

UNOFFICIAL COPY

DECEASED JOINT
TENANCY AFFIDAVIT



Doc#: 0533418008 Fee: \$26.50
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 11/30/2005 10:29 AM Pg: 1 of 2

STATE OF ILLINOIS)
COUNTY OF COOK)

PHYLLIS SARNECKI, being duly sworn and for the purpose of attesting to the death of MARIE G. TAYLOR, states:

1. That she resides at 3356 W. 65th Street, Chicago, IL 66029.
2. That she was acquainted with MARIE G. TAYLOR, who died on June 9, 1987, as is evidenced by the attached certified copy of death certificate.
3. That said decedent was one of the joint owners of land in County of Cook, State of Illinois, described as follows:

All of Lot 21 and the West 25 feet of Lot 22 in David R. Lewis' Subdivision of the South $\frac{1}{2}$ of Block 7 of John F. Eberhardt's Subdivision of the Northeast $\frac{1}{4}$ of Section 23, Township 38 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

Commonly known as 3356 W. 65th Street, Chicago, IL 60629
PIN 19-23-214-019
4. That said decedent died leaving no last will and testament.
5. That the total value of the estate of said decedent for State of Illinois inheritance tax and Federal estate tax purposes does not exceed \$20,000.00.

Phyllis Marie Sarnecki
Phyllis Sarnecki

Subscribed and Sworn to
before me this 19th day
of November, 2005.



Prepared by and mail to:
Jon A. Michal, Attorney
5576 N. Elston Avenue
Chicago, IL 60630

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I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item I and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

DATE JUNE 10, 1987

SIGNED *Solita Maxwell*

At Cook County Department of Public Health Official Title Chief Deputy Registrar
1500 S. Maybrook Drive, Maywood, Illinois 60153

REGISTRATION DISTRICT NO. 160
REGISTERED NUMBER

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FILE NUMBER

1. DECEASED - NAME		FIRST		MIDDLE		LAST		SEX		DATE OF DEATH - (MONTH, DAY, YEAR)	
MARIE		G		TAYLOR		2. FEMALE		3. JUNE 9, 1987			
4. RACE - (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY)		ORIGIN OR DESCENT		AGE - LAST BIRTHDAY (YRS)		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH - (MO., DAY, YEAR)	
4a. WHITE		AMERICAN		72 1/2		MOS. DAYS		HRS. MIN.		6. OCT 21 1912	
7b. OAK LAWN				7c. CHRIST HOSPITAL				7d. COOK			
STATE OF BIRTH - (IF NOT USA)				CITIZEN OF WHAT COUNTRY				MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)			
ILLINOIS				USA				10. WIDOWED			
8. SOCIAL SECURITY NUMBER				9. USUAL OCCUPATION				11. U.S. DECEASED EVER IN U.S. (ARMED FORCES) YES / NO			
349-03-4406A				TECHNICIAN				NO			
12. RESIDENCE STREET AND NUMBER				CITY, TOWN, TWP. OR ROAD DISTRICT NO.				13. DENTAL			
3356 W 65th ST				CHICAGO				COOK			
14a. FATHER - NAME				14b. MOTHER - NAME				14c. WIFE			
ANDREW				ZIC				HELEN			
15. INFORMANT NAME (TYPE OR PRINT)				16. RELATIONSHIP				17. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
ANDREW				WIFE				4440 W 95TH ST, OAK LAWN ILL 60453			
17a. DATE KIMBALL				17b. CHAPLAIN				17c. 4440 W 95TH ST, OAK LAWN ILL 60453			
18. DEATH WAS CAUSED BY:				19. IMMEDIATE CAUSE				20. (NOTE: ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
				Respiratory Failure							
				(a) Due to or as a consequence of:							
				Metastatic Carcinoma of breast							
				(b) Due to or as a consequence of:							
				Emphysema							
				(c) Due to or as a consequence of:							
21. DATE OF OPERATION, IF ANY				22. MAJOR FINDINGS ON OPERATION				23. AUTOPSY			
								YES / NO			
								19a. NO			
								19b. YES			
								IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?			
								YES / NO			
								20c. YES / NO			
24. (1) (DD) (DD NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON				25. (MONTH, DAY, YEAR)				26. HOUR OF DEATH			
June 8, 1987				8, 1987				01:05 AM			
27. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.				28. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? YES / NO				29. DATE SIGNED - (MONTH, DAY, YEAR)			
				NO				June 9, 1987			
30. 22a. SIGNATURE				31. (TYPE OR PRINT)				32. ILLINOIS LICENSE NUMBER			
<i>Solita Maxwell</i>				M. D. F. R. P.				36-051144			
33. NAME AND ADDRESS OF CERTIFIER				34. (TYPE OR PRINT)				35. DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			
M. D. F. R. P.				Christ Hospital Oak Lawn				June 10, 1987			
36. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER				37. (TYPE OR PRINT)				38. DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			
								June 10, 1987			
39. BUREAU OF VITAL RECORDS				40. CEMETERY OR CREMATORY - NAME				41. LOCATION			
REMOVING OFFICIAL				ST MARY				BURKHOVEN/R-12C			
42. FUNERAL HOME				43. NAME				44. STREET AND NUMBER OR R.F.D.			
OCWIEJA				OCWIEJA				4256 S MOZART ST			
45. FUNERAL DIRECTOR'S SIGNATURE				46. (TYPE OR PRINT)				47. ILLINOIS LICENSE NUMBER			
<i>Solita Maxwell</i>				Solita Maxwell				4085			
48. LOCAL REGISTRAR'S SIGNATURE				49. (TYPE OR PRINT)				50. DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			
KATHEN L SCOTT, M.D.				KATHEN L SCOTT, M.D.				June 10, 1987			