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Doc#: 0431734161
Eugene "Gene" Moore Fee: \$28.50
Cook County Recorder of Deeds
Date: 11/12/2004 02:30 PM Pg: 1 of 3

DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois)
) SS.
County of Cook

FRANK E. WACHEWICZ being duly sworn states that he
resides at 516 156th St. in the City of
Calumet City, IL 60409

That he was acquainted with JOSEPHINE WACHEWICZ
deceased who, at the time of death, was one of the owners of the land
in Cook County, Illinois, described as:

THE EAST HALF OF LOT 40 AND ALL OF LOT 41 IN BLOCK 19 IN WEST HAMMOND BEING A
SUBDIVISION OF THE NORTH 1896 FEET OF FRACTIONAL SECTION 17, TOWNSHIP 36 NORTH,
RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.**

Commonly known as: 516 156th St., Calumet City, IL 60409

Property Index Number: 30-17-112-040 and 30-17-112-041

That the deceased died _____, 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 Last Will & Testament which was filed in the Unproven
Will Box of the Probate Division of the Circuit Court of
_____ County, Illinois about _____

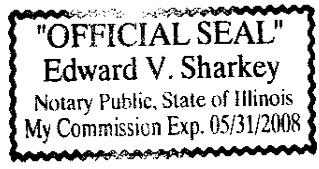
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That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of FIFTY THOUSAND (\$50,000.00) dollars.

Affiant makes this affidavit for the purpose of inducing ANY Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Paul E. Wackler
(Affiant's Signature)

Subscribed and sworn to before me this 2nd day of OCTOBER, 2004.



Edward V. Sharkey
Notary Public

This instrument prepared by:

Atty. Edward V. Sharkey
P. O. Box 27
Dolton, IL 60419

After recording mail to:

DE JONG, SHARKEY & CONROY, P.C.
ATTORNEYS AT LAW
P.O. BOX 27
DOLTON, ILLINOIS 60419

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DOLTON, ILLINOIS 60419



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THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Nov 2 2004
Date Issued

[Signature]
Hammond Health Commissioner

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD
Below for State Office Use

EMBALMER'S NAME Wallace L. Oexmann LICENSE No. 26
FUNERAL DIRECTOR'S SIGNATURE George A. Burns FUNERAL DIRECTOR'S LICENSE No. 906
FUNERAL HOME No. 281

Disposition Permit Issued /
Provisional Certificate
Yes <input type="checkbox"/> No <input type="checkbox"/>

Local No. 1082

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

DECEASED—NAME JOSEPHINE G. WACHIEWICZ FIRST MIDDLE LAST
SEX Female DATE OF DEATH (MONTH, DAY, YEAR) 12-25-74

RACE White AGE—LAST BIRTHDAY (YEARS) 82 UNDER 1 YEAR MOS. DAYS
CITY, TOWN, OR LOCATION OF DEATH Hammond INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes
HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Saint Margaret Hospital

STATE OF BIRTH (IF NOT IN U.S.A.) Illinois CITIZEN OF WHAT COUNTRY USA W. DOW NEVER MARRIED SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
SOCIAL SECURITY NUMBER 123-16-8881 SOCIAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Housewife KIND OF BUSINESS OR INDUSTRY None

RESIDENCE—STATE Illinois COUNTY Cook CITY, TOWN OR LOCATION Calumet city,
STREET AND NUMBER 516-156st. Street INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes TOWNSHIP Thornton

FATHER—NAME Steve FIRST MIDDLE LAST Gawronski MOTHER—MAIDEN NAME Mary FIRST MIDDLE LAST Michalak

PARENTS INFORMANT—NAME Steve RELATIONSHIP Son MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 516-156st. Calumet city, Ill.

PART I. DEATH WAS CAUSED BY Stroke (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))
IMMEDIATE CAUSE Stroke APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 wk

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST LYING CAUSE LAST
(a) Stroke (b) Arteriosclerotic cardiac vascular disease (c) hypertension

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I. A)

AUTOPSY YES NO IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH YES NO

DATE OF DEATH MONTH December DAY 25 YEAR 1974 HOUR 9:15 DATE SIGNED MONTH December DAY 27 YEAR 1974

DECEASED'S NAME (TYPE OR PRINT) Josephine G. Wachiewicz SIGNATURE OF PHYSICIAN [Signature] PHY. CODE NO.

MAILING ADDRESS, PHYSICIAN STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

BURIAL, CREMATION, REMOVAL CEMETERY, CREMATORY, FUNERAL HOME Holy Cross Cemetery LOCATION Calumet city, Illinois 60409

DISPOSITION Burial DATE (MONTH, DAY, YEAR) Dec. 28, 1974 HEALTH OFFICER—SIGNATURE [Signature] DATE RECEIVED BY LOCAL HEALTH OFFICER 12-27-74

24b. 24c. 24d. 24e. 24f. 24g. 24h. 24i. 24j. 24k. 24l. 24m. 24n. 24o. 24p. 24q. 24r. 24s. 24t. 24u. 24v. 24w. 24x. 24y. 24z.