

UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
COUNTY OF _____)

SS.

File Number: _____

STANISLAWA BURDYN being duly sworn states that he/she resides at **5511 N. Nottingham, Chicago, IL 60656.**

That She was acquainted with STEFAN BURDYN (deceased) who, at the time of his/her death, was one of the owners of the land in COOK COUNTY, Illinois, commonly known as: **5511 N. Nottingham, Chicago, IL 60656** and legally described as follows:

LEGAL DESCRIPTION: LOT 21 IN BLOCK 1 IN OTO RUETER'S NORWOOD PARK ADDITION OF THE WEST 1/2 OF SECTION 7, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN: **13-07-103-053-0000**

That the deceased died on June 7, 2007, as evidenced by a certified copy of a death certificate of the deceased attached hereto.

CHECK ONE:

That the deceased died: Leaving no Last Will & Testament; or

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; or

Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois on or about _____.

That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually, in joint tenancy or tenancy by the entirety at the time of the death of the deceased, does not exceed the sum of \$50,000.00.

Stanislawa Burdyn
(Affiant's Signature)

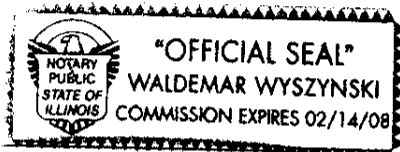
7-13-07
date



Doc#: 0719834105 Fee: \$46.00
Eugene "Gene" Moore F.H.P. Fee: \$10.00
Cook County Recorder of Deeds
Date: 07/17/2007 02:23 PM Pg: 1 of 2

Subscribed and sworn to before me by said Affiant this 13th day of July 2007.

Notary Public



MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 017884

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR) COUNTY OF DEATH AGE-LAST BIRTHDAY (MOS. DAYS HOURS MIN.) DATE OF BIRTH (MONTH, DAY, YEAR) CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATE D.O.A. (PREMER, RM, INFAPATIENT (SPECIFY))

6a. Chicago 6b. Resurrection Medical Center 6c. Emer Room 6d. 6e. 6f. 6g. 6h. Stanislaw Duga 6i. No 6j. 6k. 6l. 6m. 6n. 6o. 6p. 6q. 6r. 6s. 6t. 6u. 6v. 6w. 6x. 6y. 6z.

18. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. (a) ATERIO SCLEROTIC HEART DISEASE (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF

19. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION AUTOPSY (YES/NO) 19a. 19b. 19c. 19d. 19e. 19f. 19g. 19h. 19i. 19j. 19k. 19l. 19m. 19n. 19o. 19p. 19q. 19r. 19s. 19t. 19u. 19v. 19w. 19x. 19y. 19z.

20. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE STATED DUE TO THE CAUSE(S) STATED. 21. HOUR OF DEATH 22. ILLINOIS LICENSE NUMBER 23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 24. NAME OF SURVIVING SPOUSE (MADEN NAME, IF WIFE) 25. NAME OF BUSINESS OR INDUSTRY 26. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 27. INSIDE CITY (YES/NO) 28. COUNTY 29. MOTHER-NAME FIRST MIDDLE LAST 30. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 31. RELATIONSHIP 32. MOTHER-NAME FIRST MIDDLE LAST 33. MOTHER-NAME FIRST MIDDLE LAST 34. MOTHER-NAME FIRST MIDDLE LAST 35. MOTHER-NAME FIRST MIDDLE LAST 36. MOTHER-NAME FIRST MIDDLE LAST 37. MOTHER-NAME FIRST MIDDLE LAST 38. MOTHER-NAME FIRST MIDDLE LAST 39. MOTHER-NAME FIRST MIDDLE LAST 40. MOTHER-NAME FIRST MIDDLE LAST 41. MOTHER-NAME FIRST MIDDLE LAST 42. MOTHER-NAME FIRST MIDDLE LAST 43. MOTHER-NAME FIRST MIDDLE LAST 44. MOTHER-NAME FIRST MIDDLE LAST 45. MOTHER-NAME FIRST MIDDLE LAST 46. MOTHER-NAME FIRST MIDDLE LAST 47. MOTHER-NAME FIRST MIDDLE LAST 48. MOTHER-NAME FIRST MIDDLE LAST 49. MOTHER-NAME FIRST MIDDLE LAST 50. MOTHER-NAME FIRST MIDDLE LAST

21a. 21b. 21c. 21d. 21e. 21f. 21g. 21h. 21i. 21j. 21k. 21l. 21m. 21n. 21o. 21p. 21q. 21r. 21s. 21t. 21u. 21v. 21w. 21x. 21y. 21z. 22a. 22b. 22c. 22d. 22e. 22f. 22g. 22h. 22i. 22j. 22k. 22l. 22m. 22n. 22o. 22p. 22q. 22r. 22s. 22t. 22u. 22v. 22w. 22x. 22y. 22z. 23a. 23b. 23c. 23d. 23e. 23f. 23g. 23h. 23i. 23j. 23k. 23l. 23m. 23n. 23o. 23p. 23q. 23r. 23s. 23t. 23u. 23v. 23w. 23x. 23y. 23z. 24a. 24b. 24c. 24d. 24e. 24f. 24g. 24h. 24i. 24j. 24k. 24l. 24m. 24n. 24o. 24p. 24q. 24r. 24s. 24t. 24u. 24v. 24w. 24x. 24y. 24z. 25a. 25b. 25c. 25d. 25e. 25f. 25g. 25h. 25i. 25j. 25k. 25l. 25m. 25n. 25o. 25p. 25q. 25r. 25s. 25t. 25u. 25v. 25w. 25x. 25y. 25z. 26a. 26b. 26c. 26d. 26e. 26f. 26g. 26h. 26i. 26j. 26k. 26l. 26m. 26n. 26o. 26p. 26q. 26r. 26s. 26t. 26u. 26v. 26w. 26x. 26y. 26z.

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

JUN 11 2007

ERRY MASON M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN ORDINANCE OF SAID LAW AND ORDINANCES.



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.