Genowefa Parzych (Seal)
Genowefa Parzych (Seal)

Subscribed and Sworn to before me
this 1st day of Oct 2004
[Signature]
Notary Public



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

This document prepared by and please return to: Nancy Siedlecki, 5300 Main St., Downers Grove, IL 60515

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STATE OF ILLINOIS
County of Cook

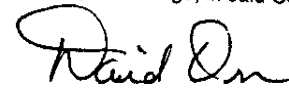
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JULY 14, 2004

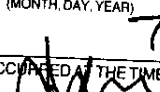


DAVID ORR, County Clerk

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.



COUNTY CLERK

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. 16.0		STATE OF ILLINOIS		STATE FILE NUMBER	
		REGISTERED NUMBER		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. Zygmunt		Parzych SR		2. Male		3. July 12, 2004	
4. Cook		AGE—LAST BIRTHDAY (YRS) 5a. 78		UNDER 1 YEAR 5b. 78		DATE OF BIRTH (MONTH, DAY, YEAR) 5d. DECEMBER 24, 1925	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		6c. Inpatient		IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)	
6a. Oak Lawn		6b. Advocate Christ Medical Center		8b. GENOWEFA RZEPKA		9. NO	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. POLAND		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. MARRIED		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
SOCIAL SECURITY NUMBER 10. 333-46-3093		USUAL OCCUPATION 11a. JANITOR		KIND OF BUSINESS OR INDUSTRY 11b. BUILDING		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 8	
RESIDENCE (STREET AND NUMBER) 13a. 6451 W. 63RD ST.		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. CHICAGO		INSIDE CITY (YES/NO) 13c. YES		COUNTY 13d. COOK	
STATE 13e. ILLINOIS		ZIP CODE 13f. 60638		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. WHITE		OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
FATHER—NAME FIRST MIDDLE LAST 15. JOSEPH PARZYCH		MOTHER—NAME FIRST MIDDLE LAST (MAIDEN) LAST 16. MARIANNA POTEPA		INFORMANT'S NAME (TYPE OR PRINT) 17a. GENOWEFA PARZYCH		RELATIONSHIP 17b. SPOUSE	
				MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 6451 W. 63RD. ST. CHICAGO, IL 60638			
18. PART I. Immediate Cause (Final disease or condition resulting in death) → Acute Pancreatitis		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.		(a) DUE TO, OR AS A CONSEQUENCE OF		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
				(b) Coronary artery disease			
				(c) C.O.P.D.			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20b.		AUTOPSY (YES/NO) 19a. NO	
						WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b.	
21a. (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 7/11/04		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO		HOUR OF DEATH 21c. 4:32 A. M.			
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		22a. SIGNATURE 		DATE SIGNED (MONTH, DAY, YEAR) 22b. 7/13/2004			
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. Rajneesh Salwan M.D., 2850 W. 95th St Evergreen Pk, 11		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 22d. 60805		ILLINOIS LICENSE NUMBER 22d. 036-093899		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. BURIAL		CEMETERY OR CREMATORY—NAME 24b. RESURRECTION		LOCATION CITY OR TOWN STATE 24c. JUSTICE, IL		DATE (MONTH, DAY, YEAR) 24d. JULY 14, 2004	
FUNERAL HOME NAME 25a. SZYKOWNY FUNERAL HOME, LTD. 4901 S. ARCHER AVE. CHICAGO, IL 60632		FUNERAL DIRECTOR'S SIGNATURE 25b. 		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-011163			
LOCAL REGISTRAR'S SIGNATURE 26a. 		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. JUL 14 2004					

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Exhibit A'
Joint Tenancy Affidavit

**LOT 21 IN BLOCK 17 IN FREDERICK H. BARTLETT'S CHICAGO HIGHLANDS IN
THE NORTHEAST ¼ OF THE NORTHEAST ¼ OF SECTION 19, TOWNSHIP 38
NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK
COUNTY, ILLINOIS**

PIN: 19-19-203-004

Property of Cook County Clerk's Office