

UNOFFICIAL COPY

DECEASED JOINT
TENANCY AFFIDAVIT



Doc#: 0508134100
Eugene "Gene" Moore Fee: \$26.50
Cook County Recorder of Deeds
Date: 03/22/2005 02:28 PM Pg: 1 of 2

STATE OF ILLINOIS |
COUNTY OF Cook |

Josephine Tropp being duly

sworn states that I resides at 7846 Kimberly Court
Illinois in the city of Oak Forest

That I was acquainted John Tropp
deceased who, at the time of

HIS death, was one of the owners of the land in Cook
county, Illinois, described as:

Lot 1 in Kimberly Court, being a subdivision in fractional Section 28 North
of the Indian Boundary Line, in Township 36 North, Range 13 East of the Third
Principal Meridian, according to Plat thereof registered in the Office of the
Registrar of Titles of Cook County, Illinois on March 26, 1975 as Document
Number 2800262.

P.I.N. 28-28-202-043

That the deceased died September 1, 2004

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



Upon Recordation Please
Mail to:
Jennifer Crissey
17159 S. Parkside Ave
Tinley Park, IL 60477

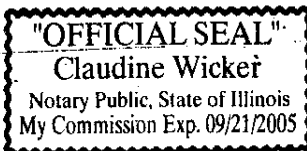
Subscribed and sworn to before me by the said

Josephine Tropp

this 21st day of March, A.D. ~~19~~ 2005

Claudine Wicker
Notary Public

J. Tropp
(affiant signature)



STATE OF ILLINOIS
County of Cook

UNOFFICIAL COPY
DAVID ORR, County Clerk

SEP 02 2004

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.

David Orr
COUNTY CLERK

DECEASED'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'S NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)			
1. <i>John</i>		A. <i>Tropp</i>		2. <i>Male</i>		3. <i>September 1, 2004</i>			
COUNTY OF DEATH		AGE—LAST BIRTHDAY (YRS)		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (MONTH, DAY, YEAR)	
4. <i>Cook</i>		5a. <i>81</i>		5b. <i>81</i>		5c. <i>81</i>		5d. <i>May 17, 1923</i>	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)						IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. PM, INFATIENT (SPECIFY)	
6a. <i>Hazel Crest</i>		6b. <i>Advocate South Suburban Hospital</i>						6c. <i>Inpatient</i>	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)				WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
7. <i>Chicago, IL</i>		8a. <i>Married</i>		8b. <i>Josephine Majchrzak</i>				9. <i>Yes</i>	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)			
10. <i>718-03-2096</i>		11a. <i>Machinist</i>		11b. <i>Steel</i>		12. <i>10</i>		College (1-4 or 5+)	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY			
13a. <i>4846 Kimberly Ct.</i>		13b. <i>Oak Forest</i>		13c. <i>Yes</i>		13d. <i>Cook</i>			
STATE		ZIP CODE		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)			
13e. <i>Illinois</i>		13f. <i>60452</i>		14a. <i>White</i>		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:			
PARENTS		FATHER—NAME FIRST MIDDLE LAST		MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST					
15. <i>Sebastain Tropp</i>		16. <i>Rose Grotowski</i>							
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)					
17a. <i>Josephine Tropp</i>		17b. <i>Wife</i>		17c. <i>4846 Kimberly Ct., Oak Forest, IL 60452</i>					
18. PART I.		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.							
Immediate Cause (Final disease or condition resulting in death)		(a) <i>Metastatic Colon Cancer</i>						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) DUE TO, OR AS A CONSEQUENCE OF							
		(c) DUE TO, OR AS A CONSEQUENCE OF							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.									
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION				IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)	
20a.		20b.				19a. <i>No</i>		19b.	
1 (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)				HOUR OF DEATH			
21a. <i>8/31/04</i>		21b. <i>No</i>				21c. <i>02:00 A.M.</i>			
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR)					
22a. <i>Agnes Tepeles</i>		22b. <i>9/2/04</i>							
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER							
22c. <i>Agnes Tepeles 17850 S. Kedzie #3300 Hazel Crest, IL 60429</i>		22d. <i>036 062 946</i>							
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.							
23.									
BURIAL CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE		DATE (MONTH, DAY, YEAR)			
24a. <i>Burial</i>		24b. <i>Holy Cross Cemetery</i>		24c. <i>Calumet City, Illinois</i>		24d. <i>09/04/2004</i>			
FUNERAL HOME NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE ZIP					
25a. <i>McKenzie Funeral Home, Ltd., 15618 S. Cicero Ave., Oak Forest, IL 60452</i>									
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER							
25b. <i>Thomas H. Harsula</i>		25c. <i>034-010222</i>							
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)							
26a. <i>David D. Orr</i>		26b. <i>SEP 02 2004</i>							