

UNOFFICIAL COPY

DECEASED JOINT
TENANCY AFFIDAVIT



Doc#: 0502527161
Eugene "Gene" Moore Fee: \$28.50
Cook County Recorder of Deeds
Date: 01/25/2005 04:59 PM Pg: 1 of 3

STATE OF ILLINOIS

COUNTY OF

Helena Norwid

being duly

sworn states that

I

resides at

5740 N Sheridan

Rel. Apt 1201

in the City of

Chicago

That

I

was acquainted

David Fajnhauz

deceased who, at the time of

HIS

death, was one of the owners of the land in

COOK

County, Illinois, described as:

P.I.N.

14-05-406-022-1055

That the deceased died

7.12.2004

as evidenced by a certified copy of death certificate of the
deceased attached hereto.

Subscribed and sworn to before me by the said

HELENA NORWID

this

25

day of

Jan

A.D. 19 2005

Zenaida Cerrillo
Notary Public

Helena Norwid

(affiant signature)



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Property of Cook County Clerk's Office

Legal: UNIT 12-D AS DELINEATED ON THE SURVEY OF THE FOLLOWING DESCRIBED PARCEL OF REAL ESTATE:

THE SOUTH 25 FEET OF LOT 4 AND ALL OF LOTS 5 AND 6 IN BLOCK 6 IN COCHRAN'S ADDITION TO EDGEWATER, IN SECTION 5, TOWNSHIP 40 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, WHICH SURVEY IS ATTACHED AS EXHIBIT A TO THE DECLARATION MADE BY AMERICAN NATIONAL BANK AND TRUST COMPANY OF CHICAGO AS TRUSTEE UNDER TRUST AGREEMENT DATED AUGUST 25, 1977 AND KNOWN AS TRUST NUMBER 41091, RECORDED IN THE OFFICE OF THE RECORDER OF DEEDS OF COOK COUNTY, ILLINOIS AS DOCUMENT 24,234,378, TOGETHER WITH AN UNDIVIDED PERCENTAGE INTEREST IN SAID PARCEL (EXCEPTING FROM SAID PARCEL ALL THE PROPERTY AND SPACE COMPRISING ALL THE UNITS THEREOF AS DEFINED AND SET FORTH IN SAID DECLARATION AND SURVEY), IN COOK COUNTY, ILLINOIS.

Assessor's/Tax ID No. 14-05-406-022-1055

Property Address: 5740 NORTH SHERIDAN ROAD UNIT 12D, CHICAGO, IL 60660

REGISTRATION DISTRICT NO. 16.10
STATE OF ILLINOIS
REGISTERED NUMBER
MEDICAL CERTIFICATE OF DEATH
STATE FILE NUMBER 0098291

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
1. COUNTY OF DEATH AGE-LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)
2. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 3. OPER. RM. INPATIENT (SPECIFY) 4. CHICAGO 5a. 83 5b. The Waterford 5c. 5d. December 22, 1920 5e. Inpatient

6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 6b. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 6c. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)
7. POLAND 8a. Married 8b. Helena Norwid
8. SOCIAL SECURITY NUMBER USUAL OCCUPATION 8b. Helena Norwid
9. RESIDENCE (STREET AND NUMBER) 10. 328-60-2234 11a. Historian 11b. Research 12. EDUCATION (SPECIFY ONE, HIGHEST GRADE COMPLETED) 13. INSIDE CITY (YES/NO) 13c. COOK
13a. 5740 N. Sheridan Rd. 13b. Chicago 13c. Chicago (OF HISPANIC ORIGIN?) (SPECIFY OR OVER-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.)
13d. Cook

14. FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE LAST
15. FISHEL PAINHAUZ BERTHA NEWICKA
16. HELENA NORWID 17b. Wife 17c. 5740 N. Sheridan Chicago, IL
18. HELENA NORWID 19. 3 YRS

19. IMMEDIATE CAUSE (Final disease or condition resulting in death) 20. CAECINOMA OF BLADDER
21. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)
22. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

23. NAME OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION
24. SIGNATURE (TYPE OR PRINT) 25. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 26. HOUR OF DEATH
27. THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
28. SIGNATURE (TYPE OR PRINT) 29. DATE SIGNED (MONTH, DAY, YEAR)
30. ILLINOIS LICENSE NUMBER

31. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)
32. SHIRLEY ROY, M.D., 5419 N. Sheridan Rd. Chicago, IL
33. BIRTH, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE
34. BURIAL Rosehill Cemetery Chicago, IL
35. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE DATE
36. BARR FUNERAL HOME 6222 N. Broadway, Chicago, Illinois 60660
37. LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
38. WILHELM M.D. JUL 14 2004

VR200 (Rev. 5/89) Illinois Department of Public Health—Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO
JUL 14 2004

I, JOHN L. WILHELM M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN ORDINANCE OF SAID LAW AND ORDINANCES.

John L. Wilhelm, MD
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH