

# UNOFFICIAL COPY

## JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS        )  
  ) ss.  
COUNTY OF COOK        )



Doc#: 0708608002 Fee: \$26.50  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 03/27/2007 10:43 AM Pg: 1 of 2

**Helena Burkot**, hereinafter referred to as the affiant deposes and states that the affiant resides at 9108 Del Prado Drive in the City of **Palos Hills**, State of **Illinois**.

That the decedent **Bronislaw Burkot** at time of his death was one of the owners of the property in Cook County, Illinois, legally described as follows:

**UNIT 9108-2E IN LAS FUENTES CONDOMINIUM AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE:  
CERTAIN LOTS IN LAS FUENTES OF LOS PALOS, BEING A SUBDIVISION OF PART OF THE NORTH 1/2 OF THE NORTHWEST 1/4 OF THE NORTH EAST 1/4 OF SECTION 10, TOWNSHIP 37 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS WHICH SURVEY IS ATTACHED AS EXHIBIT "B" TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT 89615776 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN COMMON ELEMENTS.**

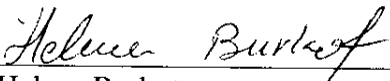
PIN #                        **23-10-209-013-1077**  
Property Address:       **9108 Del Prado Drive, #2E, Palos Hills, IL 60465**

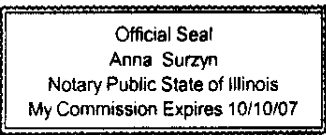
That said decedent **Bronislaw Burkot** died on **September 5, 2003** leaving no last will and testament;

That the total value of the estate of said decedent including his taxable interest in the above real estate is \$100,000.00.

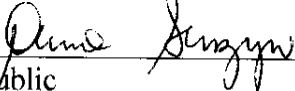
That the Illinois Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full.

That affiant was co-owner of the above-described property and surviving joint tenant to said property.

  
\_\_\_\_\_  
Helena Burkot



SUBSCRIBED AND SWORN TO before me this 19<sup>th</sup> day of March, 2007 a Notary Public in and for said State and County.

  
\_\_\_\_\_  
Notary Public

Mail to :Alicja G. Plonka, Esq.  
4111 W. 47<sup>th</sup> Street  
Chicago, IL 60632

This instrument prepared by: Alicja G. Plonka, Esq.  
4111 W. 47<sup>th</sup> Street  
Chicago, IL 60632

STATE OF ILLINOIS DAVID ORR, County Clerk  
County of Cook

SEP 08 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

PERMANENT CERTIFICATE  
 TEMPORARY CERTIFICATE

REGISTRATION DISTRICT NO. **16.0**  
REGISTERED NUMBER: **0995903**

STATE OF ILLINOIS  
MEDICAL EXAMINER'S - CORONER'S  
CERTIFICATE OF DEATH

STATE FILE NUMBER

Type of Print in Permanent Ink See Coroners or Funeral Directors Handbook for INSTRUCTIONS

DECEASED-NAME: **BRONISLAW** FIRST **HELENA** MIDDLE **BURKOT** LAST **MALE** SEX  
1. COUNTY OF DEATH: **Cook**  
4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **Palos Hills**  
5a. AGE LAST BIRTHDAY (YRS): **63**  
5b. UNDER 1 YEAR: **0** MONTHS **0** DAYS  
5c. UNDER 1 DAY: **0** HOURS **0** MIN  
5d. DATE OF BIRTH (MONTH, DAY, YEAR): **3 9.5.40**  
6a. PHOS **HELLS** 6b. **9108** 6c. **DEL PRADO**  
6d. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER):  
7. POLAND 7a. MARRIED NEVER MARRIED WIDOWED DIVORCED (SPECIFY): **8a. Married**  
8. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE): **Helena Strzypek**  
9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO): **NO**

A. DECEASED  
B. SOCIAL SECURITY NUMBER: **10-352-52-7404**  
C. RESIDENCE (STREET AND NUMBER): **13a. 9108 Del Prado Dr. Unit 2E** CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **13b. Palos Hills**  
D. STATE: **Illinois** ZIP CODE: **13c. 60465** RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): **14. White**  
E. FATHER-NAME: **Bronislaw** FIRST **Burkot** LAST **Salomea** MOTHER-NAME: **Pranik** (MAIDEN) LAST

PARENTS  
15. INFORMANT'S NAME (TYPE OR PRINT): **Helena Burkot** RELATIONSHIP: **17a. Wife** MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE ZIP): **9108 Del Prado Dr., Palos Hills, IL**  
16. FATHER-NAME: **Bronislaw** FIRST **Burkot** LAST **Salomea** MOTHER-NAME: **Pranik** (MAIDEN) LAST

18. PART I. Immediate Cause (Final disease or condition resulting in death): **(a) CAROTID WOUND bc HEAD**  
19. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: **(b) DUE TO CRASH CONSEQUENCE OF**  
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

20a. NATURAL ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED (SPECIFY): **20a. SUICIDE** DATE OF INJURY (MONTH, DAY, YEAR): **9.5.03** HOUR: **2000 P.M.** HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN INJURY REPORT): **20b. Shot self in head**  
20b. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY): **20c. Home** LOCATION (CITY, VIL. OR TOWN, OR TWP., OR RD. DIST. NO., COUNTY, STATE): **20d. Palos Hills, Cook Co., IL**  
21. CORONER'S PHYSICIAN'S NAME (Type or Print): **E. M. Donagan, M.D.** DATE SIGNED: **9.5.03**  
22. DATE SIGNED: **9.6.03**  
23a. **KENDALL V. CROWNS, M.D.** DATE SIGNED: **9.6.03**

23b. DATE SIGNED: **11 00 P.M.**  
23c. DATE SIGNED: **9.6.03**  
24. BIRTHAL CREMATION, REMOVAL (SPECIFY): **Burial** CEMETERY OR CREMATORY-NAME: **Resurrection** LOCATION: **Justice** CITY OR TOWN: **IL** STATE: **IL** DATE: **24 Sept. 9, 2003**  
25a. FUNERAL HOME: **ZARZYCKI MANOR CHAPELS 5088 S. Archer Ave., Chicago** CITY OR TOWN: **IL** STATE: **IL** ZIP: **60632**  
25b. FUNERAL DIRECTOR'S SIGNATURE: **Charlaine Zarzycki** CITY OR TOWN: **IL** STATE: **IL** ZIP: **60632**

26a. LOCAL REGISTRAR'S SIGNATURE: **David Orr** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **SEP 08 2003**  
26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **SEP 08 2003**  
FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **034-010968**  
VH202 (Rev. 5/89) Illinois Department of Public Health—Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)