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Doc#: 0617234092 Fee: \$30.50
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 06/21/2008 02:01 PM Pg: 1 of 4

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

**DECEASED
JOINT TENANCY
AFFIDAVIT**

Judith Zuncic,
hereinafter referred to as the
Affiant, states under oath that
the Affiant resides at 1921 N. Newland, Chicago, Illinois the
Affiant was acquainted with Frank Zuncic, the decedent; that at
the time of death, the decedent was one of the owners of the
property, by virtue of properly recorded joint tenancy warranty
deed, said property located in Cook County, State of Illinois,
and legally described as follows:

LEGAL DESCRIPTION HEREBY ATTACHED AND MADE PART OF THIS DOCUMENT.

PERMANENT INDEX NUMBER: 13-31-304-017-0000

PROPERTY ADDRESS: 1921 N. Newland
Chicago, Illinois 60625

That the decedent had no interest in any business or
partnership, nor held power of appointment at death, nor created
any remainder interests in property by transfer with retention of
a life interest therein or the creation of interests to take
effect in possession or enjoyment after death;

That the decedent died on Aug 5, 2002 in Chicago,
Illinois.

X leaving no Last Will and Testament;

_____ leaving a Last Will and Testament; **(Check One)**

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That the total value of the decedent's estate, including the taxable interest in the above property was \$ 700,000

That the value of the property individually was \$ 300,000

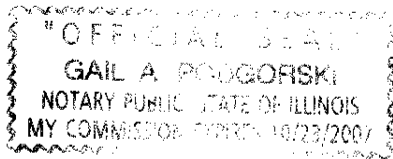
That Affiant hereby covenants and agrees, for herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold for all loss, costs, damages, suits, attorney's fees and expenses and every kind and nature which the title company may suffer, expend or incur by reason of the issuance of said policy free and clear

of the following objections:

1. Claims against the estate of **Frank Zuncic** the decedent;
2. Illinois State Inheritance Tax and Federal Tax which may be charged against the estate of said decedent;
3. Legacies, if any, created by the Will of said decedent;
4. Rights to contribution.

Judith Zuncic
Judith Zuncic

Subscribed and sworn to before me this 7th day of June, 2006



Gail A. Rogorski
 Notary Public

=====
Mail Back to:
KOLPAK AND LERNER
6767 N. Milwaukee Ave.
Suite #202
Niles, Illinois 60714
(847) 647-0336

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LOT 19 AND THE S $\frac{1}{2}$ OF LOT 18 IN BLOCK 3 IN J.E. WHITE'S 2ND
RUTHERFORD PARK ADDITION TO CHICAGO, BEING A SUBDIVISION OF THE
SOUTH WEST $\frac{1}{4}$ (EXCEPT THE WEST 22.28 CHAINS THEREOF) OF SECTION
31, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL
MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER
611956


STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO
AUG 8 2002

AUG 8 2002

AUG 8 2002

JOHN L. WILHELM M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN ORDINANCE OF SAID LAW AND ORDINANCES.

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH


John L. Wilhelm, MD
LOCAL REGISTRAR

REGISTRATION NO. **16.10**
DISTRICT NO. _____
REGISTERED NUMBER _____
DECEASED-NAME **FRANK** FIRST **FRANK** MIDDLE **ZUNCIC** LAST **ZUNCIC** SEX **MALE** DATE OF BIRTH (MONTH, DAY, YEAR) **5, 2002**

COUNTY OF DEATH **COOK** CITY/TOWN, TWP. OR ROAD/DISTRICT NUMBER **1921 N. NEWLAND AVE.**

AGE-LAST BIRTH-DAY (MOS.) **52** UNDER 1 YEAR **0** UNDER 1 DAY **0** DATE OF BIRTH (MONTH, DAY, YEAR) **JANUARY 21, 1940**

HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **1921 N. NEWLAND AVE.** IF HOSP. OR INST. INDICATE D.O.A. OR OTHER, RL, INPATIENT (SPECIFY)

6a. CHICAGO MARRIED NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **8a. MARRIED**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **7 CHICAGO, IL.** SOCIAL SECURITY NUMBER **10344-32-1775** USUAL OCCUPATION **11a. ARTIST**

RESIDENCE STREET (AND NUMBER) **1921 N. NEWLAND** CITY, TOWN, TWP. OR ROAD DISTRICT NO. **19b. CHICAGO** NAME OF SURVIVING SPOUSE (MARRIAGE NAME, IF WIFE) **8b. JUDITH RATAJCZAK**

STATE **ILLINOIS** ZIP CODE **60707** RACE (WHITE, BLACK, AMERICAN INDIAN (SPECIFY)) **14a. WHITE** KIND OF BUSINESS OR INDUSTRY **11b. SELF-EMPLOYED** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) **12. 12** INSIDE CITY (YES/NO) **13a. YES** COUNTY **13b. COOK**

FIRST-NAME **FRANK** MIDDLE **ZUNCIC** LAST **ZUNCIC** OF HISPANIC ORIGIN? (SPECIFY AND CHECK YES, IF YES, SPECIFY ORIGIN) **14b. NO** DYES **15. YES** SPECIFY: **16. COOK**

15. IMMEDIATE CAUSE (final cause of death) **Liver Failure** (a) DUE TO OR AS A CONSEQUENCE OF **17. 17c. HARDING CHICAGO, IL. 606**

18. PART I. **KIMBERLY RODRIGUEZ** RELATIONSHIP **DAUGHTER** MAILING ADDRESS (STREET AND NO OR R.F.D., CITY, TOWN, STATE, ZIP) **17c. HARDING CHICAGO, IL. 606**

19. CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) **19a. DUE TO OR AS A CONSEQUENCE OF**

19b. **19b. DUE TO OR AS A CONSEQUENCE OF**

19c. **19c. DUE TO OR AS A CONSEQUENCE OF**

20a. DATE OF OPERATION, IF ANY _____ MAJOR FINDINGS OF OPERATION _____

20b. (MONTH, DAY, YEAR) **7/02** (WAS CONSIDERED OR MEDICAL EXAMINER NOTIFIED? (YES/NO)) **21b. NO**

20c. HOURS OF DEATH **8:30 P. M.**

21c. DATE SIGNED (MONTH, DAY, YEAR) **AUGUST 7, 2002**

21d. ILLINOIS LICENSE NUMBER _____

22a. SIGNATURE _____ NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **SCOTT COTLER MD. 1725 W. HARRISON CHICAGO, IL.**

22c. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT) _____

23. BURIAL, CREMATION, REMOVAL (SPECIFY) **24a. CREMATION** CEMETERY OR CREMATORY-NAME **24b. HILLSIDE, ILLINOIS** LOCATION **24c. HILLSIDE, ILLINOIS** CITY OR TOWN **24d. HILLSIDE, ILLINOIS** STATE **24e. ILLINOIS** DATE (MONTH, DAY, YEAR) **24f. AUG. 9, 2002**

25a. FUNERAL HOME **PETERSON FUNERAL HOME 6938 W. NORTH AVE. CHICAGO, IL. 60707**

25b. FUNERAL DIRECTOR'S SIGNATURE _____ FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **25c. 034-010839**

25d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **AUG 09 2002**

25e. LOCAL REGISTRAR'S SIGNATURE _____

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.