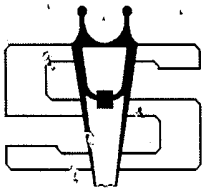


1

# UNOFFICIAL COPY



Sanctity of Contract

Stewart Title Company of Illinois



0519205006

Doc#: 0519205006  
Eugene "Gene" Moore Fee: \$28.00  
Cook County Recorder of Deeds  
Date: 07/11/2005 10:25 AM Pg: 1 of 3

## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS )  
COUNTY OF )

STCI File Number: 426882

SS.

Darlene Balzekas

being duly sworn states that she resides at 11750 S. Ages in the City of Warden Home, IL

That she was acquainted with Ralph Balzekas deceased who, at the time of death, was one of the sworn of the land in \_\_\_\_\_ County, Illinois, describes as:

That the deceased died August 2, 1988, as evidenced by a certified copy of death certificate of the deceased attached hereto.

- That the deceased died: Leaving no Last Will & Testament.
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of \_\_\_\_\_ County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of \_\_\_\_\_ County, Illinois about \_\_\_\_\_.

That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of 200,000 dollars.

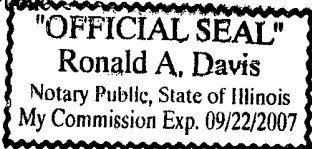
Affiant makes this affidavit for the purpose of inducing Stewart Title Company to issue its Title Insurance Policy., describing the above mentioned property.

Subscribed and sworn to before me by the said

this 10th day of June, A.D. 2005  
Ronald A. Davis

Notary Public

Darlene Balzekas  
(Affiant's Signature)



STEWART TITLE OF ILLINOIS  
2 N. LASALLE STREET  
SUITE 1820  
CHICAGO, IL 60602

3  
/ 4

# UNOFFICIAL COPY

I, HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item I 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 August 4, 1988

SIGNED *Lolita Maxwell*

At Cook County Department of Public Health Official Title Chief Deputy Registrar  
1500 South Maybrook Drive, Maywood, Illinois 60153

REGISTRATION DISTRICT NO. 160 STATE OF ILLINOIS STATE FILE NUMBER  
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

DECEASED - NAME **RALPH J. BALZERS** SEX **MALE** DATE OF DEATH **2 AUGUST 1988**

RACE - **WHITE** AMERICAN ORIGIN OR DESCENT **AMERICAN** AGE - **64** YEARS UNDER 1 YEAR **0** HOURS **0** MIN. DATE OF BIRTH (MO., DAY, YEAR) **6 JANUARY 1, 1924** COUNTY OF DEATH **COOK**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **OAK LAWN** HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **CHORIST HOUSE** IF HOME OR INST. INDICATE DOA, (S/P/EM, PM, INFANT) (RECEIPT)

STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) **ILLINOIS** CITIZEN OF WHAT COUNTRY **U.S.A.** MARRIED NEVER MARRIED, WIDOWED, DIVORCED (RECEIPT) **ITVA** 7d. INPATIENT

SOCIAL SECURITY NUMBER **360-14-4666** USUAL OCCUPATION **DIE SETTER** KIND OF BUSINESS, INDUSTRY **COCO** 11. EUGENIA MARCINKIEWICZ 7d. INPATIENT

RESIDENCE STREET AND NUMBER **6400 SO. LE CLAIRE** CITY, TOWN, TWP. OR ROAD DISTRICT NO. **CHICAGO** INSIDE CITY (YES/NO) **YES** COUNTY **COOK** STATE **ILLINOIS**

FATHER - NAME **RALPH J. BALZERS** MOTHER - MAIDEN NAME **SOPHIE KNETA**

15. INFORMANT'S NAME (TYPE OR PRINT) **DARLENE HAAN** RELATIONSHIP **DAUGHTER** MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP) **6400 SO. LE CLAIRE, CHGO, IL. 60638**

18. DEATH WAS CAUSED BY: IMMEDIATE CAUSE **MULTIPLE FRACTURES** APPROPRIATE INTERVAL BETWEEN ONSET AND DEATH

CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) **HYPERTENSIVE CARDIODILATATOR DISEASE** (b) **INSTANTANEOUS ACCIDENT** (c) **HYPERTENSIVE CARDIODILATATOR DISEASE**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) **HYPERTENSIVE CARDIODILATATOR DISEASE** (b) **HYPERTENSIVE CARDIODILATATOR DISEASE** (c) **HYPERTENSIVE CARDIODILATATOR DISEASE**

ACCIDENT, SUICIDE, HOME ACCIDENT, DATE OF INJURY (MONTH, DAY, YEAR) **20. ACCIDENT - 20 AUGUST 1988** HOUR **4:35 P.M.** HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN IT) **DRIVER OF AUTO IN ACCIDENT**

INJURY AT WORK, PLACE OF INJURY AT HOME, FARM, STREET (YES/NO) **NO** LOCATION (CITY, VIL. OR TOWN, OR TWP. OR RD. DIST. NO.) **CHICAGO COOK CO. ILLINOIS** IF FEMALE WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES  NO

21a. I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR ANE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT **20 AUGUST 2, 1988** DATE SIGNED **21c. 12:55 P.M.**

22. MEDICAL EXAMINER'S SIGNATURE **Barry D. Lipschultz, M.D.** DATE SIGNED **August 3, 1988**

BURIAL, CREMATION, REMOVAL (SPECIFY) **Barry D. Lipschultz, M.D.** CEMETERY OR CREMATORY - NAME **BARRY D. LIPSCHULTZ, M.D.** LOCATION **CHICAGO** CITY OR TOWN **ILLINOIS** STATE **ILLINOIS** DATE **24d. AUGUST 6, 1988**

24a. BURIAL **Barry D. Lipschultz, M.D.** STREET AND NUMBER OR R.F.D. **CHICAGO** CITY OR TOWN **ILLINOIS** STATE **ILLINOIS** DATE **24d. AUGUST 6, 1988**

25a. ROBERT Y SHEEHY & SONS FUNERAL HOME, 4950 W. 79TH ST. BURBANK, ILLINOIS 60459  
25b. DIRECTOR'S SIGNATURE **Robert Y. Sheehy** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **8639**  
26a. REGISTERED **Lolita Maxwell** LOCAL REGISTER (MONTH, DAY, YEAR) **August 4, 1988**  
26b. REGISTERED **Lolita Maxwell** DATE RECEIVED LOCAL REGISTER (MONTH, DAY, YEAR) **August 4, 1988**

File Number: TM17556

**UNOFFICIAL COPY****LEGAL DESCRIPTION**

Lot 1 in Block 8 in Lawlor Park Subdivision in the North 1/2 of the North 1/2 of Section 21, Township 38 North, Range 13, East of the Third Principal Meridian, together with a Resubdivision of Lots A, B, C, D and G in South Lockwood Avenue Subdivision in said Section 21, according to the Plat of said. LawLor Park Subdivision registered in the Offices of the Registrar of Title of Cook County, Illinois as document No. 1014942.

**Commonly known as:** 6400 South LeClaire  
Chicago IL

19-21-215-D45

Property of Cook County Clerk's Office