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Doc#: 0722726004 Fee: \$30.00 Eugene "Gene" Moore RHSP Fee: \$10.00

Cook County Recorder of Deeds
Date: 08/15/2007 09:30 AM Pg: 1 of 4

Deceased Joint Tenancy Affidavit

Prepared by and return to: Julia Kocinski
401 J. North Ave., #1
Villa Pa K, IL 60181

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DECEASED JOINT TENANCY AND TENANCY BY THE ENTIRETY AFFIDAVIT

State of Illinois)
) SS.
County of DuPage)

Bozena Arct hereinafter called Affiant being duly sworn states that she resides at: 2521 Thatcher, #2C, River Grove, IL 60171. That Affiant was wife of Marek Arct, hereinafter rejerred to as Deceased, and at the time of Decedent's death, was one of the owners of the large in Cook County, Illinois, described as:

See attached for legal description.

That the Deceased died on February 19, 2007, as evidenced by a copy of Deceased's death certificate attached hereto.

That the Deceased, at the time of his death, held his share of the above-mentioned property as tenants by the entirety and that the Deceased died leaving no last will & testament.

That the total value of the estate of the Deceased, for estate tax purposes, 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 \$ 100

Affiant makes this affidavit for the purpose of any includual or corporation who may be harmed by the Affiant's lack of veracity.

Subscribed and sworn before me this ______ day of _______ 2007 .

OFFICIAL SEAL
AGNIESZKA STANKIEWICZ

NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:02/16/09

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Unit 2521-2C as delineated on the survey of the following described parcels of real estate:

Parcel 1: Lot 44 (except the East 191.32 feet thereof and also excepting the South 286.0 feet thereof) in Volk Brothers' Third Addition to Chicago Home Gardens, a Subdivision in the West 1 of the Southeast 1 of Section 26, Township 40 North, Range 12 East of the Third Principal Meridian, in Cook County, Illinois,

Ar.a

Parc 1 2: The North 86.0 feet of the South 286.0 feet of Lot 44 (excepting therefrom the East 191.32 feet thereof) in Volk Brothers' Third Addition to Chicago Home Gardens, in Section 26, Township 40 North, Range 12 East of the Third Principal Meridian, in Cook County, Illinois,

which survey is a reached as Exhibit "A" to Declaration of Condominium Ownership and of Easements, Restrictions and Covenants and By-Laws for Thatcher Woods Condominiums (hereinafter called "Declaration) made by Glenview State Bank, restee under Trust Agreement dated April 25, 1979, and known as Trust No. 2000, registered in the Office of the Registrar of Titles of Cook County, Illimois, as Document Number LR3126229 together with an undivided 1 2147 % interest in said parcels of real estate, excepting from said parcels the Units defined and set forth in said Declaration and survey.

