

UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT



Doc#: 0614253258 Fee: \$26.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 05/22/2006 01:11 PM Pg: 1 of 2

STATE OF ILLINOIS)
) ss.
COUNTY OF COOK)

CECILIA C. HANCHAR, a widow, being duly sworn states that she resides at 1311 Ironwood Drive, Mount Prospect, Illinois 60056.

That she was acquainted with PETER WM. HANCHAR, deceased, who at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

Above Space for Recorder's Use Only

THE WEST 15 FEET OF LOT 13 AND THE EAST 20 FEET OF LOT 14 IN BLOCK 10 IN W. F. KAISER AND COMPANY'S RIDGEMOORE TERRACE SUBDIVISION OF THE SOUTH 1/2 OF THE SOUTH 1/2 OF THE SOUTH 1/2 OF THE SOUTHEAST 1/4 AND OF THE SOUTH 1/2 OF THE SOUTH 1/2 OF THE SOUTHEAST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 7, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Real Estate Index Number: 13-07-323-047-0000

Address of Real Estate: 6848 West Gunnison Street, Harwood Heights, Illinois 60706

That the deceased died January 6, 2006, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

Leaving no Last Will & Testament.

Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.

Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois, about _____.

That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of _____ dollars.

Subscribed and sworn to before me
this March 28, 2006
DEBORAH ANN BALTAZAR
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 02-21-07
Notary Public

Cecilia C. Hanchar
CECILIA C. HANCHAR, Affiant

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RETURN TO: CECILIA C. HANCHAR, 1311 Ironwood Drive, Mount Prospect, Illinois 60056

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DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. <u>16.2</u>	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 B C D E PARENTS 1 2 3 CAUSE 4 5 N P CERTIFIER DISPOSITION	DECEASED-NAME FIRST MIDDLE LAST 1. Peter Wm. Hanchar		SEX 2. Male	
	COUNTY OF DEATH 4. Cook		DATE OF DEATH (MONTH, DAY, YEAR) 3. January 6, 2006	
	AGE-LAST BIRTHDAY (YRS) 5a. 54		UNDER 1 YEAR MOS. DAYS	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. May 14, 1951
	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. Evanston		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. Evanston Hospital	
	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. Cecilia Bieszcza
	SOCIAL SECURITY NUMBER 10. 355-44-1705		USUAL OCCUPATION 11a. Captain	KIND OF BUSINESS OR INDUSTRY 11b. Fire Department
	RESIDENCE (STREET AND NUMBER) 13a. 1311 Ironwood Dr.		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. Mount Prospect	INSIDE CITY (YES/NO) 13c. Yes
	STATE 13e. Illinois		ZIP CODE 13f. 60056	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. White
	FATHER-NAME FIRST MIDDLE LAST 15. Basil Hanchar		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 16. Anna Sycz	
	INFORMANT'S NAME (TYPE OR PRINT) 17a. Cecilia Hanchar		RELATIONSHIP 17b. Wife	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 1311 Ironwood Dr., Mt. Prospect, IL
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. (a) Pancreatic Cancer		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 4 years		
IMMEDIATE CAUSE (Final disease or condition resulting in death) (a) Pancreatic Cancer		DUE TO, OR AS A CONSEQUENCE OF		
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b)		DUE TO, OR AS A CONSEQUENCE OF		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		AUTOPSY (YES/NO) 19a. NO		
DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20b.	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES [] NO []	
DID (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 21a. January 1, 2006		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. No	HOUR OF DEATH 21c. 11:25 A.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. 1/6/2006		
SIGNATURE 22a. DAVID L. GRINBLATT		ILLINOIS LICENSE NUMBER 22d. 036-077054		
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 2650 RIDGE AVE EVANSTON, IL 60201		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23. GERSHON Y. LOCKER, M.D.				
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY-NAME 24b. St. Nicholas	LOCATION CITY OR TOWN STATE 24c. Chicago, Illinois	DATE (MONTH, DAY, YEAR) 24d. 1/11/2006	
FUNERAL HOME NAME 25a. Muzyka & Son Funeral Home 5776 W. Lawrence Ave., Chicago, IL 60630		FUNERAL DIRECTOR'S LICENSE NUMBER 25c. 034-015939		
FUNERAL DIRECTOR'S SIGNATURE 25b.		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. January 9, 2006		
LOCAL REGISTRAR'S SIGNATURE 26a. Jay W. Torrey				

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE JANUARY 9, 2006 SIGNED Jay W. Torrey
 AT EVANSTON, Illinois OFFICIAL TITLE LOCAL REGISTRAR

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.