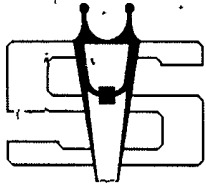


2

# UNOFFICIAL COPY



Sanctity of Contract

Stewart Title Company of Illinois



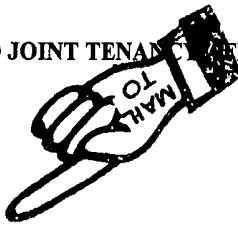
Doc#: 0519205007  
Eugene "Gene" Moore Fee: \$28.00  
Cook County Recorder of Deeds  
Date: 07/11/2005 10:25 AM Pg: 1 of 3

## DECEASED JOINT TENANT AFFIDAVIT

STATE OF ILLINOIS )  
COUNTY OF )

SS.

STCI File Number: 426882



Darlene Balzekas

being duly sworn states that She resides at 11750 S. Apple in the City of Garden Homes, IL

That She was acquainted with Eugenia 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 June 25, 2004, 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.

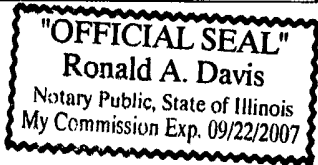
Affiant makes this affidavit for the purpose of inducing Stewart Title Company to issue its Title Insurance Policy., describing the above mentioned property.

Subscribed and sworn to before me by the said

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

Ronald A. Davis  
Notary Public

Darlene A. Balzekas  
(Affiant's Signature)



STEWART TITLE OF ILLINOIS  
2 N. LA SALLE STREET  
CHICAGO, IL 60602

3  
fv

REGISTRATION NO. **16.10**  
 REGISTERED NUMBER  
 STATE OF ILLINOIS  
**MEDICAL CERTIFICATE OF DEATH**  
 STATE FILE NUMBER  
**609076**

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)  
**Eugenia Balzekas Female June 25, 2004**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)  
**Chicago 6400 S. Leclaire**

COUNTRY OF DEATH UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)  
**Cook 99 5d June 11, 1925**

AGE LAST BIRTHDAY (YRS) MOS DAYS UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)  
**99 5d June 11, 1925**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)  
**Chicago, Ill. Widowed**

SOCIAL SECURITY NUMBER USUAL OCCUPATION  
**10 350-18-8830 Homemaker**

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO.  
**6400 S. Leclaire 13b. Chicago**

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)  
**Ill 60638 14b. White**

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE LAST  
**Anthony Marciniewicz Ona Danuskas**

INFORMANTS NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)  
**17a. Darlene Balzekas Daughter 17a.11750 S. Avers, Alsip, Ill 60803**

8. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or renal, if not arrest, shock, or heat failure. List only one cause on each line.  
**13a. Congestive heart failure**  
**13b. Chronic Obstructive Pulmonary Disease**  
**13c. Smoking**

IMMEDIATE CAUSE (Final disease or condition resulting in death)  
**13a. Congestive heart failure**  
**13b. Chronic Obstructive Pulmonary Disease**  
**13c. Smoking**

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.  
**(a) CONGESTIVE HEART FAILURE**  
**(b) CHRONIC OBSTRUCTIVE PULMONARY DISEASE**  
**(c) SMOKING**

9. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.  
**None**

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION  
**None None**

10. (LIVID) (EMERALD) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON  
**None None**

11. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.  
**None None**

12. SIGNATURE (TYPE OR PRINT) (TYPE OR PRINT)  
**John F. Wilhelm, MD 60453**

13. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)  
**Dr. John Hurley 9800 Southwest Hwy. Oaklawn, Ill 60453**

14. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)  
**None**

23. BURIAL, CREMATION, REMOVAL (SPECIFY)  
**Burial**

CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)  
**Archer Funeral Home 6108 W. Archer Ave. Chicago, Ill. 60638 June 28, 2004**


24. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)  
**Archer Funeral Home 6108 W. Archer Ave. Chicago, Ill. 60638 June 28, 2004**

25. LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)  
**John F. Wilhelm, MD JUN 28 2004**

STATE OF ILLINOIS  
 COUNTY OF COOK  
 CITY OF CHICAGO

**JUN 28 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 F. Wilhelm, MD  
 LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

File Number: TM175565

**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

19-21-215-045

Property of Cook County Clerk's Office