UNOFFICIAL COPY

Prepared by and Mail to: Gerald R. Czarobski 3501 E. 106TH ST., STE. 208 Chicago, Illinois 60617



Doc#: 0531210036 Fee: \$26.50 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 11/08/2005 01:02 PM Pg: 1 of 2

DECFASED JOINT TENANCY AFFIDAVIT OF CLAPA T. SWALWELL, DECEASED

This affidavit relates to

PIN: 26-06-104-018-0000

COMMONLY KNOWN: 8751 S. Colfax, Chicago, IL 60617

LEGAL DESCRIPTION: LOT 27 IN BLOCK 16 IN THE CALUMET AND CHICAGO CANAL AND DOCK COMPANY SUBDIVISION OF PART OF FRACTIONAL SECTION 5 AND 6, TOWNSHIP 37 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN;

Roy Edward Swalwell, hereinafter referred to as the affiant, states under oath that the affiant resides at 8751 S. Colfax Ave., in the City of Chicago, State of Illinois; that the affiant was acquainted with, Clara T. Swalwell the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of properly recorded joint tenancy warranty deed, said property located in Chicago, County of Cook, State of Illinois.

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

That the decedent died on <u>December 25, 2004</u>, leaving a last will and testament; That the total value of decedent's estate, including the taxable interest in the above property was no more than \$40,000.; and

That the value of the above property individually was no more than \$50,000.

(Seal)

STATE OF ILLINOIS

COUNTY OF COOK

Gerricial SEAL"
Gerald R. Czarobski
Notary Public, State of Illinois
K. Commission End. 02/27/2007

Subscribed and Sworn to before me

day of November, 2005,

Notary Public

MULTICOLOR SIGNATURE SEAL IS AFFIXED. THIS CERTIFICATE COPY VALID WHEN

DEPARTMENT OF PUBLIC HEALTH CITY OF CHICAGO

LAW AND ORDINANCES SHEET IS A TRUE COPY OF A RECORD **ACCOMPANYING CERTIFICATE ON THIS** OF ILLINOIS AND THE ORDINANCES OF BY VIRTUE OF THE LAWS OF THE STATE , OHN L. WILHELM M.D., LOCAL KEPT BY ME IN ORDINANCE OF SAID THE CITY OF CHICAGO; THAT THE AND DEATHS FOR THE CITY OF CHICAGO THE RECORDS OF BIRTHS, STILLBIRTHS CERTIFY THAT I AM THE KEEPER OF THE CITY OF CHICAGO, DO HEREBY E SISTRAR OF VITAL STATISTICS OF

DEC 2 8 2004 COUNTY OF COOK STATE OF ILLINOIS CITY OF CHICAGO

of 2 Viractors, WHICH GIVE RISE TO
MMEDIATE CAUSE (a)
STATING THE UNDERLYING 13e. PART II. Other significant conditions con INFORMANT'S NAME (TYPE OF PRIN FATHER-NAME STATE 17a. RESIDENCE (STREET AND NUMBER) 7.Chicago I SOCIAL SECURITY NUMBER <u>13</u> 10. 323-14-2603 BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER COUNTY OF DEATH resulting in death) Immediate Cause (Final disease or condition John ILLINOIS MARYANN V CARRILLO ADMIT CLRK, MED RCDS 8753 S COLFAX AVE CHICAGO COOK FIRST Andruszkiewicz Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or re-to, story arrest, shock, or heart failure. List only one cause on each line. 13f. 60617 ZIP CODE DUE TO, OR AS A CONSEQUENCE OF (c) Œ DUE TO, OR AS A CONSEQUENCE OF Appliting to death but not resulting in the underlying cause given in PARTI. MIDDLE 11a.Homemaker MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) USUAL OCCUPATION <u>н</u> RUPTURBO RACE WHITE, BLACK, AMERICAN INDIAN, 81CH SPECKY, 149. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT INEITHER, GIVE STREET AND NUMBER) AGE-LAST BIRTHDAY (YRS) 5a. 89 LS4 ADVOCATE TRINITY HOSPITAL CITY, TOWN, TWP, OR ROAD DISTRICT NO. SWALWELL RELATIONSHIP CHICAGO NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) KIND OF BUSINESS OR INDUSTRY 名のたろ CLAL C OF HISPANIC ORIGIN? (SPECIFY NOOR YES-IF YES, SPECIFY CUBAN, Mt. "ICA", PUERTORICAN, &(c) MOTHER-NAME HOURS 17c. UNDER MAILING ADDRESS (STREET AND NO ORRED Frances 2320 E 93 RD ST CHICAGO IL 60617 DAY とからのアンプン FEMALE ☐ YES 5d August DATE OF BIRTH (MONTH, DAY, YEAR) EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLET(0)

Elementary/Secondary (0-12)

College (1-4 or 5 +) Laskowsk SPECIFY: INSIDE CITY MIDDLE AUTOPSY DECEMBER 25 16 HTY OR TOWN, STATE, ZIP) 13d COOK OP/EMER. RIM, INPATIENT (SPECIFY) 1915 COUNTY 6c. INPATIENT (MAIDEN) WAS DECEASED EVER IF. ONE crex APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2004 No LAST

Willelm, OCAL REGISTRAH

S.

IF FEMALE, WAS THERE A PREGNANCY IN PAST YES | NO | COMPLETION OF CAUSE OF DEATH? (YES/NG) WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO Z

196.

5

08:00 P

(MONTH, DAY, YEAR)

DATE SIGNED

Hotel

ILLINOIS LICENSE NUMBER

036089369

0531210036 Page:

TO THE BEST OF MY KNOWLEDGE, PEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

(j)

00

Zaraz.

NAME AND ADDRESS OF CERTIFIER

22a. SIGNATURE

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER

TAST IN

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C44113B2

(TYPE OR PRINT)

NOIL

FUNERAL HOME

24a.

Buriar

240.

Holy

Cross Cem.

240

Calumet City,

24d. 12-29-2004

(MONTH DAY, YEAR)

CITY OR TOWN

Chicago,

Ill.

60617

FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 0 1 2 0 4 0

DATE FILED BY LECK REGISTEAR WONTH. C. Y. YEAR)

BASED ON 1989 U.S. STANDARD CERTIFICATE

STREET AND NUMBER OR R.F.D.

REMOVAL (SPECIFY)

175W1218

CH H188 ER

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インカン

HICKED

160619

MUST BE NOTIFIED.

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER

CITY OR TOWN

STATE

(TYPE OF PRINT)

CEMETERY OR CREMATORY-NAME

FUNERAL DIREC

OR'S SIGNATI

Elmwood

Chape

1200 South Ewing Ave

(Rev. 5/89)

Illinois Department of Public Health—Division of Vital Records

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2

DATE OF OPERATION, IF ANY

MAJOR FINDINGS OF OPERATION

AND LAST SAW HIM/HER ALIVE ON

(MONTH, DAY, YEAR

HOUR OF DEATH

EXAMINER NOTIFIED? (YESNO)

THREE MONTHS?

19a.

int in

DECEASED-NAME

FIRST

MIDDLE

LS.

DATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FILE

NUMBER REGISTERED

BIRTH NO.

REGISTRATION DISTRICT NO.