

UNOFFICIAL COPY



Doc#: 0724840099 Fee: \$28.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 09/05/2007 12:35 PM Pg: 1 of 3

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

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

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

LOT TWELVE AND LOT THIRTEEN IN BLOCK FIVE, IN GREENWOOD PARK, A SUBDIVISION OF THE NORTH WEST QUARTER OF THE SOUTH WEST QUARTER (EXCEPT THE CHICAGO AND GRAND TRUNK RAILROAD, RIGHT OF WAY) OF SECTION 13, TOWNSHIP 37 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN. IN COOK COUNTY, ILLINOIS

24-13-304-047

34c

10830 South Troy Street

Chicago, IL 60655

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

538711

AFFIDAVIT RE-DECEASED JOINT TENANT  
**UNOFFICIAL COPY**

STC 538711 1/3

STATE OF ILLINOIS  
COUNTY OF COOK

} SS RE: YOUR ORDER NO. 538711

Suzanne Enchus, being duly sworn and for the purpose of inducing

Stewart Title to issue the subject policy covering the hereinafter-described land, state:

1. That she resides at 10830 S. Troy St., Chicago, Illinois;
2. That she was acquainted with Martha E. Enchus (her mother), who died on 2/25/87;

as evidenced by the attached certified copy of death certificate;

3. That said decedent was one of the owners of land described:

- in the subject order number;
- in the following legal description;

4. That said decedent died:

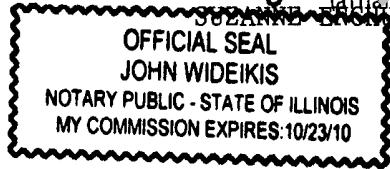
- leaving no last will and testament;
- leaving a last will and testament, a copy of which is attached;

5. That the total value of the estate of said decedent for State of Illinois inheritance tax and Federal estate tax purposes does not exceed \$ 50,000.00.

Subscribed and sworn to before

me by the said Suzanne Enchus affiant  
this 28<sup>th</sup> day of August, 2007.

Suzanne Enchus  
(affiant's signature)



John Wideikis  
Notary Public

DOCUMENT PREPARED BY: J.R. WIDEIKIS, 6446 W. 127th St., Palos Heights, IL 60463

MAIL RECORDED DOCUMENT TO: J. WIDEIKIS 6446 w. 127th St., Palos Heights, IL 60463

# UNOFFICIAL COPY

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item I 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, stillbirths and deaths.

DATE FEB. 27, 1987

SIGNED *Lolita Maxwell*

At Cook County, Department of Public Health Official Title Chief Deputy Registrar  
1500 S. Maybrook Drive, Maywood, Illinois 60153

REGISTRATION DISTRICT NO. 16-D  
REGISTERED NUMBER

STATE OF ILLINOIS  
**MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER

DECEASED - NAME MARIA ENCHUS SEX FEMALE DATE OF DEATH - (MONTH, DAY, YEAR) FEBRUARY 25, 1987

1. RACE - (WHITE, BLACK, AMERICAN INDIAN, ETC.) WHITE 4A. ETHNICITY ITHUANIAN 5A. BIRTHDAY (MO, DAY, YEAR) 71 5B. UNDER 1 YEAR NO 5C. UNDER 1 DAY NO 6. DATE OF BIRTH - (MO, DAY, YEAR) MARCH 4, 1915 7A. COUNTY OF DEATH COOK 7B. IF HOSP OR INST. INDICATE DOA OPERM, RM, INPATIENT (SPECIFY) INPATIENT

7C. CITY, TOWN, TWP OR ROAD DISTRICT NUMBER OAK LAWN 7D. HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) CHRIST HOSPITAL 11. NAME OF SURVIVING SPOUSE - (MAIDEN NAME, IF WIFE) TONY ENCHUS

8. STATE OF BIRTH - (IF NOT U.S.A. NAME COUNTRY) ILLINOIS 9. CITIZEN OF WHAT COUNTRY U. S. A. 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED 11. TONY ENCHUS

12. SOCIAL SECURITY NUMBER 318-07-7894 A 13A. USUAL OCCUPATION R. N. 13B. MARY MARY HOSPITAL 13C. WAS DECEASED EVER IN U.S. ARMED FORCES? YES / NO NO 13D. WAR OR DATES OF SERVICE

14A. RESIDENCE STREET AND NUMBER 10830 S. TROY STREET 14B. CITY, TOWN, TWP OR ROAD DISTRICT NO. CHICAGO 14C. INSIDE CITY YES 14D. COUNTY COOK 14E. STATE ILLINOIS

15. FATHER - NAME MIKE MCKUNIS 16. MOTHER - MAIDEN NAME MARY RACINE

17. INFORMANT NAME (TYPE OR PRINT) ELAYNE KOERNER 17A. RELATIONSHIP NURSING SUPERVISOR 17B. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 4440 WEST 95th ST., OAK LAWN, IL 60453

18. DEATH WAS CAUSED BY: CARDIORESPIRATORY FAILURE IMMEDIATE CAUSE MYOINFARCTION 19. DEATH WAS CAUSED BY: HEART FAILURE INTERMEDIATE CAUSE MYOINFARCTION 20. DEATH WAS CAUSED BY: HEART FAILURE LYNING CAUSE LAST. MYOINFARCTION

21. CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. HEART FAILURE (B) MYOINFARCTION (C) HEART FAILURE (D) MYOINFARCTION (E) HEART FAILURE

22. OTHER SIGNIFICANT CONDITIONS, CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A) HEART FAILURE (B) MYOINFARCTION (C) HEART FAILURE (D) MYOINFARCTION (E) HEART FAILURE

23. DATE OF OPERATION, IF ANY 2-25-1987 MAJOR FINDINGS OR OPERATION MYOINFARCTION

24. (DD) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 2-25-1987 25. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, PLACE AND DUE TO THE CAUSE(S) STATED. NO 26. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? YES / NO NO 27. HOUR OR DEATH 6:50 P. M.

28. SIGNATURE *M. SHAW M.D.* (TYPE OR PRINT) 29. NAME AND ADDRESS OF CERTIFIER M. SHAW M.D. 9127 S. WESTVIEW CHICAGO 30. ILLINOIS LICENSE NUMBER 036-049671

31. NAME (IF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER) (TYPE OR PRINT)

32. BURIAL, CREMATION, REMOVAL (SPECIFY) CHapel Hill Gardens S. WORTH, ILLINOIS 33. FUNERAL HOME Andrew J. McGann & Son Funeral Home, 10727 S. Pulaski Rd., Chicago, IL 60655 34. DATE (MONTH, DAY, YEAR) FEB. 28, 1987 35. FUNERAL DIRECTOR'S SIGNATURE *Andrew J. McGann* 36. LOCAL REGISTRAR KAREN SCOTT, M.D. 37. REGISTRAR *Karen Scott* 38. DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) FEBRUARY 27, 1987 39. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 5959