

# UNOFFICIAL COPY



## CHICAGO TITLE INSURANCE COMPANY

### DECEASED JOINT TENANCY AFFIDAVIT



State of Illinois )  
 County of Cook ) ss.  
 )

Doc#: 0520754191  
 Eugene "Gene" Moore Fee: \$28.00  
 Cook County Recorder of Deeds  
 Date: 07/26/2005 02:11 PM Pg: 1 of 3

Christopher Nicpan being duly sworn states that  
 he resides at 7330 N. Meade in the City of  
Chicago.

That he was acquainted with Lawrence J. Nicpan  
 deceased who, at the time of his death, was one of the owners of the land in Cook  
 County, Illinois, described as:

*See Exhibit A attached hereto and made a part hereof*

That the deceased died May 7, 1993, 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 \$50,000 dollars.

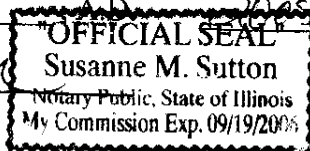
Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

Christopher Nicpan

this 22nd day of July  
Susanne M. Sutton

Notary Public



[Signature]

(affiant's signature)

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## EXHIBIT "A"

### Legal Description

Lot 37 in Block 5 in Otto Rueters Norwood Park addition to the West 1/2 of Section 7, Township 40 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois

Property of Cook County Clerk's Office

# UNOFFICIAL COPY

DEPARTMENT OF HEALTH - CITY OF CHICAGO

STATE OF ILLINOIS

## MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

608734

MAY 14 1993

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

I, JOYCE A. BRAUNER, MPA, 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 PURSUANCE OF SAID LAWS AND ORDINANCES.

*Joyce A. Brauner, MPA*  
LOCAL REGISTRAR

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

REGISTRATION DISTRICT NO. **16.10**  
REGISTERED NUMBER

DECEASED-NAME <b>LAWRENCE</b>		MIDDLE <b>J.</b>	LAST <b>NICPAN</b>	SEX <b>2. MALE</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>3. MAY 07, 1993</b>
1. COUNTY OF DEATH <b>COOK</b>		AGE- LAST BIRTHDAY (YRS) <b>53</b>	UNDER 1 DAY HOURS MIN <b>5c.</b>	DATE OF BIRTH (MONTH, DAY, YEAR) <b>5d. MAY 15, 1937</b>	IF HOSP. OR INST. INDICATE DOA OR EMER. RM. INPATIENT (SPECIFY) <b>6c. INPATIENT</b>
4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <b>CHICAGO</b>		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>RESURRECTION MEDICAL CENTER</b>		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES-NO) <b>9. NO</b>	
6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>CHICAGO ILLINOIS</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>8a. MARRIED</b>		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <b>MARIAN SELSKY</b>	
6b. SOCIAL SECURITY NUMBER <b>356-28-9506</b>		USUAL OCCUPATION <b>FLVATOR CONST.</b>		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary Secondary (10-12) College (1-4 or 5-1) <b>12.</b>	
10. RESIDENCE (STREET AND NUMBER) <b>5434 N. NEVA</b>		CITY, TOWN, TWP. OR ROAD DISTRICT NO. <b>CHICAGO</b>		INSIDE CITY (YES-NO) YES <b>13c.</b> COUNTY <b>COOK</b>	
13a. STATE <b>ILLINOIS</b>		RACE (WHITE, BLACK, AMERICAN INDIAN, NATIVE, OTHER) <b>14a. WHITE</b>		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) <b>14b. NO</b>	
13b. ZIP CODE <b>60656</b>		MOTHER-NAME FIRST MIDDLE LAST <b>STELLA</b>		MOTHER-NAME FIRST MIDDLE LAST (MAIDEN) LAST <b>MIRUS</b>	
15. FATHER-NAME FIRST MIDDLE LAST <b>CHESTER NICPAN</b>		RELATIONSHIP <b>17. WIFE</b>		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) <b>17c. 5434 N. NEVA CHICAGO ILLINOIS</b>	
16. INFORMANT'S NAME (TYPE OR PRINT) <b>MARIAN NICPAN</b>		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. <b>(a) ADENO CARCINOMA LEFT LUNG</b> <b>(b) DUE TO, OR AS A CONSEQUENCE OF</b> <b>(c) DUE TO, OR AS A CONSEQUENCE OF</b>			
19. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>(a) ADENO CARCINOMA LEFT LUNG</b>		20. CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. <b>(b) DUE TO, OR AS A CONSEQUENCE OF</b> <b>(c) DUE TO, OR AS A CONSEQUENCE OF</b>			
21. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. <b>(a) ADENO CARCINOMA LEFT LUNG</b>		22. DATE OF OPERATION, IF ANY <b>20b.</b>			
23. MAJOR FINDINGS OF OPERATION <b>ADENO CARCINOMA LEFT LUNG</b>		24. AUTOPSY (YES-NO) <b>19a. NO</b>		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? <b>20c. YES <input type="checkbox"/> NO <input type="checkbox"/></b>	
25. (1)(D) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON <b>MAY 07, 1993</b>		26. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) <b>21b. NO</b>		HOUR OF DEATH <b>21c. 10:49A M</b>	
27. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. <b>CHICAGO ILLINOIS</b>		28. SIGNATURE OF CERTIFIER <i>Joyce A. Brauner</i>		DATE SIGNED (MONTH, DAY, YEAR) <b>22b. 5-7-93</b>	
29. NAME AND ADDRESS OF CERTIFIER <b>OSIMANI MD 7447 W TALCOTT CHICAGO, IL 60631</b>		30. ILLINOIS LICENSE NUMBER <b>036-036213</b>		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
31. BUREAU OF VITAL RECORDS		32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER <b>OSIMANI MD 7447 W TALCOTT CHICAGO, IL 60631</b>		33. DATE (MONTH, DAY, YEAR) <b>24d. MAY 11, 1993</b>	
34. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>BURIAL</b>		35. CEMETERY OR CREMATORY-NAME <b>OUR LADY OF SORROWS</b>		36. CITY OR TOWN STATE <b>HILLSIDE ILLINOIS</b>	
37. FUNERAL HOME <b>CUMBERLAND CHAPELS</b>		38. NAME <b>1857 N. LAWRENCE AVE NORRIDGE, ILLINOIS 60656</b>		39. STATE <b>ILLINOIS</b>	
40. FUNERAL DIRECTOR'S SIGNATURE <i>Joyce A. Brauner</i>		41. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034-007947</b>		42. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>MAY 10 1993</b>	
43. LOCAL REGISTRAR'S SIGNATURE <i>Joyce A. Brauner</i>		44. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>MAY 10 1993</b>		45. STANDARD CERTIFICATE	