## DECEASED JOINT TENANGNAFED ANTI CALCOPY

JOANN L. FOLMER, hereinafter referred to as affiant, states under oath that the affiant resides at 6670 W. Montrose Avenue, Harwood Heights, Illinois 60706; that the affiant was acquainted with MATTHEW W. FOLMER, the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of a properly recorded joint tenancy warranty deed, said property located as hereinafter described:



Doc#: 0508834031

Eugene "Gene" Moore Fee: \$26.50 Cook County Recorder of Deeds Date: 03/29/2005 10:42 AM Pg: 1 of 2

(The Above Space For Recorder's Use Only)

LOT TEN (10) IN BLOCK ONE (1) IN VOLK BROTHERS MONTROSE AND OAK PARK AVENUE SUBDIVISION BEING A SUPDIVISION OF THE SOUTH HALF OF SECTION EIGHTEEN (18), TOWNSHIP FORTY (40) NOP. PH, RANGE THIRTEEN (13), EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING NORTH OF THE INDIAN BOUNDARY LINE (EXCEPT A 66 FOOT STRIP FORMERLY RAILROAD RIGHT CHWAY AND EXCEPT THE WEST 2329.4 FEET THEREOF) AS PER PLAT THEREOF RECORDED SEPTEMBER 23, 1924 AS DOCUMENT NO, 8601610, IN COOK COUNTY, ILLINOIS.

Permanent Index Number (PIN): 13-18-403-004-0000

Address(es) of Real Estate: 6670 W. Montrose Avenue, Harwood Heights, Illinois 60706

That the decedent had no interest in any business or partnership, not held any power of appointment at death, nor created any remainder interests in property by transfer with recontion of life interest therein or the creation of interests to take effect in possession or enjoyment after death;

That the decedent died on September 10, 2004 leaving no last will and testament;

That the Illinois Inheritance Tax and the Federal Estate Tax, if any, due from the decedent's enale, has been paid in full;

AFFIANT

SUBSCRIBED AND SWORN TO before me this 1<sup>st</sup> day of November, 2004.

NOTARY PUBLIC & CAROL A MULBO

NOTARY PUBLIC, STATE OF ILLUNON

ROE \$

THIS INSTRUMENT WAS PREPARED BY:

John G. Mulroe

Attorney at Law

6687 North Northwest Highway Chicago, Illinois 60631

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5,5 FUNERAL PIRECTOR'S SI /R200 (Rev. 5/89) 255 NAME AND ADDRESS OF CERTIFIER CONDITIONS, IF ANY
WHICH GIVE RISE TO
IMMEDIATE CAUSE (a)
STATING THE UNDERLYING
CAUSE LAST. 25a, COLONIAL FUNERAL HOME 220. C. KUBIK MD-6151 W. BELMONT-CHGO, IL. AND LAST SAW HIM/HER ALIVE ON 22a. SIGNATURE TO THE BEST OF MY KNOWLEDGE, DEATH & COMPRED AT THE 20a. DATE OF OPERATION, IF ANY PART II. Other startificant conditions control RESIDENCE (STREET AND NUMBER) 18 PARTL FATHER-NAME SOCIAL SECURITY NUMBER TIAL CREMATION AOVAL (SPECIFY)

