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Doc#: 0616326094 Fee: \$30.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 06/12/2006 11:53 AM Pg: 1 of 4

13852075
9/20/06

Deceased Joint Tenancy Affidavit

Prepared by and Mail to:

John Sakellaropoulos
Attorney at Law
7622 W. 159th Street, Suite B
Orland park, Illinois 60462

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⊗

Property of Cook County Clerk's Office

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DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois)
County of Cook) SS.

Commitment No. # 060709000056/1381520

GERALDINE A. SEIDEL being duly sworn states that she resides at 3824 W. 63rd Street, Chicago, Illinois 60629.

That she is the Daughter of the Decedents, **STEVEN SCRIPTA** and **ANNA M. SCRIPTA**, who at the time of their deaths, resided at 8849 Danbury Lane, Orland Park, Illinois 60462.

That at the time of their deaths, **STEVEN SCRIPTA** and **ANNA M. SCRIPTA**, were two of the owners of 3824 W. 63rd Street, Chicago, Illinois 60629. described as :

LOTS 38 AND 39 IN BLOCK 8 IN JOHN F. EBERHART'S SUBDIVISION OF THE SOUTHWEST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 14, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

P.I.N.# 19-14-329-035-0000 & 19-14-329-036-0000
ADDRESS: 3824 W. 63rd Street, Chicago, Illinois 60629

That the Decedent, **STEVEN SCRIPTA**, died on May 30, 2001, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

That the Decedent, **ANNA M. SCRIPTA**, died on July 6, 2003, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

That the Decedents, **STEVEN SCRIPTA** and **ANNA M. SCRIPTA**, died:

- (XX) 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 Cook 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 on or about _____.

That the total value of the estate of the deceased, including both real estate 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 \$10,000.00.

Affiant makes this Affidavit for the purpose of inducing the title company to issue its Title Insurance Policy, describing the above mentioned property.

Geraldine A. Seidel
GERALDINE A. SEIDEL
8849 Danbury Lane
Orland Park, Illinois 60462.

Subscribed and Sworn to before me this 26th day of May, 2006.

Notary Public



1381520

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AT&TF, INC

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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 filled in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

Date May 31, 2001

Signed Jarefina Danek

At Cook County Department of Public Health Official Title Chief Deputy Registrar,
1010 Lake Street, Oak Park, Illinois 60301

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

160

DECEASED-NAME STEVEN COOK		FIRST	MIDDLE	LAST	SEX Male	DATE OF BIRTH (MONTH, DAY, YEAR) MARCH 1, 1911	DATE OF DEATH (MONTH, DAY, YEAR) MAY 30, 2001
COUNTY OF DEATH COOK		AGE-LAST BIRTHDAY (YRS) 5a. 90		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) PALOS COMMUNITY HOSPITAL		IF HOSP. OR INST. INDICATE D.O.A. (IF EMPER. RM. NEARBY, SPECIFY) IN P.I.	
CITY, TOWN, TWP. OR ROAD/DISTRICT NUMBER PALOS HEIGHTS		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) ANNA HLADEK SCIPTA		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) NO	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) SLOVAKIA		SOCIAL SECURITY NUMBER 349-07-5733		KIND OF BUSINESS OR INDUSTRY PRINTING		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) COLLEGE (1-4 or 5+)	
RESIDENCE (STREET AND NUMBER) 8820 W. 140th ST.		CITY, TOWN, TWP. OR ROAD/DISTRICT NO. ORLAND PARK		INSIDE CITY (YES/NO) YES		COUNTY COOK	
STATE IL		ZIP CODE 60462		OF HISPANIC OR L.A.? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) NO		13c.	
FATHER-NAME ANDREW		MOTHER-NAME MARY		MIDDLE ZAMORA		LAST (MAIDEN) LAST	
INFORMANT'S NAME (TYPE OR PRINT) KENNETH SCIPTA		RELATIONSHIP SON		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 10932 VALLEY CT. PALOS HILLS, IL 60465			
18. PART I. Immediate Cause (Final disease or condition resulting in death) Coronary Heart Disease		(a) DUE TO OR AS A CONSEQUENCE OF Coronary Heart Disease		(b) DUE TO, OR AS A CONSEQUENCE OF Coronary Heart Disease		(c) DUE TO, OR AS A CONSEQUENCE OF Coronary Heart Disease	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. Arteriosclerosis		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. Arteriosclerosis		DATE OF OPERATION, IF ANY NO		MAJOR FINDINGS OF OPERATION NO	
20a. (1) DID OPERATOR ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON NO		20b. (M) (MONTH, DAY, YEAR) 5-23-01		20c. (M) (MONTH, DAY, YEAR) 5-30-01		20d. (M) (MONTH, DAY, YEAR) 5-30-01	
21. TO THE BEST OF MY KNOWLEDGE (YEAR), OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 2001		22a. SIGNATURE OF OPERATOR G.V. Meral MD		22b. NAME AND ADDRESS OF OPERATOR 1208 W 91th St		22c. ILLINOIS LICENSE NUMBER 036052475	
22. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) Dr. G.V. Meral MD		23. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) Dr. G.V. Meral MD		24. DATE SIGNED (MONTH, DAY, YEAR) June 2, 2001		NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
23. BURIAL, CREMA. NON-REMOVABLE (SPECIFY) Burial		CEMETERY OR CREMATORY-NAME Holy Sepulchre		LOCATION Worth, Illinois		CITY OR TOWN Worth, Illinois	
24a. FUNERAL HOME Lawn Funeral Home		STREET AND NUMBER OR R.F.D. 7732 West 159th Street		CITY OR TOWN Orland Park, Illinois		STATE Illinois	
24b. FUNERAL DIRECTOR'S SIGNATURE Donald B. Gark		24c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 09806		24d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) MAY 31 2001		24e. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) MAY 31 2001	
25. LOCAL REGISTRAR'S SIGNATURE KAREN L. SCOTT, M.D.		25a. REGISTRAR Karen L. Scott		25b. REGISTRAR Karen L. Scott		25c. REGISTRAR Karen L. Scott	

