

UNOFFICIAL COPY

DECEASED JOINT
TENANCY AFFIDAVIT



Doc#: 0435045113
Eugene "Gene" Moore Fee: \$28.50
Cook County Recorder of Deeds
Date: 12/15/2004 02:39 PM Pg: 1 of 3

STATE OF ILLINOIS |
COUNTY OF COOK |

JOHN A. RUSNAK being duly
sworn states that I resides at 12715 PAGE ST
in the city of CALUMET PARK,

IL 60827

That I was acquainted WITH MARIANNE
RUSNAK deceased who, at the time of
HER death, was one of the owners of the land in
COOK county, Illinois, described as:

(LEGAL DESCRIPTION ATTACHED)

P.I.N. 25 31 220 001 0000 VOLUME: 038

That the deceased died JANUARY 12, 1997
as evidenced by a certified copy of death certificate of the
deceased attached hereto.

Subscribed and sworn to before me by the said

JOHN A. RUSNAK
this 26TH day of NOVEMBER, A.D. 2004

Suzanne F Ward
Notary Public

John A. Rusnak
(affiant signature)



25	31	220	071	403	382	98	3000021
AREA	SUB-AREA	BLOCK	PARCEL	CODE	WARRANT	ITEM	...

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OFFICE OF THE CLERK OF COOK COUNTY, ILLINOIS
 PERMANENT REAL ESTATE INDEX NUMBER AND LEGAL DESCRIPTION

VOLUME ITEM
 38 [REDACTED]

AREA SUB-AREA BLOCK PARCEL TAX CODE
 25-31-220-1 1403
 SUB NE 1/4 NE 1/4
 FRANK A BELLAS SUB OF W
 W 173.3FT MEAS ON N LINE &
 W 173.42FT MEAS ON S LINE OF
 N 512.38FT S OF N 175FT

JFC	TOWN	RANGE	LOT	SUB-LOT	LOT	BLOCK
31	37	14			3	

ARTICL	SUB-AREA	BLOCK	PARCEL	CODE	WARRANT	ITEM	...
000	000	000	000	000	000	000	...
111	111	111	111	111	111	111	...
222	222	222	222	222	222	222	...
333	333	333	333	333	333	333	...
444	444	444	444	444	444	444	...
555	555	555	555	555	555	555	...
666	666	666	666	666	666	666	...
777	777	777	777	777	777	777	...
888	888	888	888	888	888	888	...
999	999	999	999	999	999	999	...

Block 204 Parcel 016

Property of Cook County Clerk's Office

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DECEDENT'S BIRTH NO.
REGISTRATION DISTRICT NO. 1631
REGISTERED NUMBER 19

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

Type or Print in PERMANENT INK See Funeral Directors Hosp. 1, or Physicians 1, or I do book for INSTRUCTIONS

DECEASED

PARENTS

CAUSE

CERTIFIER

DISPOSITION

1. DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
Marianne C. Rusnak Female January 12, 1997

2. COUNTY OF DEATH COOK

3. CITY, TOWN, TWP. OR ROAD/DISTRICT NUMBER Blue Island

4. AGE- LAST BIRTHDAY (YRS) MOS. DAYS UNDER 1 YEAR UNDER 1 DAY HOURS MIN

5. DATE OF BIRTH (MONTH, DAY, YEAR) August 15, 1926

6. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) At Home (Residence)

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED (SPECIFY) None

8. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) None

9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) NO

10. SOCIAL SECURITY NUMBER 361-12-0389

11. USUAL OCCUPATION Broker

12. KIND OF BUSINESS OR INDUSTRY Real estate

13. RESIDENCE (STREET AND NUMBER) 12828 Lincoln

14. CITY, TOWN, TWP. OR ROAD/DISTRICT NO. Blue Island

15. STATE Illinois

16. ZIP CODE 60406

17. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) White

18. OF HISPANIC ORIGIN? (SPE. OF INDIAN OR YES-IF YES, SPECIFY COBAN, MEXICAN, PUERTO RICAN, etc.)

19. FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE LAST

20. FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE LAST

21. INFORMANT'S NAME (TYPE OR PRINT) Mr. John Rusnak

22. RELATIONSHIP Son

23. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 12715 Page Calumet Park, Illinois 60643

18. PART I. Enter the disease, or complications that caused the death. Do not write the mode of dying, such as cardiac or respiratory arrest. Enter the date, or dates, of the disease, or complications that caused the death. List only one cause on each line.

(a) Cardiac pulmonary arrest.

(b) Advance Metastatic carcinoma.

(c) Common bile duct.

19. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

20. DATE OF OPERATION, IF ANY

21. MAJOR FINDINGS OF OPERATION

22. (TOD) (DID NOT ATTEMPT TO EXAMINE) (MONTH, DAY, YEAR) 1/5/97

23. AND LAST SAW HIM/HER ALIVE ON

24. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

25. SIGNATURE (TYPE OR PRINT) M. HARRISON

26. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 9830 S. Ridgeland Ave Chicago Ridge

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

28. DATE SIGNED (MONTH, DAY, YEAR) 1/15/97

29. ILLINOIS LICENSE NUMBER 036-091528(15)

30. NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH, THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

31. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

32. CEMETERY OR CREMATORY-NAME St. Benedict Cemetery

33. LOCATION City or Town State

34. Crestwood, Illinois

35. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP

36. Hallinan Funeral Home, 2601 Vermont Street, Blue Island, Illinois 60406

37. FUNERAL DIRECTOR'S SIGNATURE (TYPE OR PRINT) M. Harrison

38. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 34-011467

39. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) Jan 15, 1997

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 Statutes relating to THE REGISTRATION OF BIRTHS, STILLBIRTHS AND DEATHS

DATE JAN 15 1997 SIGNED *Sam Frason*
AT BLUE ISLAND, ILLINOIS OFFICIAL TITLE, LOCAL REGISTRAR