

# UNOFFICIAL COPY



0526914001

**Marquis Title Company**  
 6060 N. Milwaukee Avenue  
 Chicago, IL 60646

Doc#: 0526914001 Fee: \$50.00  
 Eugene "Gene" Moore RHSP Fee: \$10.00  
 Cook County Recorder of Deeds  
 Date: 09/26/2005 07:03 AM Pg: 1 of 3

State of Illinois )  
   ) ss.  
 County of COOK )

### JOINT TENANCY AFFIDAVIT

KAZIMIERZ DZIEWIT AND IZABELA DZIEWIT, hereinafter referred to as the affiant, states under oath that the affiant resides at 2328 NORTH LEYDEN AVE., in the City of RIVER GROVE, Illinios:

that the affiant was acquainted with KRZYSTYNA DZIEWIT, 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 in COOK, County, Illinois, and legally described as follows:

LEGAL DESCRIPTION ATTACHED.

That the decedent died on 7/11/04, leaving a/no last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$ 1857,000 -.

and that the value of the above property individually was \$ 100,000 -.

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

That the affiant makes this affidavit to induce MARQUIS TITLE COMPANY to issue its policy of title insurance on the above described property.

The affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold MARQUIS TITLE COMPANY harmless and to reimburse the fund for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature which the Fund may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

- 1) Claims against the estate of KRZYSTYNA DZIEWIT, the decedent;
- 2) Illinois State Inheritance Tax and Federal Estate Tax which may be charged against the estate of the decedent;
- 3) Legacies, if any, created by the will of the decedent;
- 4) Rights to contribution.

*Kazimierz Dziejwit* (Seal)  
 KAZIMIERZ DZIEWIT

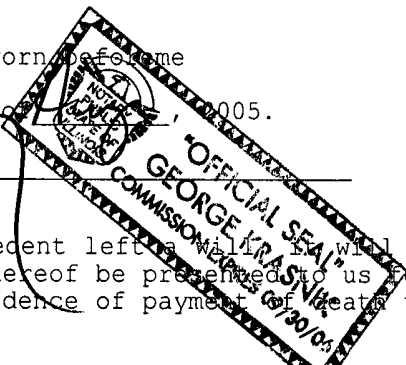
*Izabela Dziejwit* (Seal)  
 IZABELA DZIEWIT

*3 hr  
 Rhsp*

Subscribed and Sworn before me  
 this 26 day of September, 2005.

Notary Public

Note: If the decedent left a will, it will be necessary that the original or a certified copy thereof be presented to us for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.



File Number: TM187523

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

Lot 8 in James P. Larsen's subdivision of the east 158 feet of the northeast 1/4 of the northeast 1/4 of the northeast 1/4 (except the north 50 feet thereof) in Section 34, Township 40 North, Range 12 East of the Third Principal Meridian in Cook County, Illinois

Permanent Index Number: 12-34-209-008 (Volume number 71)

**Commonly known as:** 2328 North Leyden Avenue  
River Grove IL 60171

Property of Cook County Clerk's Office

UNOFFICIAL COPY

PERMANENT CERTIFICATE  
 TEMPORARY CERTIFICATE

REGISTRATION DISTRICT NO. 22.0  
 REGISTERED NUMBER 03123

STATE OF ILLINOIS  
**MEDICAL EXAMINER'S - CORONER'S  
 CERTIFICATE OF DEATH**

STATE FILE NUMBER

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)  
 1. Krystyna Dzewit 2. Female 3. July 11, 2004

COUNTY OF DEATH AGE-LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)  
 4. DuPage 5a. 67 5b. 1 MOS 5c. 1 DAYS 5d. February 16, 1937

CITY, TOWN, TWP. OR ROAD/DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) HOSP. OR INST. INDICATED O.A. OP. EMER. RM. INPATIENT (SPECIFY)  
 6a. Bensenville 6b. 1043 S. York Rd. 6c. Home

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)  
 7. Poland 8a. Divorced 8b. None 9. No

SOCIAL SECURITY NUMBER OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)  
 10. 323-74-4793 11a. Care Giver 11b. Health Care 12. 8 yrs

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD/DISTRICT NO. INSIDE CITY (YES/NO) COUNTY  
 13a. 1043 S York Rd 13b. Bensenville 13c. Yes 13d. DuPage

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)  
 13e. ID. Paris 13f. 60106 14a. White 14b.  NO  YES SPECIFY:

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST  
 15. Jakub Pszeniczny 16. Bronislawa Pierog

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)  
 17a. Kazimierz Dzewit 17b. Son 17c. 2328 N. Leyden River Grove IL

18. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Immediate Cause (Final disease or condition resulting in death) (a) MYOCARDIAL INFARCTION Sudden

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) CORONARY ARTERY DISEASE YEARS

(c)

PART II. Other significant conditions contributing to death but not resulting in the underlying cause, given in PART I.

NATURAL, ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, (SPECIFY) DATE OF INJURY (MONTH, DAY, YEAR) HOUR HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18) AUTOPSY (YES/NO) WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)  
 20a. NATURAL 20b. 20c. 20d. 19a. NO 19b.

INJURY AT WORK (YES/NO) PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY) LOCATION (CITY, TOWN, OR TWP., OR RD. DIST. NO., COUNTY, STATE) IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?  
 20e. 20f. 20g. 20h. YES  NO

I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT THE DECEASED WAS PRONOUNCED DEAD ON

21a. CORONER'S - MEDICAL EXAMINER'S SIGNATURE 21b. July 11 2004 AT 21c. 11:10 P.M.

22a. Richard R. Ballinger 22b. July 12 2004 DATE SIGNED (MONTH, DAY, YEAR)

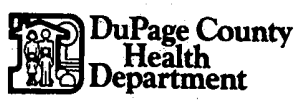
23a. CORONER'S PHYSICIAN'S NAME (Type or Print) 22c. James Galimberti DEPUTY 22d. July 12 2004 DATE SIGNED (MONTH, DAY, YEAR)

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)  
 24a. Burial 24b. Komunalny 24c. Mielec, Poland 24d. July 21, 2004

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP  
 25a. Casey-Laskowski & Sons 4540-50 W. Diversen Chicago IL 60639

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER  
 25b. Virginia Laskowski Virginia Laskowski 25c. 034-010538

LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)  
 26a. Felaud Lewis Sharon Case 26b. JUL 13 2004



111 North County Farm Road  
 Wheaton, Illinois 60187

This is to certify that this is a true and correct copy of the official record filed with the Illinois Department of Public Health.

Felaud Lewis

Local Registrar

Not valid without the embossed seal of DuPage County Health Department