STATE OF ILLINOIS
County of Cook**UNOFFICIAL COPY**

DAVID ORR, County Clerk

JUL 10 2003

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

DECEASED'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 Funeral Directors, Attorneys, or Physicians Handbook for INSTRUCTIONS		DECEASED—NAME FIRST MIDDLE LAST 1. Anna M. Scripta		SEX 2. Female		DATE OF DEATH (MONTH, DAY, YEAR) 3. July 6, 2003	
COUNTY OF DEATH 4. Cook		AGE—LAST BIRTHDAY (YRS) 5a. 85		UNDER 1 YEAR MOS. DAYS 5b.		UNDER 1 DAY HOURS MIN. 5c.	
DATE OF BIRTH (MONTH, DAY, YEAR) 5d. June 11, 1918		CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6a. Orland Park		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. 8820 West 140th Street		IF HOSP. OR INST. INDICATE D.O.A., OP/EMER. RM, INPATIENT (SPECIFY) 6c.	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Union Town, PA		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Widowed		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. None		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. No	
SOCIAL SECURITY NUMBER 10. 337-05-0113		USUAL OCCUPATION 11a. House Keeper		KIND OF BUSINESS OR INDUSTRY 11b. Homes		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) 12. 6 College (1-4 or 5+) 13c.	
RESIDENCE (STREET AND NUMBER) 13a. 8820 West 140th Street		CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13b. Orland Park		INSIDE CITY (YES/NO) 13c. Yes		COUNTY 13d. Cook	
STATE 13e. IL		ZIP CODE 13f. 60462		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. White		OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. NO <input type="checkbox"/> YES SPECIFY:	
FATHER—NAME FIRST MIDDLE LAST 15. Unavailable John Hladek		MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST 16. Magdalena Zarembo Unavailable		INFORMANT'S NAME (TYPE OR PRINT) 17a. Geraldine Seidel			
RELATIONSHIP 17b. Daughter		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 8349 Danbury Ln. Orland Park, IL 60462					
18. PART I. Immediate Cause (Final disease or condition resulting in death) → (a) Cerebral Vascular and Coronary Artery Disease		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 Years	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) (c)		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. Dementia				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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
(WHO) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a. June 2, 2003		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. No		HOUR OF DEATH 21c. 4:15 P. 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) 22a. SIGNATURE <i>Eden Brandon</i> 22b. July 7, 2003		ILLINOIS LICENSE NUMBER 22d. 036095540			
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. Eden Brandon 7479 Walton Dr. Rockwood, IL 61088		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23.		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.			
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial		CEMETERY OR CREMATORY—NAME 24b. Holy Sepulchre		LOCATION CITY OR TOWN STATE 24c. Worth IL		DATE (MONTH, DAY, YEAR) 24d. July 11, 2003	
FUNERAL HOME NAME 25a. Lawn Funeral Home 7732 West 159th Street Orland Park IL 60462		STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP		FUNERAL DIRECTOR'S SIGNATURE 25b. <i>Donald B. Forka Jr.</i> 25c. 11976			
FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		LOCAL REGISTRAR'S SIGNATURE 26a. <i>David D. Orr</i> AC		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. JUL 10 2003			