

# UNOFFICIAL COPY



## DECEASED JOINT TENANCY AFFIDAVIT

Doc#: 0528749060 Fee: \$28.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 10/14/2005 11:48 AM Pg: 1 of 3

STATE OF ILLINOIS     )  
                                  )  
COUNTY OF COOK        )

\_\_\_\_\_ Stanley S. Grzesik \_\_\_\_\_ being duly  
sworn states that \_\_\_\_\_ he \_\_\_\_\_ resides at \_\_\_\_\_ 720 Creekside Drive,  
\_\_\_\_\_ Unit 110 \_\_\_\_\_ in the City of \_\_\_\_\_ Mount Prospect,  
\_\_\_\_\_ Illinois \_\_\_\_\_

That \_\_\_\_\_ he \_\_\_\_\_ was acquainted \_\_\_\_\_ with Irene Grzesik, his wife  
\_\_\_\_\_ deceased who, at the time of \_\_\_\_\_  
\_\_\_\_\_ her \_\_\_\_\_ death, was one of the owners of the land in \_\_\_\_\_  
\_\_\_\_\_ Cook \_\_\_\_\_ County, Illinois, described as:

Unit Number 110B in Creekside at Old Orchard Condominiums  
Property Address:  
720 W. Creekside Drive, Unit 110B  
Mount Prospect, IL 60056

P.I.N. \_\_\_\_\_ 03-27-100-092-1060 \_\_\_\_\_ Vol. 233 \_\_\_\_\_

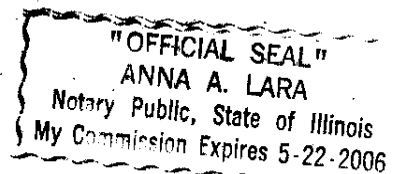
That the deceased died \_\_\_\_\_ September 26, 2005 \_\_\_\_\_  
as evidenced by a certified copy of death certificate of the  
deceased attached hereto.

Subscribed and sworn to before me by the said

\_\_\_\_\_ Stanley S. Grzesik \_\_\_\_\_  
this 13TH day of OCTOBER, A.D. 2005

\_\_\_\_\_  
Notary Public

Stanley S. Grzesik  
(affiant signature)



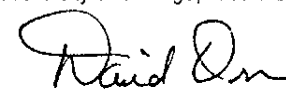
STATE OF ILLINOIS  
County of Cook)**UNOFFICIAL COPY**

DAVID ORR, County Clerk

SEP 27 2005

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.



COUNTY CLERK

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. 16-0		REGISTERED NUMBER		STATE OF ILLINOIS		STATE FILE NUMBER	
<b>MEDICAL CERTIFICATE OF DEATH</b>									
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS		DECEASED-NAME FIRST MIDDLE LAST Irene Grzesik				SEX 2 Female		DATE OF DEATH (MONTH, DAY, YEAR) 3 September 26, 2005	
COUNTRY OF DEATH 4 Cook		AGE - LAST BIRTHDAY (YRS) 5a 91		UNDER 1 YEAR 5b MOS. DAYS		UNDER 1 DAY 5c HOURS MINS		DATE OF BIRTH (MONTH, DAY, YEAR) 5d September 11, 1914	
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6a Mt. Prospect		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b 720 Creekside Dr.				IF HOSP. OR INST. INDICATE D.O.A. OR EMER. RM. INPATIENT (SPECIFY) 6c			
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7 Chicago, IL		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a Married		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b Stanley S. Grzesik				WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9 No	
SOCIAL SECURITY NUMBER 10 341-09-2251		USUAL OCCUPATION 11a Homemaker		KIND OF BUSINESS OR INDUSTRY 11b At home		EDUCATION (SPECIFY ONLY HIGHEST GRADE COM. Elementary Sec (0-12) 12 12		College (1-4, or 5)	
RESIDENCE (STREET AND NUMBER) 13a 720 Creekside Dr. Unit 110		CITY, TOWN, TWP OR ROAD DISTRICT NO. 13b Mount Prospect		INSIDE CITY (YES/NO) 13c Yes		COUNTY 13d Cook			
STATE 13e IL		ZIP CODE 13f 60056		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a White		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTORICAN, etc.) 14b <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:			
FATHER-NAME FIRST MIDDLE LAST 15 Leon Fronczak		MOTHER-NAME FIRST MIDDLE (MAIDEN) 16 Felicia Piotrowski							
INFORMANT'S NAME (TYPE OR PRINT) 17a Edward J. Barnas		RELATIONSHIP 17b Son-in-Law		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c 119 N. Evanston, Arlington Heights, IL 60					
18. PART I Immediate Cause (Final disease or condition resulting in death) (a) Congestive heart failure DUE TO (OR AS A CONSEQUENCE OF) (b) AORTIC STENOSIS DUE TO (OR AS A CONSEQUENCE OF) (c)		Enter the diseases, 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			
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.									
PART II - Other significant conditions contributing to death but not resulting in underlying cause given in Part I. pneumonia, dementia						AUTOPSY (YES/NO) 19a No		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b	
DATE OF OPERATION, IF ANY 20a		MAJOR FINDINGS OF OPERATION 20b				IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
(DID/DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) 21a 9/12/05		AND LAST SAW HIM/HER ALIVE ON		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b No		HOUR OF DEATH 21c 12:50 P.M. M.			
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.						DATE SIGNED (MONTH, DAY, YEAR) 22b 9/27/05			
22a. SIGNATURE K. Kotcherian		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 1538 N. Arlington Hgts Rd Arlington Hgts IL				ILLINOIS LICENSE NUMBER 22d 036102058			
22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23						NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.			
BURIAL, CREMATION REMOVAL (SPECIFY) 24a Burial		CEMETERY OR CREMATORY - NAME 24b Maryhill Cemetery		LOCATION CITY OR TOWN 24c Niles, IL, 60714		STATE 24d		DATE (MONTH, DAY, YEAR) Oct 1, 2005	
FUNERAL HOME NAME 25a Friedrichs Funeral Home, Inc., 320 West Central Road Mount Prospect, Illinois 60056		FUNERAL DIRECTOR'S SIGNATURE 25b				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c 034-014719			
LOCAL REGISTRAR'S SIGNATURE 26a David Orr		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b September 27, 2005							

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## EXHIBIT "A"

Unit 110B and the exclusive right to the use of Parking Space <sup>28B</sup>~~38B~~ And Storage Space <sup>28B</sup>~~38B~~ Limited Common Elements in Creekside at Old Orchard Condominiums as delineated on a survey of the following described parcel of Real Estate:

### Parcel 1:

**99020464**

Part of Lots 1 and 2 in Old Orchard Country Club Subdivision, being a Subdivision of part of the Northwest 1/4 of Section 27 and part of the East 1/2 of the Northwest 1/4 of Section 28 both in Township 42 North Range 11 East of the Third Principal Meridian, in Cook County, Illinois

which survey is attached as Exhibit "A" to the Declaration of Condominium recorded April 8, 1996 as Document Number 96261584, together with its undivided percentage interest in the Common Elements in Cook County, Illinois

### Parcel 2:

Easement for Ingress and Egress in favor of Parcel 1 created by the aforesaid Declaration recorded as Document Number 96261584.

PIN: 03-27-100-088-1060

Property of Cook County Clerk's Office