DECEASED JOINT TENANCY AFFIDAVIT	FFICIAL COPY						
STATE OF ILLINOIS) ss.	Doc#: 0614253258 Fee: \$26.00 Eugene "Gene" Moore RHSP Fee:\$10.00						
COUNTY OF COOK)	Cook County Recorder of Deeds Date: 05/22/2006 01:11 PM Pg: 1 of 2						
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	Above Space for Recorder's Use Only						
death, was one of the owners of the land in Cook County, Illinois, describe							
RIDGEMOORE TERRACE SUBDIVISION AND OF THE SOUTH $\frac{1}{2}$ OF THE SOUTH	E LAST 20 FEET OF LOT 14 IN BLOCK 10 IN W. F. KAISER AND COMPANY'S OF THE SOUTH ½ OF THE SOUTH ½ OF THE SOUTHEAST ½ OF THE SOUTHEAST ¼ OF THE SOUTHEAST ¼ OF SECTION 7, TOWNSHIP IND PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. 13-07-323-647-3690						
Address of Real Estate: 6848 West C	Sunnison Street, Har word Heights, Illinois 60706						
That the deceased died deceased attached hereto.	ary lo, 2006, as evidenced by a certified copy of death certificate of the						
That the deceased died:	t Testament.						
Leaving no Last Will &	to Testament.						
	Testament a copy of which is attached hereto. The ciginal of the unprover with the Clerk of the Probate Division of the Circuit Court of						
	& Testament which was filed in the Unproven Will Box of the Probate Court of County, Illinois, about						
	ate of the deceased, including both real and personal property owned by the tenancy at the time of the death of the deceased, does not exceed the sum of						
Subscribed and sworm to before me official seal this March deboral wann baltazar notary public - state of illinois wy commission expires ex alloy. Notary Public	Cecilia C. Hanchar 7 CECILIA C. HANCHAR, Affiam						

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

1. COUNTY OF DEATH 4. COOK CITY, TOWN, TWP, OR ROAD DISTRIBATION 6a. EVANSTON BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Chicago, IL SOCIAL SECURITY NUMBER 10. 355-44-1705 RESIDENCE (STREET AND NUMBER) 13a. 1311 Ironwood STATE ZIPCO 13e. [11] nois 13f.6 FATHER-NAME FIRST 15. C'AS 11 NFORMANT'S NAME CONSPRINT) 17a. Cecilia halo's 18. PARTI. En'arth. shock of Immediate Cause (Final disease or condition	Peter Peter Base State	MIDDLE WM. GE-LAST (INTHDAY (IV) INTERPORT OF THE COMMENT OF TH	Hand Hand Hand Hand Hand Hand Hos Ston Hos Ston Hos NAME O RINDOF 11b. F CITY, TOWN, TW 3b. Mount K. AMERICAN 1	AST Char YEAR UNDR 5c. JTION NAME (IFI BUSINESS OR CITE Der JF, OR ROAD T	SEX 2. IN PERIODAY S MIN. NOTINEITHER. POUSE (MAID BIESZCZ INDUSTRY DATEMEN	DATE OF BILL SIVE STREET ENNAME. IF V EDUCATI Elementary: 12.	DATE OF DI 3. Jani RTH (MONTH X 14 AND NUMBER) VIFE) DN (SPECIFY Secondary (0-12 VISIDE CITY ESNO)	1951 1951 196c. In	P. OR INST. INDICATE D.O.A. R. RM. INPATIENT (SPECIFY) POST I CHE WAS DECEASED EVER IN ARMED FORCES? (YES) 9. YES TGRADE COMPLETED) Ilege (1-4 or 5 +)
