

# UNOFFICIAL COPY

THIS INSTRUMENT PREPARED BY,  
AND RETURN TO:  
BEN M. ROTH, ESQ.  
KAMENSKY RUBINSTEIN  
HOCHMAN & DELOTT, LLP  
7250 N. CICERO AVENUE, SUITE 200  
LINCOLNWOOD, IL 60712-1693



Doc#: 0622145093 Fee: \$26.50  
Eugene "Gene" Moore RHSP Fee:\$10.00  
Cook County Recorder of Deeds  
Date: 08/09/2006 02:17 PM Pg: 1 of 2

DECEASED JOINT TENANCY  
AFFIDAVIT

STATE OF ILLINOIS     )  
  ) ss.  
COUNTY OF COOK     )

Kenneth T. Kowalski, hereinafter referred to as the Affiant, being first duly sworn, on oath states that he resides at 804 Poplar Court, Inverness, Illinois 60010. That Affiant was married to Christine M. Kowalski, hereinafter referred to as Deceased, and at the time of Decedent's death, was one of the owners of the land in Cook County, Illinois, described as follows:

BEING UNIT #108, IN THE ESTATES AT INVERNESS RIDGE CONDOMINIUMS, AS DELINEATED ON A PLAT OF SURVEY OF THE FOLLOWING DESCRIBED TRACT OF LAND: LOT 1, IN THE ESTATES AT INVERNESS RIDGE - UNIT 1, BEING A SUBDIVISION OF PART OF THE WEST HALF OF SECTION 24, TOWNSHIP 42 NORTH, RANGE 9 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED APRIL 11, 2001 AS DOCUMENT NO. 00101292526; WHICH SURVEY IS ATTACHED AS EXHIBIT "B" TO THE DECLARATION OF CONDOMINIUM OWNERSHIP RECORDED OCTOBER 2, 2002 AS DOCUMENT NO. 0021080525, AS AMENDED FROM TIME TO TIME, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS, ALL IN COOK COUNTY, ILLINOIS.

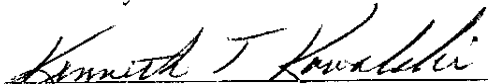
ADDRESS OF PROPERTY:                   804 Poplar Court, Inverness, Illinois 60010

PERMANENT INDEX NUMBERS:       01-24-100-021; 01-24-100-024

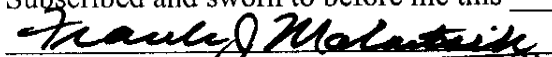

That the Deceased died on January 18, 2006, as evidenced by a copy of the death certificate of the Deceased attached hereto.

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 \$ 500,000.00.

Affiant makes this affidavit for the purpose of any individual or corporation who may be harmed by the Affiant's lack of veracity.

  
Kenneth T. Kowalski

Subscribed and sworn to before me this 13<sup>TH</sup> day of July, 2006.

  
Notary Public 

STATE OF ILLINOIS  
County of Cook

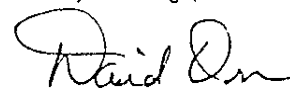
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DAVID ORR, County Clerk

JAN 20 2006

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.



COUNTY CLERK

CEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <b>16.0</b>		STATE OF ILLINOIS		STATE FILE NUMBER	
		REGISTERED NUMBER		<b>MEDICAL CERTIFICATE OF DEATH</b>			
Type or Print in PERMANENT INK in Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS		DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1.		<b>Christine M. Kowalski</b>		<b>2. Female</b>	<b>3. January 18, 2006</b>		
4. COUNTY OF DEATH		AGE—LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		
Cook		5a. <b>59</b>	5b. <b>59</b>	5c. <b>59</b>	5d. <b>July 1, 1946</b>		
6a. Hoffman Estates		6b. St. Alexius Medical Center			6c. <b>Inpatient</b>		
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
Chicago, IL		<b>Married</b>		<b>Kenneth T. Kowalski</b>		<b>No</b>	
10. SOCIAL SECURITY NUMBER		11a. USUAL OCCUPATION		11b. KIND OF BUSINESS OR INDUSTRY		12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
353-40-0505		<b>Homemaker</b>		<b>Own Home</b>		Elementary/Secondary (0-12) <b>2</b> College (1-4 or 5+)	
13a. RESIDENCE (STREET AND NUMBER)		13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO.		13c. INSIDE CITY (YES/NO)		13d. COUNTY	
804 Poplar Court		<b>Inverness</b>		<b>Yes</b>		<b>Cook</b>	
13e. STATE		13f. ZIP CODE		14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)	
<b>Illinois</b>		<b>60010</b>		<b>White</b>		<b>X NO</b> <input type="checkbox"/> YES SPECIFY:	
15. FATHER—NAME FIRST MIDDLE LAST		16. MOTHER—NAME FIRST MIDDLE LAST (MAIDEN) LAST					
<b>Henry Mack</b>		<b>Eleanor Snopek</b>					
17a. INFORMANT'S NAME (TYPE OR PRINT)		17b. RELATIONSHIP		17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
<b>Kenneth T. Kowalski</b>		<b>Husband</b>		<b>804 Poplar Court Inverness, IL 60010</b>			
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) <b>Irreversible Anoxic Encephalopathy of Brain</b>				<b>&lt; 96 hrs</b>	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) <b>Acute Cardiac Arrest</b>				<b>&lt; 96 hrs</b>	
		(c) <b>Acute Respiratory Arrest</b>				<b>&lt; 96 hrs</b>	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		<b>Interstitial Pneumonitis, COPD</b>		19. AUTOPSY (YES/NO)		20. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? (YES/NO)	
				<b>No</b>		<b>No</b>	
21a. DATE OF OPERATION, IF ANY		21b. MAJOR FINDINGS OF OPERATION		21c. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		21d. HOUR OF DEATH	
				<b>No</b>		<b>6:02PM M.</b>	
22a. SIGNATURE		22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		22d. ILLINOIS LICENSE NUMBER	
<b>Deena A. Chroger MD FACP</b>		<b>1009 S. Evergreen Ave Arlington Heights</b>				<b>036-42940</b>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		24b. CEMETERY OR CREMATORY—NAME		24c. LOCATION CITY OR TOWN STATE		24d. DATE (MONTH, DAY, YEAR)	
<b>Burial</b>		<b>St. Michael</b>		<b>Palatine, IL</b>		<b>Jan. 21 2006</b>	
25a. FUNERAL HOME		25b. FUNERAL DIRECTOR'S SIGNATURE		25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER			
<b>Ahlgim Family Funeral Home 201 N. Northwest Hwy., Palatine, IL 60067-5359</b>		<b>Karl H. Scharman</b>		<b>034-012256</b>			
26a. LOCAL REGISTRAR'S SIGNATURE		26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)					
<b>David Orr</b>		<b>January 20, 2006</b>					