JNOFFICIAL COPY

THIS INSTRUMENT PREPARED AND RETURN TO: WALTER M. WLODEK Attorney At Law 5814 West Cermak Road Cicero, IL 60804



Doc#: 0622249191 Fee: \$26.50 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 08/10/2006 03:20 PM Pg: 1 of 2

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS) COUNTY OF COOK)

GAYLE K. BENES, being duly sworn states that she resides in the County of Cook, State of Illinois.

That she was acquainted with SAUNDERS ZAKROCZYMSKI, deceased, who at the time of his death, was one of the owners of the land in the City of Berwyn, Cook County, Illinois, legally described as follows:

Lot 8 in Block 5 in Lawndale Manor, a subdivision of the East half of the South West quarter (lying South of railruad) in Section 30, Township 39 North, Range 13, East of the Thi d Principal Meridian, in Cook County, Illinois.

Property Address: 6950 West 30th Place, Berwyn, IL 60407.

That the deceased died on September 29, 2004, as evidenced by a copy of the death certificate of the deceased attached hereto.

That the deceased died leaving no Last Will and Testament.

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 exempt by statute.

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

The mark the without in SUZANNE A WLODEK

Notary Public

0622249191 Page: 2 of 2

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	•			STATE OF IL	LINOIS			NUM	TE FILE IRER	
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CERTIFICATION I	REGISTERED /2/	455 56	7 07 CENT					DATE OF DEATH	(MONTH, 0	IAY, YEAR)
CERTIFICATE	NUMBER /	FIRST	MIDDLE	LAST		SEX	ا تتر	3 8 PT	29 2	2004
урв, or Print in RMANENT INK	DECEASED-NAME	SAUNDER		UNDER I YEAR	UNDER		TE OF BIR	TH (MONTH, DAY,	YEAR)	
See Coroner's Funeral Directors	COUNTY OF DEATH		AGE-LAST BIRTHDAY (YRS)	MOS. DAY	HOURS	MIN .	l	Sept.	26, 19	
Handbook for VSTRUCTIONS	1004	DIOTOICT NUMBER	5a. 51 HOSPITAL OR OTH	ERINSTITUTION	I-NAME (IF NOT	IN EITHER, GI	VE STREET A	ND NUMBER)	OP EMER.	RM INPATIENT (SPECIFY)
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	BIRTHPLACE (CITY AND STATE	OF MARRIED I	EVER MARRIED, DIVORCED (SPECIFY)	NAME OF SU	L HAIAIIAO 21 o					9. No
DECEASED	FOREIGN COUNTRY	u 18a	Married	8b. KIND OF BUS	SINESS OR IN	DUSTRY	COLICATION	ON (SPECIFY ON) Secondary (0-12)	Y HIGHEST C	GRADE COMPLETED: ge (1-4 or 5 +)
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	10. 235-44-403	JJ	CITY	11b. TOWN, TWP, (OR ROAD DIS	STRICT NO.	ļ	YES.NO)	104	Cook
)	RESIDENCE STREET AND NUM	W. 30th Place	e 13t		Berwy	n coβigin?(s	PECIFY NO.	DRYES-IFYES, SFI	ECIFY CUBAN	MEXICAN, PUERTO RICAN
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	Illinois	13f. 60402	14a. WHI) <u> </u>	14b. ∠ N MOTHER-N		IRST	MIDDLE		(MAIDEN) LAST
	FATHER-NAME FIRST	MIDDLE	_] [16.		<u> </u>	Mary Jo	nes	OWN, STATE, ZIP)
PARENTS	15.		/ojciechowski	RELATIONSHIP	MAIL	ING ADDRE	SS (STREE	OHN PL. B	erwyn	, IL 60402
	INFORMANT'S NAME (TYPE	ise Zakroczyn	nski	17b. Wife	17c	6950	ddving SUC	th as cardiac or re	espiratory	APPHOXIMATE INTERI BETWEEN ONSET AND D
	17a. Defii 18 PART I.	Enter the disease s, in	nski njur 35, or complications t art failure. List only one	that caused the de cause on each lir	ath. Do not enti ie.	er moue	, ayınıgı			
