



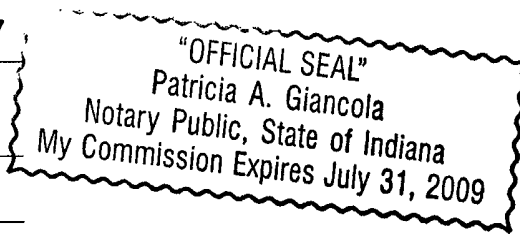
# UNOFFICIAL COPY

## JOINT TENANCY AFFIDAVIT (continued)

Subscribed and sworn to before me this

20<sup>th</sup> day of September, 2007,  
(Month) (Year)

Patricia A. Giancola  
(Notary Public)



My commission expires: \_\_\_\_\_

**Note:** If the decedent left a will, a certified copy thereof must be presented to ATG for inspection, along with a certified copy of the death certificate and evidence of payment of death taxes, if any.

This instrument prepared by:  
W. Lee Newell, Jr  
134 Pulaski Road  
Calumet City, Illinois 60409,

Return to:  
W. Lee Newell, Jr  
134 Pulaski Road  
Calumet City, Illinois 60409

Property of Cook County Clerk's Office

# UNOFFICIAL COPY

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death and 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, stillbirths, and deaths.

DATE January 16, 1996  
 At Cook County Dept. of Public Health  
 1010 Lake Street  
 Oak Park, IL 60301

SIGNED Josefina Danek  
 Official Title Chief Deputy Registrar

## MEDICAL CERTIFICATE OF DEATH

REGISTERED NUMBER		DECEASED NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH
		Mary E. Olszewski					Female	January 13, 1996
COUNTRY OF DEATH		COUNTY		CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		AGE LAST BIRTHDAY		DATE OF BIRTH
Cook		Cook		Lansing		54 67		December 5, 1928
6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		7. LANGUAGES		8a. MARRIAGE STATUS		8b. NAME OF SURVIVING SPOUSE		IF HUSBAND OR INST. INDICATE DOA OR EMER. RIM, INPATIENT (SPECIFY)
Lansing, MI		English, Polish		Married		Julius J. Olszewski		Residence
10. SOCIAL SECURITY NUMBER		11a. RESIDENCE (STREET AND NUMBER)		11b. KIND OF BUSINESS OR INDUSTRY		11c. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)		9. WAS DECEASED A VETERAN (YES/NO)
306-24-8702		11a Homemaker		Own Home		8		NO
13a. STATE		13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO.		13c. INSIDE CITY (YES/NO)		13d. COUNTY		
Illinois		Lansing		Yes		Cook		
13e. FATHER NAME		13f. MOTHER NAME		13g. OTHER NAME		13h. SPECIFY		
Aloysious Moeller		Mathilda Teutemacher						
15. INFORMANT NAME (TYPE OR PRINT)		16. RELATIONS		17. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)		18. PART I		
Julius Olszewski		Husband		2606 178th St. Lansing, IL 60438		Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Stroke, or heart failure. List only one cause on each line.		
						(a) <u>Chronic coronary Heart Failure</u> (b) <u>Severe Myocardial Ischemia</u> (c) <u>Chronic obstructive Pulmonary Disease</u>		
18. PART II		DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO)		WHERE AUTOPSY PERFORMED (CITY AND STATE)
						NO		
20a. (DD) (MM) (YY) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		20b. (MONTH DAY YEAR)		20c. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		20d. HOUR OF DEATH		20e. DATE SIGNED (MONTH DAY YEAR)
		January 13, 1996		NO		8:45 A.M.		January 15, 1996
21a. I O THE H.S. (I) MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED		21b. YGS		21c. ILLINOIS LICENSE NUMBER		21d. DATE SIGNED (MONTH DAY YEAR)		
		YES		46321		January 15, 1996		
22a. SIGNATURE OF CERTIFIER		22b. NAME (TYPE OR PRINT)		22c. ADDRESS		22d. CITY AND STATE		
<u>[Signature]</u>		A. Danek		1122 Columbia Ave. Munster, IN		IN		
22e. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)		22f. ADDRESS		22g. CITY AND STATE		22h. ILLINOIS LICENSE NUMBER		
						22d 01029887		
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		24a. CEMETERY OR CREMATORY NAME		24b. LOCATION		24c. CITY OR TOWN		24d. DATE (MONTH, DAY, YEAR)
Burial		Chapel Lawn Mem. Gardens		Schererville, IN		Lansing, IL		January 16, 1996
25a. FUNERAL HOME		25b. FUNERAL DIRECTOR'S SIGNATURE		25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		25d. DATE (MONTH, DAY, YEAR)		
Schroeder-Lauer Funeral Home 3227 Ridge Rd. Lansing, IL 60438		<u>[Signature]</u>		034-010640		January 16, 1996		
25e. LOCAL REGISTRAR'S SIGNATURE		25f. DATE (MONTH, DAY, YEAR)		25g. LOCAL REGISTRAR'S SIGNATURE		25h. DATE (MONTH, DAY, YEAR)		
<u>[Signature]</u>		January 16, 1996		<u>[Signature]</u>		January 16, 1996		