UNOFFICIAL COPY

Certified Copy of a Death Record

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 16	9.2		STATE O	F ILLINOIS			STATE	
	REGISTERED NUMBER / 0	87 N	MEDICAL	CERTIF	FICATE	OF DE	ATH	NUMBE	R
Type or Print in PERMANENT INK	DECEASED-NAME	FIRST	MIDDLE	LAS	ST	SEX	DATE	DEDEATH	
See Funeral Directors, Hospital, or Physicians	1. COUNTY OF DEATH	MAREK	В.	· AR	СТ	2. MALE	j j		ONTH, DAY, YEAR)
Handbook for INSTRUCTIONS			AGE-LAST BIRTHDAY (YR	UNDER 1 YE	AR UNDER 1		BIRTH (MC	EBRUAI	RY 19,200
	4. COOK CITY, TOWN, TWP, OR HO	AD DISTRICT NUMBER	5a. 51	5b	150	min.		3 6 305	
	•			OTHER INSTITUTI	ON-NAME (IF NOT IN	EITHER, GIVE STR	EET AND NUM		SP, ORJNST, INDICATE D IER. RM, INPATIENT (SPE
	6a. PROVISO	TOWNSHIP	leb. FOST	ו באמיו	MCGAW H	OCDTTA:	г	OP/EM	ER. RM, INPATIENT (SPE [NPATIENT
UEUEASED	FORF IN COUNTRY) 7. PCLAND	WIDOWED	NEVER MARRIED, DIVORCED (SPECIFY, ARRIED	NAMEOFS	URVIVING SPOUS	E (MAIDEN NAME	IF WIFE)	100.	WAS DECEASED EV
	SOCIAL SECTIRITY NUMBER		CUPATION		ENA NEE W				9.NO
C	10. 328-94-659	5 Jun CT	the district		SINESS OR INDUS		TION (SPEC	OFY ONLY HIGHES	T GRADE COMPLETED)
D F	RESIDENCE STREET AND N	UMBER)	Icn	TOWN TWO	OR ROAD DISTRI	142			ilege (1-4 or 5+) 4
E	_{13а.} 2521 ТЪДТ	CHER # 2	2 C	RIVER G	ROVE	CT NO.	INSIDE CIT	Y COUN	TY
S	STATE	PCODE	RACE (WHITE, BLACK,	J		10010	13c. YE	S 13d.	COOK
	3e. ILLINOIS	1131, 60171	INDIAN, etc.) (SPECIFY) 14a. WHI			IGINY (SPECIFYN	O OR YES-IFY	ES, SPECIFY CUBA	N, MEXICAN, PUERTO RIC
PARENTS	ATHER-NAME FIRST	T NOTE	LAST		14b. XXNO MOTHER-NAME	☐ YES	SPECIFY		
	5. ZBIG	NIEW ARCT		ı		FIRST	MIDDLE		(MAIDEN) LAST
110	FORMANT'S NAME (TYPE	ORPRINT)		RELATIONSHIP	16. MAILING AT	RIA PR	ZYBYT	EK	
<i></i>	7a. BOZENA	ARCT		17b WIFE					WN.STATE, ZIP) 60
2 1	8. PARTI,	Enter the diseases, or c shock, or heart fallure.	omplice or a that caused	the death. Do not e	enter the mode of the	TITAL CI	EK-2 (C-KIVER	GROVE, IL
3	Immediate Cause (Final disease or condition	Should theat failure.	List only the cause on	each line.		my, such as card	ac or respirat	lory arrest,	APPROXIMATE INTERVA BETWEEN ONSET AND DE
	resulting in death)	(a) VEN	TRICULAR	FIRRL	LATION	,			
······································	ONDITIONS, IF ANY	DUE TO, OR AS A	CONSEQUENCE OF			<u>' </u>			
W	HICH GIVE RISE TO IMEDIATE CAUSE (a)	1 _3~/		().				İ	
Si	ATING THE UNDERLYING	3 DUE TO, ORAS A	CONSEQUENCE OF	77)x					
	AUSE LAST.	(c)	PA was and defrance						
5	ARTII, Other significant condition			ause givenin - ART I.			AUTOPS		OPSYFINDINGS AVAILABLE PR
N	TE OF OPERATION, IF ANY		NGS OF OPERATION		<u>C</u> 2		(YES/NO) 19a.NJC	COMPLET	ION OF CAUSE OF DEATH? (YES
P 206			* ** ***		10.		IFF	FEMALE, WAS THE REE MONTHS?	RE A PREGNANCY IN PAS
I(O)	D) (DID NOT) ATTEND THE	20b. DECEASED (MONT	H, DAY, YEAR)				20	c. YEST	NO I
21a	S CUO I SWAM WINNIHEH BEIN	EON.I.	2007		WAS EXA	COHONER OR M	MEDICAL I	HOUR OF DEAT	н
TO	THE BEST OF MY KNOWLE	DOE DEATH OCCURR	EDAZTHETIME/DATE	ANDRIAGE	21b.	10		21c. 9:4	ا حر ال
CERTIFIER. 22a	. SIGNATURE >		1	AND PLACE AND	DUE TO THE CAU	SE(S) ST/ (ED.	C	ATE SIGNED	(MONTH, DAY, YEAR
NAM	E AND ADDRESS OF CERT	TIFIER (TYPEORP	RINT) 24.50					2b. 2/20	
_22c	. ARVINDS	UPENDOAN	M () 2160	SOUTH F	IRST AV	ENUE	li	LINOIS LICENS	ENUMBER
NAM	E OF ATTENDING PHYSIC	URENID RAN IANIFOTHER THANCE	RTIFIER (TYPEO	DD, TLL	INOIS 6	0153		21.125-	047645
· \ 23.				,	•	, '	DI	OTE: IF AN INJURY	WAS INVOLVED IN THIS ER OR MEDICAL EXAMIN
BUR	IAL, CREMATION, OVAL (SPECIFY)	CEMETERYOR CREM	MATORY-NAME	LOCATI	ON CITYO	RTOWN 5	1 100	UST BE NOTIFIED.	
_24a.	CREMATION	24b. MONARCH	CREMATORTI	i			TATE	l l	(MONTH, DAY, YEAR)
DISPOSITION	RAL HOME	NAME	STREET AND N	I IMBER OR DED	RANKLIN F			24d. F	EB.23,200
25a.	COLONIAL WOT	E IECHOWSKI	FUNERAL HO	ME-6250	N. MTT.WAL	KFF_CUT	77.00 7	SIAIE	ZIP
	HALUIHEUTOR'S SIGNAT	URE	E	WARD J.M	ADURA, JR	FUNERAL	DIBECTOR'S	ILLINOIS LICENSE	60646
25b.	I DESCRIPTION			•		·	034-1		NUMBER
سنسن ا	L REGISTRAR'S STONATUI	D .	0	DOONDUIEN		25c.		REGISTRAR (MONT	
ERY CERTIES -	A the state and the state of th	s. I u	<u> </u>	DIVONDAIFAA	ILLINOIS 601				
TO CENTIFY THE	T the foregoing	is a true and c	orrect copy of	the death re	cord for th	1200.7	ww	vajo-	1200)
was established and	ined in my office	in accordance	with the provisi	ons of the	Ilynois Vital	e decedent Records A	named i	at Item), .	and that this
RBY CERTIFY TIL, was established and	_ *							~	
was established and	FER 2	3 2007		\mathcal{U}		/),	/	1	•
P.D.O. A. T. T.	FEB 2 3	3 2007	SIGNI	\mathcal{V}_{l}	rob-	Dire	n G		•

he original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County lerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the ertification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facle evidence of the facts