1	1 1	arrest, shock, or hea	an failure cost only see	sext 1	NJOA	(Es				
2	Immediate Cause (Final disease or condition	\rightarrow _(a) \downarrow	S A CUNSER JENCE O	F			_			
3	resulting in death)	DUETO, ORA								
5	CONDITIONS, IF ANY WHICH GIVE RISE TO	(b) FAT	AS A CONSEQUE ICE C							
	IMMEDIATE CAUSE (a) STATING THE UNDERLY	/ING						AUTOPS (YES/NO)	100	RE AUTOPSY FINDINGS AVAILAB NEVETION OF CAUSE OF DEATH
CAUSE	CAUSE LAST. PART II. Other significant con	nditions contributing to death	but not resulting in the underly	Audic insegnation					3 /2 \ 110	DE OF INJURY MENTIONE
	,		DATE OF INJURY (MON	ITH, DAY, YE ARY	HOUR 52	45 PAR	N INJUHY	TIL TIEM W	ALTE	DORTION
N	NATURAL, ACCIDENT, HO SUICIDE, UNDETERMINE	ED, (SPECIFY)	20b. Sc7+ 1		120c.	M. 20	OR RD DIST	NO COUNTY ST	ATÉ)	NANCY IN PAST THRE
	20a. F	LACE OF INJURY (AT)	HOME, FARM, STREET.	a 1 DE	1.10	1001	< L	20.10		20h. YES[]
	(YES:NO)	FACTORY, OFFICE BY	ME -/-ANGHI	14 20g. OL/	THE D E	ENTWA	SPRONOL	INCED DEAD ON	YEAR	7:10
H.G	. 20e.	IN MY OPINION BASE	ED UPON MY INVESTIG URRED ON THE DATE , AND THAT	AT THE PLACE	21b.		21	29 L	SNEO	(MONTH, DAY, YEAR)
RIF	THE INQUISITION	F CAUSE(S) STATED	, AND THAT				0_0	a	Sept	30,2004
UNK	CORONER'S - MEDICAL	TXMERCESION	146.	<i>D</i> .	and	//		DATE SI	GNED	(MONTH, DAY, YEAR)
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					LOCATION	CITY	ORTOWN	TATE		24d.Oct 4 20
	BURIAL, CREMATION,	CEMETERY	OR CREMATORY-NAM		24c.	H	illside			STATE
	24a BUI	rial 24b	Queen of He	NUMBER OR A F	.D.	_		my or tow t	2277	
	THE PART LIGHT	JAN INC	street Al	st Cermak	Road, E	Berwyn.	Illinoi	FUNERAL DIREC	CTORISILLING	DISTICENSE NUMBER
DISPOSITIO	25a. J. Linho FUNERAL DIRECTOR	6 SIGNATURE	1 1 1	,				1		11644
	FUNEHAL DIRECTION	an 2 0	inhart					DATE FILED 6	Y LOCAL REC	SISTRAR (MONTH, DAY,
	25b. LOCAL REGISTRAR'S	SIGNATURE		:41	OADVIEW I		00155 	26b. ()	JA (22)	1989 U.S. STANDARD CE
		/ · · · // //	Illinois Department	of Public Health-	Division of Vit	al Records				
	VR202 (Rev. 5/89)		Illindis Departition		he death	record f	or the	decedent n	amed a	t item 1, and 11
	26a. No. 26a	foregoing is a	true and correct	the provisi	ons of the	Illinois و	Vital I	(ecorus Au	Durl	A and A
I HEREBY	VA202 (Rev. 5:89) CERTIFY THAT the established and siled in	my office in a	CCOFUERCO II	•		Th	uchs	ul a.	11.40	
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DATE	BROADVIEW, ILL	INOIS	ly filed with th	nois OFFI	CIAL TI	TLE LOC	AL RI	EGISTRA	K OF	VITAL STAT

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. Coulors and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that clerks and local registrars are authorized to make certifications from copies of the original record by the Department of Public Health, local registrar or county clerk shall be prima facile evidence of the factorism and the contraction of a death record by the Department of Public Health, local registrar or county clerk shall be prima facile evidence of the factorism and the contraction of the contraction of the contraction of the death record by the Department of Public Health, local registrar or county clerk shall be prima facile evidence of the factorism and the contraction of the co therein stated.