

UNOFFICIAL COPY

DECEASED JOINT TENANCY
AFFIDAVIT



Doc#: 0703057000 Fee: \$26.00
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 01/30/2007 07:26 AM Pg: 1 of 2

STATE OF ILLINOIS)
) ss.
COUNTY OF COOK)

IRENE BOGUSZ, a widow,
being duly sworn states that she
resides at 7047 West Summerdale
Avenue, Chicago, Illinois 60656.

That she was acquainted
with JOHN BOGUSZ, deceased, who
at the time of his death, was one of
the owners of the land in Cook
County, Illinois, described as:

Above Space for Recorder's Use Only

LOT 19 IN BLOCK 9 IN MC COLLUM AND KRUGGEL'S ADDITION TO NORWOOD PARK IN THE NORTH WEST 1/4 OF SECTION 7, TOWNSHIP 40 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Real Estate Index Number: 13-07-123-004-0000

Address of Real Estate: 7047 West Summerdale Avenue, Chicago, Illinois 60656

That the deceased died September 15, 1995, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

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 _____ 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, about _____.

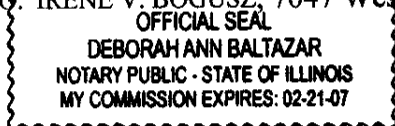
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of _____ dollars.

Subscribed and sworn to before me
this December 4, 2006.

Notary Public

IRENE BOGUSZ, Affiant

RETURN TO: IRENE V. BOGUSZ, 7047 West Summerdale Avenue, Chicago, Illinois 60656



UNOFFICIAL COPY
 I HEREBY CERTIFY that the foregoing is a true and correct copy of the death record for the decedent in item 1 and that this record was established and filed in my office in accordance with the provisions of Illinois statutes relating to the registrar of birth, stillbirth and death.

Date: **SEP 18 1995** Signed: *Nadine McCurry*
 At Cook County Department of Public Health Official Title Deputy Registrar
 1010 Lake Street Suite 300 Oak Park, Illinois 60301

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

REGISTRATION NUMBER	16.0	STATE FILE NUMBER	
REGISTERED NUMBER		DECEASED-NAME	JOHN BOGUSZ
DECEASED-NAME	JOHN BOGUSZ	SEX	MALE
COUNTY OF DEATH	COOK	DATE OF BIRTH	OCTOBER 5, 1914
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	PARK RIDGE	DATE OF DEATH	SEPTEMBER 15, 1995
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	POLAND	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	LUTHERAN GENERAL HOSPITAL
SOCIAL SECURITY NUMBER	333 26 9419	NAME OF SURVIVING SPOUSE (MARRIAGE NAME, IF WIFE)	IRENE LEWANDOWSKI
RESIDENCE (STREET AND NUMBER)	7047 WEST SUMMERDALE	KIND OF BUSINESS OR INDUSTRY	ACCURATE THREADED FASTENERS
STATE	ILLINOIS	EDUCATION (SPECIFY HIGHEST GRADE COMPLETED)	UNAVAILABLE
FATHER-NAME	STANLEY BOGUSZ	NSI (YES/NO)	YES
INFORMANT'S NAME (TYPE OR PRINT)	ANDREA ARAUJO	DATE OF BIRTH	
RELATIONSHIP	DAUGHTER	RELATIONSHIP	DAUGHTER
17b. HOSP. RECD. 1775 DEMPSTER PARK RIDGE, ILLINOIS		17c. YES	
18. PART I. Enter the diseases or complications that caused the death. Do not enter a "cause" of death, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.	(a) Acute myocardial infarction (b) Coronary artery disease (c) Generalized atherosclerosis	19a. YES/NO	19b. YES/NO
19a. YES/NO	NO	19b. YES/NO	NO
20a. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Dependent diabetes mellitus, uremia, Parkinson's disease	20c. YES/NO	NO
20b. DATE OF OPERATION (IF ANY)	9-15-95	20c. YES/NO	NO
21a. TO THE BEST OF ANY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		21c. DATE SIGNED	10:20 AM
21b. I (D.D.) (D.D.) ATTEND THE DECEASED AND FAST SAW HIM/HER ALIVE ON	9-15-95	21d. DATE SIGNED	9-16-95
22a. SIGNATURE OF CERTIFIER	<i>Andrea Araujo</i>	22d. ILLINOIS LICENSE NUMBER	36-59157
22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)	Stuart Osborn, M.D. 1775 Ballard Rd, Park Ridge, IL 60068	NOTE: IF AN INQUIRY WAS INCORPORATED IN THIS DEATH THE COMMENT ON MEDICAL EXAMINER MUST BE NOTED.	
23. NAME OF ATTENDING PHYSICIAN - OTHER THAN CERTIFIER (TYPE OR PRINT)		24c. CITY OR TOWN	ILLINOIS
BURIAL (CREMATION, REMOVAL (SPECIFY))		24d. STATE	ILLINOIS
24a. BURIAL	24b. MARYHILL CEMETERY	24e. CITY OR TOWN	ILLINOIS
FUNERAL HOME	CUMBERLAND CHAPELS	24f. STATE	ILLINOIS
25a. FUNERAL DIRECTOR'S SIGNATURE	<i>James A. Martin</i>	25c. DATE (MONTH, DAY, YEAR)	SEPTEMBER 18, 1995
25b. LOCAL REGISTRAR'S SIGNATURE	<i>Karen L. Scott, M.D.</i>	25d. DATE (MONTH, DAY, YEAR)	SEPTEMBER 18, 1995
26a. REGISTRAR		25e. DATE FILED AT LOCAL REGISTRAR (MONTH, DAY, YEAR)	Sept 18, 1995
26b. REGISTRAR		25f. DATE FILED AT LOCAL REGISTRAR (MONTH, DAY, YEAR)	Sept 18, 1995

Illinois Department of Public Health—Division of Vital Records
 IPR200 (Rev. 5/89) BASED ON 1989 U.S. STANDARD CERTIFICATE