1. COUNTY OF DEATH 4. COOK CITY, TOWN, TWP, OR ROAD DISTRICATION 6a. EVANSTON BIRTHPLACE (CITYAND STATE OR COREION COUNTRY) 7. Chicago, IL SOCIAL SECURITY NUMBER 10. 355-44-1705 RESIDENCE (STREET AND NUMBER) 13a. 1311 Ironwood STATE ZIPCO 13e. [11] nois 13f.6 FATHER-NAME FIRST 15. C'AS 11 NFORMANT'S NAME CONSPRINT) 17a. Cecilia halo's Immediate Cause (Final disease or condition	Peter A 5 5 CTNUMBER H 6 MARRIED. NEVERIWIDOWED, DIVORE 8a Marrie USUAL OCCUPATION 11a Captai Dr. Doe RACE RACE RACE RODS6 14a MIDDLE	Wm. GE-LAST IIIRTHDAY (Y IA. 54 IOSPITAL OR III. GENT OR	Hand Hand Hand Hand Hand Hand Hos Ston Hos Ston Hos NAME O RINDOF 11b. F CITY, TOWN, TW 3b. Mount K. AMERICAN 1	Char YEAR UND DAYS HOURS 50. JION NAME(IFI SPITAL FSURVIVINGS CILIA F BUSINESSOR FIRE Der JP, OR ROAD T	2. NER 1 DAY S MIN. NOT INEITHER. POUSE (MAID BIESZCZ INDUSTRY DATLMEN DISTRICT NO.	DATE OF BII 5d. Ma GIVE STREET EN NAME, IF V A T EDUCATION Elementary 12.	3. Janu RTH (MONTH) V 14 AND NUMBER) VIFE) ON (SPECIFY Secondary (0-12 VISIDE CITY ES/NO)	DAY, VEAR) 1051 IF HOST OP/EME 6C. TI	P. OR INST. INDICATE D.O.A. R. RM. INPATIENT (SPECIFY) THE WAS DECEASED EVER IN ARMED FORCES? (YES/I 9. YOS TGRADE COMPLETED) IGG9 (1-4 or 5 +)
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disease or condition	a diseases, or complica meant failure. List onl	itions that cause ly one cause	sed the death. Do on each tine.			ch as cardia	orrespirator	y arrest,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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CAUSE LAST. (c		0/							
PART II. Other significant conditions contrib	ibuting to death but not result	ling in the inderly	ying cause given in P	ART I.			AUTOPSY (YES/NO)		AUTOPSY FINDINGS AVAILABLE PRIOR ETION OF CAUSE OF DEATH? (YES/NO)
NATE OF OPERATION IS ANY	TMA IOR EINIDINGS	DE OPERATIO			···) 19b.	
·		JE OFERA III					IF FE	MALE, WAS THEE MONTHS?	HERE A PREGNANCY IN PAST
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O THE BEST OF MY KNOWLEDGE, D	DEATH OCCURRED AT	THE THE P	ATE AND PLAC	EAN JUETO	THE CAUSE(S	STATED.			(MONTH, DAY, YEAR)
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UNERAL HOME	NAME NICHO	STREET	AND NUMBER OR	R.F.D. Chica	igo, да	linn ı	57	STATE	d. 1/11/2006
_{5a.} Muzyka & Son F	Wheral Hom					hiona		0000	
UNERAL DIRECTOR'S SIGNATURE	////				W.C	FUNER	ALDIRECTOR:		· -
5b. ▶	MAY					25c.	034	-0159	<i>'39</i>
•	•	Thu	. W. 7	MAI		DATER	PEDBYLOCAL	REGISTRAR (N	AONTH, DAY, YEAR)
6a. >	10-1-5-	7				260.	ganu	ary	- 7, 2006
75 mirriam .c	. , ,		Marie Hoolie . Die	4.4					U.S. STANDARD CERTIFICATE
Y THAT the foregoing is d and filed in my office i	s a true and co in accordance v	orrect co.	py of the d	eath record	d for the c	leceden	t named	at item 1	, and that this
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VR-201 (1978) OFFICE OF VITAL RECORDS - ILLINOIS DEPARTMENT OF PUBLIC HEALTH - SPRINGFIELD 62761