

UNOFFICIAL COPY



0712240171

Doc#: 0712240171 Fee: \$28.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 05/02/2007 04:15 PM Pg: 1 of 3

**Stewart Title of Illinois**  
**2 North LaSalle # 625**  
**Chicago, Illinois 60602**  
**312-849-4243**  
**STCIL** \_\_\_\_\_

**DECEASED JOINT**  
**TENANT**  
**AFFIDAVIT**

STEWART TITLE OF ILLINOIS  
2 N. LaSalle Street  
Suite 625  
Chicago, IL 60602  
312-849-4243

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2 N. LaSalle Street  
Suite 625  
Chicago, IL 60602  
312-849-4243

18-25-211-008

7332 S. Beloit Avenue  
Budgenez, IL 60455

LEGAL DESCRIPTION

EXHIBIT "A"

3R

File No.: 522849

Lot 5 in the West 73rd Street and South Beloit Avenue Resubdivision of Lot 2 in Block 9 in Frederick K. Bartlett's 71st Street Subdivision of the East 60 acres of the West 1/2 of the Northeast 1/4 of Section 25, Township 35 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

# UNOFFICIAL COPY

522849  
1/3

## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF

ss.

Order No. 522849

I, Florence Hrynko being duly sworn  
states that she resides at 7332 S. Beloit Avenue in the City  
of Bridgeview

That she was acquainted with Wasyl Hrynko  
Deceased who, at the time of his death, was one of the owners of the land in Cook  
County, Illinois, described as:  
See attached legal description.

That the deceased died 3/14/99, 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 \$150,000 dollars.

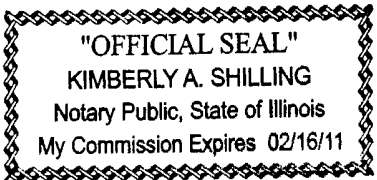
Affiant makes this affidavit for that purpose of inducing the Stewart Title to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

this 20<sup>th</sup> day of ~~July~~ March, A.D. 2007.

Kimberly A. Shilling  
Notary Public

Florence R. Hrynko  
(Affiant's Signature)  
Florence Hrynko



I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, still-

**UNOFFICIAL COPY**

Date March 16, 1999 Signed Nick Comatella  
At Cook County Department of Public Health Official Title Chief Deputy Registrar, 1010 Lake Street, Oak Park, Illinois 60301

