

3/3 0610360

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



Doc#: 0606945072 Fee: \$28.50
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 03/10/2006 10:28 AM Pg: 1 of 3

State of Illinois)
) ss.
County of COOK)

JOINT TENANCY AFFIDAVIT

MARQUIS TITLE

ZOFIA CIESLA, hereinafter referred to as the affiant, states under oath that the affiant resides at 8300 W. MONROE, in the City of NILES, ILLINOIS:

that the affiant was acquainted with STANISLAW CIESLA, 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:

That the decedent died on MAY 07, 2004, leaving a/no last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$ 500,000.00

and that the value of the above property individually was 200,000.00.

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:

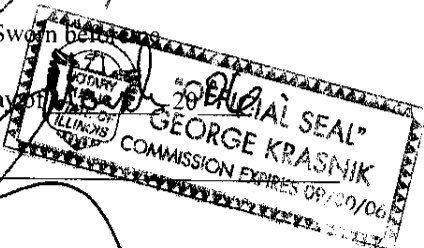
- 1) Claims against the estate of STANISLAW CIESLA, the decedent;
- 2) Illinois State Inheritance Tax and Federal Estate Tax which may be charged against the estate of the decedent;
- 3) Legacies, if any, created by the will of the decedent;
- 4) Rights to contribution.

Zofia Ciesla (Seal)
ZOFIA CIESLA

Subscribed and Sworn before me on

this 8 day of March

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.

UNOFFICIAL COPY

MAY 13, 2004

STATE OF ILLINOIS)
County of Cook)

DAVID ORR, County Clerk

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.

David Orr
COUNTY CLERK

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. 16.0		STATE OF ILLINOIS		STATE FILE NUMBER	
		REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH			
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS		DECEASED—NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)	
1. STANISLAW		CIESLA		2. MALE		3. MAY 9, 2004	
COUNTY OF DEATH		AGE—LAST BIRTHDAY (YRS)		UNDER 1 YEAR		DATE OF BIRTH (MONTH, DAY, YEAR)	
4. COOK		5a. 38		5b. 58		5d. July 7, 1945	
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)	
6a. NILES		6b. 8300 WEST MONROE STREET				6c. RESIDENCE (SCENE)	
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. Married		8b. Zofia Zalinska		9. No	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
10. 335-84-4339		11a. Maintenance		11b. Restaurant		12. 8	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY	
13a. 8300 W. Monroe		13b. Niles		13c. Yes		13d. Cook	
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. Illinois		13f. 60714		14a. White		14b. XXNO <input type="checkbox"/> YES SPECIFY:	
FATHER—NAME FIRST MIDDLE LAST		MOTHER—NAME FIRST MIDDLE LAST (MAIDEN) LAST					
15. Jozef Ciesla		15. Helena Remiasz					
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
17a. MAYBLEINE GIGGERS		17b. RECORDS		17c. 5841 SOUTH MARYLAND CHICAGO, ILLINOIS 60637			
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, 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) Blader Cancer					
DUE TO, OR AS A CONSEQUENCE OF		(b)					
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(c)					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		AUTOPSY (YES/NO)		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)			
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		19a. NO		19b.	
20a.		20b.		IF FEMALE (A) THERE A PREGNANCY IN PAST THREE MONTHS?		20c. YES <input type="checkbox"/> NO <input type="checkbox"/>	
1 (I DID) DID NOT ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH			
21a. MAY 7, 2004		21b. NO		21c. 1:00 PM.			
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)					
22a. SIGNATURE <i>Walter Stadler</i>		22b. MAY 11, 2004					
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER					
22c. WALTER STADLER, MD		22d. 036-081259					
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.					
23.		BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE	
24a. Burial		24b. St. Adalbert		24c. Niles, IL		DATE (MONTH, DAY, YEAR)	
FUNERAL HOME NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN		STATE	
25a. Skaja Terrace Funeral Home 7812 N. Milwaukee Ave. Niles, IL 60714		24d. May 14, 2004					
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER					
25b. <i>Eric J. Skaja</i>		25c. 034-015022					
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)					
26a. <i>David Orr</i>		26b. MAY 13 2004					

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Marquis Title Insurance Co.
6060 N. Milwaukee Ave.
Chicago IL 60646

Order No: CG213695MT

Reference No: 0610630

Exhibit "A"

Lot 13 in Kathleen's Subdivision, being a Subdivision in the South 1/2 of the Southeast 1/4 of Section 23, Township 41 North, Range 12, East of the Third Principal Meridian, according to the Plat thereof registered in the Office of the Registrar of Titles of Cook County, Illinois on September 26, 1962 as Document Number 2057573, in Cook County, Illinois

09-23-410-013

Property of Cook County Clerk's Office