CREMATION CITY, TOWN, TWP, OR HOAD DISTRICT NUMBER esulting in death) disease or condition immediate Cause (Final BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) COUNTY OF DEATH NUMBER DECEASE M. GAWRYSZ MANT'S NAME (TYPE OR PRINT) 343-16-6060 CHICAGO, IL ILLINOIS 6670 W. JOANNA CHICAGO COOK CUSIECHOWSKI FUNERAL HOME-6250 MONTROSE 3 FOLMER PETER 24b. CEMETERY OR CREMATORY - AME Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or recipients yeard. ZIP CODE 131 0 DUE TO, OR AS A CONSEQUENCE OF € DUE TO, OR AS A CONSEQUENCE OF MATTHEW gilling to death but not result 8 MAJOR FINDINGS OF OPERATION MIDDLE FIRST MONARCH CREMATORIUM | 24c. 60706 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) USUAL OCCUPATION (TYPE OR PAINT) MECHANIC O/ - PENOMI Illinois Department of Dicklin Lisable MEDICAL CERTIFICATE OF DEATH arcinon MARRIEL 148. NOIAN, en FOLMER Kelm hand HOSPAHOROTERNISTER EMERCENTE PROPERTY NO NUMBER AGE-LAST BIRTHDAY (YRS) (WHITE, BLACK, AMERICAN MHITE WHITE STREET AND NUMBER OF R.F.D WIDDLE Talungerlying cause given in PART! んのし Z DATE AND PLOCE . ID DUE TO THE CAUSE(S) STATED. CITY, TOWN, TWP. OR ROAD DISTRICT NO 7 RELATIONSHIP MOS DAYS HOURS MIN. his TRUCK CO. NAME OF SURVIVING SPOUSE (MAIDENNAME, IF WIFE) KIND OF BUSINESS OF INDUSTRY 86. JOANN NEE WILCZEWSKI HARWOOD HEIGHTS WIFE FOLMER LOCATION 60634 FRANKLIN PARK, IL. OF HISPANIC ORIGIN? (SPECIFYNODRYES & YES, SPECIFY CUBAN MEX " " PLERTO RICAN, INC.) MOTHER-WAWE N.MILWAUKEE-CHICAGO, ILLINOIS 45 XX NO 178670 W. MONTROSE- YARWOODHTS.IL 60706 MAILING ADDRESS (STREET AND NO. OR R.F.D., CI. JA TOWN, STATE, 219) CITY OF TOWN EXAMINER NOTIFIED? (YESNO) ANNA CITY OF TOWN O YES MALE DATE OF BIRTH (MONTH, DAY, YEAR) EDUCATION (SPECIFY ONLY HIGHEST GRADE CONIPLET (1-1075+) DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 285 OCTOBER 22,1924 034-10057 STATE WSIDE CITY SPECIFY: ၾ MAKRYMI 3C (YES/NO) 19a. DATE OF DEATH (MONTH, DAY, SEP SEPTEMBER 10, #FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? ö NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER 22d 036-06684 ILLINOIS LICENSE NUMBER DATE SIGNED HOUR OF DEATH 21c. YES | NO | COMPLETION OF CAUSE OF DEATHT (YES/NO) OP/EMER, PM, INPATIENT (SPECIFY) 9 <u>ಪ</u> LNNO 24d SEPT. 13, 2004 DATE (MONTH, DAY, YEAR) 11:10 Ø 000% INPATIENT mon 11-04 MAIDEN) LAST 60646 WAS DECEASED EVER NU ARMED FORCES? (YESAN 9. YES BETWEEN ONSET AND DEATH months (MONTH, DAY, YEAR) 2004 250

MULTICOLOR SIGNATURE SEAL IS AFFIXED. THIS CERTIFICATE COPY VALID WHEN

THE CITY OF CHICAGO, DO HEREBY LAW AND ORDINANCES. KEPT BY ME IN ORDINANCE OF SAID SHEET IS A TRUE COPY OF A RECORD ACCOMPANYING CERTIFICATE ON THIS OF ILLINOIS AND THE ORDINANCES OF BY VIRTUE OF THE LAWS OF THE STATE AND DEATHS FOR THE CITY OF CHICAGO CERTIFY THAT I AM THE KEEPER OF THE CITY OF CHICAGO; THAT THE REGISTRAR OF VITAL STATISTICS OF THE RECORDS OF BIRTHS, STILLBIRTHS JOHN L. WILHELM M.D., LOCAL helm, 3

CITY OF CHICAGO COUNTY OF COOK JAN 2 7 2005

Amo !

STATE OF ILLINOIS

REGISTERE

DISTRICT NO. /TO. TU

OF ILLINOIS

STATE FILE

DEPARTMENT OF PUBLIC HEALTH CITY OF CHICAGO