**MEDICAL CERTIFICATE OF DEATH**

REGISTRATION DISTRICT NO. <u>12, 0</u>	REGISTERED NUMBER	DECEASED-NAME <u>WASYL</u>	FIRST	MIDDLE	LAST <u>HRYNKO</u>	SEX <u>MALE</u>	DATE OF BIRTH <u>May 15 1924</u>	DATE OF DEATH (MONTH, DAY, YEAR) <u>March 14, 1999</u>	NUMBER
COUNTY OF DEATH <u>COOK</u>	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <u>BUKARADIK</u>	AGE- LAST BIRTHDAY (MOS) <u>74</u>	UNDER 1 YEAR <u>0</u>	1 TO 5 YEARS <u>0</u>	6 TO 11 YEARS <u>0</u>	12 TO 17 YEARS <u>0</u>	18 TO 24 YEARS <u>0</u>	25 TO 64 YEARS <u>0</u>	65 YEARS AND OVER <u>0</u>
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <u>Ukraine</u>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Married</u>	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN BIRTH-ENVIRONMENT) <u>HAS BEEN HAD ST. CHARLES ST. BUKARADIK IL 60459</u>	NAME OF SURVIVING SPOUSE (MARRIAGE NAME IF WIFE) <u>Florence Balakievicz</u>	KIND OF BUSINESS OR INDUSTRY <u>116. Nabisco</u>	EDUCATION (HIGHEST GRADE COMPLETED) <u>12. 10</u>	IF HOSP. OR INST. INDICATE D.O.A. OPERATOR BY INSTRUMENT (SPECIFY) <u>WITNESSED</u>	WAS DECEASED EVER KILLS ARMED PERCEIVED (YES/NO) <u>9 N O</u>		
SOCIAL SECURITY NUMBER <u>1845-28-5329</u>	USUAL OCCUPATION <u>11a. Stockman</u>	CITY, TOWN, TWP. OR ROAD DISTRICT NO. <u>11a. Stockman</u>	11b. Nabisco	12. 10	13a. IL.	COUNTY <u>COOK</u>			
RESIDENCE (STREET AND NUMBER) <u>138332 S. Beloit</u>	CITY, TOWN, TWP. OR ROAD DISTRICT NO. <u>13b. Bridgvm.</u>	13b. Bridgvm.	14b. XIND <u>DYES</u>	15. IL.	16. COOK				
FATHER-NAME <u>Peter Hryuko</u>	14b. XIND <u>DYES</u>	15. IL.	MOTHER-NAME <u>Anna Schak</u>						
DECEASED'S NAME (TYPE OR PRINT) <u>MARY T. WASYL</u>	RELATIONSHIP <u>Wife</u>	17b. Address <u>17b. Address 17c. Bukaradik ST. 60459</u>	18. ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) <u>17b. Address 17c. Bukaradik ST. 60459</u>						
18. PART I. Immediate Cause (Final disease or condition resulting in death) <u>Heart Failure</u>	18. PART II. Enter the diseases, or complications that caused the death. Do not include mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Use only one cause on each line. <u>Due to, or as a consequence of Calcemic or Respiratory Failure due to ORAS consequence of</u>								
CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. <u>Calcemic or Respiratory Failure due to ORAS consequence of</u>									
DATE OF OPERATION, IF ANY <u>March 14, 1999</u>	MAJOR FINDINGS OF OPERATION <u>Calcemic or Respiratory Failure due to ORAS consequence of</u>	WAS OPERATOR OR MEDICAL EXAMINER (YES/NO) <u>NO</u>	AUTOPSY (YES/NO) <u>NO</u>	IF FEMALE, WAS THERE A PREGNANCY (YES/NO) <u>NO</u>	HOURS OF DEATH <u>5:43A M.</u>	DATE SIGNED <u>03/15/99</u>	ILLINOIS LICENSE NUMBER <u>036-0647974</u>		
22a. SIGNATURE <u>Nick Comatella</u>	TYPE OR PRINT <u>Nick Comatella</u>	22b. DATE SIGNED <u>03/15/99</u>							
22b. NAME AND ADDRESS OF CEITIFIER <u>Nick Comatella</u>	TYPE OR PRINT <u>Nick Comatella</u>	22c. DATE SIGNED <u>03/15/99</u>							
22c. NAME OF ATTESTING PHYSICIAN (IF OTHER THAN CEITIFIER) <u>Paul J. Kelly</u>	TYPE OR PRINT <u>Paul J. Kelly</u>	22d. DATE SIGNED <u>03/15/99</u>							
23. RITUAL CREMATION, REMOVAL, OR OTHER OPERATION <u>St. Mary</u>	CEMENTERY OR OPERATOR-NAME <u>St. Mary</u>	LOCATION <u>Evergreen Prk.</u>	CITY OR TOWN <u>Evergreen</u>	STATE <u>IL.</u>	DATE (MONTH, DAY, YEAR) <u>March 17 1999</u>				
24a. FUNERAL HOME <u>Rozdolsky</u>	NAME <u>Rozdolsky</u>	STREET AND NUMBER OR R.F.D. <u>8230 S. Harlem Bridgvm. IL. 60455</u>	CITY OR TOWN <u>Harlem</u>	STATE <u>IL.</u>	DATE (MONTH, DAY, YEAR) <u>March 17 1999</u>				
25a. FUNERAL DIRECTOR'S SIGNATURE <u>Nick Comatella</u>	TYPE OR PRINT <u>Nick Comatella</u>	25b. DATE SIGNED <u>03/16/99</u>							
25b. LOCAL REGISTRAR'S SIGNATURE <u>Nick Comatella</u>	TYPE OR PRINT <u>Nick Comatella</u>	25c. DATE SIGNED <u>03/16/99</u>							
26a. REGISTRAR <u>Nick Comatella</u>	26b. <u>March 16 1999</u>								