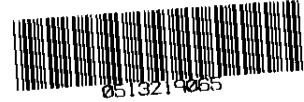


UNOFFICIAL COPY



Doc#: 0513219065
Eugene "Gene" Moore Fee: \$28.00
Cook County Recorder of Deeds
Date: 05/12/2005 01:51 PM Pg: 1 of 3

CHI426877 AFFIDAVIT AS TO JOINT TENANCY

State of Illinois)
) ss.
County of Cook)

NETCO
415 N. LASALLE
CHICAGO, IL 60610

On this 12th day of April, 2005, Affiant

MARGUERITE M. SKALSKI being duly sworn on oath swears that the following statements are true and are within the personal knowledge of Affiant:

Affiant MARGUERITE M. SKALSKI is the owner of the following property:

Legal Description

LOT TWENTY-FOUR (24) IN BLOCK THREE (3) IN INDUSTRIAL ADDITION, BEING A SUBDIVISION IN THE NORTHEAST QUARTER (NE 1/4) OF THE SOUTHEAST QUARTER (SE 1/4) OF SECTION ONE (1), TOWNSHIP THIRTY-SIX (36) NORTH, RANGE FOURTEEN (14), EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING SOUTHERLY OF THE RIGHT OF WAY OF INDIANA HARBOR BELT RAILROAD COMPANY'S RIGHT OF WAY, ACCORDING TO THE PLAT THEREOF RECORDED ON JULY 17, 1925 AS DOCUMENT 8978703

COMMONLY KNOWN AS: 14348 BENSLEY, BURNHAM, IL, 60633

PARCEL: 29-01-406-036

And that said property was formerly owned as joint tenants, not as tenants by the entireties or as tenants in common by MARGUERITE M. SKALSKI and that said: THEODORE S. SKALSKI (deceased spouse) died on the November 14, 1992. A copy of the death certificate is attached.

That the value of the estate of the deceased was less than \$600,000.00 including joint tenancies, tenancies by the entireties, individual ownerships and insurance, and that the tenancy by the entireties had not been severed prior to the death of said deceased.

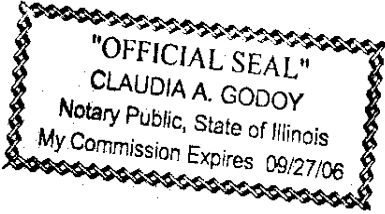
UNOFFICIAL COPY

IN WITNESS WHEREOF, Affiant MARGUERITE M. SKALSKI executed and caused these presents to be signed as of the day and year first above written.

Marguerite M. Skalski
MARGUERITE M. SKALSKI

State of Illinois)
County of Cook) ss
)

Subscribed and sworn to before me the day and year above written.



Claudia A. Godoy
Notary Public

My Commission Expires: 9-27-06

This instrument was prepared (without an examination of title) by: Patrick W. Walsh, P.C., 625 Plainfield Road, Suite 330, Willowbrook, IL 60527.

Apr 11 05 12:43p

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p.1

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

THIS CERTIFICATE IS A TRUE AND CORRECT COPY OF DEATH ON FILE WITH THE INDIANA HEALTH DEPARTMENT.

DATE ISSUED: Nov 16, 1992
Hammond Health Commissioner

977
Serial No.

DECEASED NAME (Full Middle Last)	Theodore S. Skalski		2. SEX	Male	3a. TIME OF DEATH	2:01P M	3b. DATE OF DEATH (Month, Day, Year)	November 14, 1992
	4. SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years)	5b. UNDER 1 YEAR	5c. UNDER 1 DAY	6. DATE OF BIRTH (Mo, Day, Yr)	7. BIRTHPLACE (City and State or Foreign Country)		
354-18-8341	66	Months	Days	Hours	Minutes	October 19, 1926 Chicago, Illinois		
8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	9. PLACE OF DEATH (Check only one. See instructions)		10. FACILITY NAME (If not institution, give street and number)				
Yes	1949	HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> ODA		OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)		11. CITY, TOWN, OR LOCATION OF DEATH		
St. Margaret Mercy North		Hammond		12. COUNTY OF DEATH				
Lake		13. MARRIAGE STATUS (Specify)						
Married		11. SURVIVING SPOUSE (If wife, give maiden name)		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)		12b. KIND OF BUSINESS/INDUSTRY		
Marguerite Smock		Welder		Inland Steel Co.			13a. RESIDENCE—STATE	
Illinois		13b. COUNTY		13c. CITY, TOWN, OR LOCATION		13d. STREET AND NUMBER		
Cook		Burnham		14348 Bensley				
15a. ZIP CODE	15b. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)		16. RACE—American Indian, Black, White, etc. (Specify)		17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
60633	15c. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	U.S.A.	White		12 Yrs		College (1-4 or 5 +)	
18. MOTHER'S NAME (First, Middle, Last)				19. MOTHER'S NAME (First, Middle, Last)				
Andrew Skalski				Frances N/A				
20a. INFORMANT'S NAME (Last, First, Middle)		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)			20c. Relationship			
Marguerite Skalski		14348 Bensley, Burnham, Illinois 60633			Wife			
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)			21c. LOCATION—City or Town, State			
Holy Cross Cemetery		November 18, 1992			Calumet City, Illinois			
22a. EMBALMER'S NAME		22b. EMBALMER'S LICENSE NO.		23. WAS DEATH REPORTED TO CORONER?				
James Porras		1045964		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
24a. SIGNATURE OF FUNERAL DIRECTOR		24b. LICENSE NUMBER (Of License)		24c. NAME, ADDRESS, AND PHONE NUMBER OF FUNERAL HOME				
Thomas Burns		1045184		Burns-Rish Funeral Home #3002819 5840 Bohman Ave (For Elmwood Pk W) Hammond, Ind. Chicago, Illinois				
25. PART I. Even the diseases listed as complications, that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. Use only one cause on each line.								
IMMEDIATE CAUSE (Final disease or condition resulting in death)		ASPIRATION PNEUMONIA				DA 45		
DUE TO OR AS A CONSEQUENCE OF:		ALS				YEARS		
DUE TO OR AS A CONSEQUENCE OF:								
26. PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.								
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)		28. WAS AN AUTOPSY PERFORMED? (Yes or no)		29. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)				
NO		NO		NO				
29a. CERTIFIER (Check only one)								
<input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, place, and due to the cause(s) as stated.								
<input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.								
<input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.								
29b. SIGNATURE AND TITLE OF CERTIFIER		29c. MEDICAL LICENSE NO.		29d. DATE SIGNED (Month, Day, Year)				
William Evans		35112		Nov. 11/16/92				
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)								
Dr. W. Evans 2605 W. Lincoln Olympia Fields IL 60461								
31. HEALTH OFFICER'S SIGNATURE		32. DATE FILED (Month, Day, Year)				33. MANNER OF DEATH		
Franklin R. Remuda, M.D.		November 16, 1992				<input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		
34a. DATE PRONOUNCED DEAD (Month, Day, Year)		34b. DATE OF INJURY (Month, Day, Year)		34c. TIME OF INJURY		34d. INJURY AT WORK? (Yes or no)		
34e. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.						

CHI 426877