

UNOFFICIAL COPY

STATE OF ILLINOIS)
)SS.
COUNTY OF COOK)



Doc#: 0729034072 Fee: \$26.00
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 10/17/2007 11:04 AM Pg: 1 of 2

JOINT TENANCY AFFIDAVIT

Thaddeus C. Koziol, hereby referred to as the affiant, states under oath that the affiant resides at 4530 N. Merrimac, in the City of Chicago, Illinois; that the affiant was acquainted with **Janet J. Koziol, the decedent;** that at the time of death, the decedent was one of the owners of the property, by virtue of a properly recorded joint tenancy warranty deed, said property, located in Cook County, Illinois, and legally described as follows:

The South Half (1/2) of Lot One Hundred Ten (110) in Heafield's Lawrence Avenue Terminal Gardens Subdivision in the North West Quarter (1/4) of Section 17, Township 40 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

Address of Property: 4530 N. Merrimac, Chicago, IL 60630
P.I.N. 13-17-110-045-0000

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

That the decedent died on May 23, 1007, as evidenced by a certified copy of her death certificate attached hereto, leaving a last will and testament;

That the Illinois Estate Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full.

That the affiant makes this affidavit to induce Attorney' Title Guaranty Fund, Inc. to issue its policy of title insurance on the above described property.

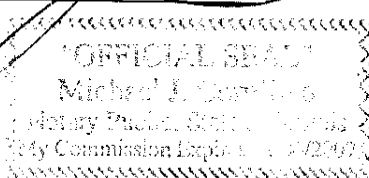
The affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold Attorneys' Title Guaranty Fund, Inc. harmless and to reimburse The Fund for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature which The Fund may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

1. Claims against the estate of **JANET J. KOZIOL, the decedent;**
2. Illinois Estate Inheritance Tax and Federal Estate Tax which may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.

Thaddeus C. Koziol
THADDEUS C. KOZIOL

Subscribed & Sworn to before me this 10 day of OCTOBER, 2007

Michael J. Cornfield
Notary Public



Affidavit prepared by and return to:
Michael J. Cornfield
6153 N. Milwaukee Ave.
Chicago, IL 60646

STATE OF ILLINOIS
County of Cook

UNOFFICIAL COPY

DAVID ORR, County Clerk

MAY 24 2007

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

David Orr
COUNTY CLERK

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FILE NUMBER

DECEDENT'S BIRTH NO. _____
REGISTRATION DISTRICT NO. **16.0**
REGISTERED NUMBER _____

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

A DECEASED
B
C
D
E

PARENTS

CAUSE

CERTIFIER

DISPOSITION

1. DECEASED-NAME FIRST MIDDLE LAST Janet J. Koziol		SEX Female	DATE OF DEATH (MONTH, DAY, YEAR) 3 May 23, 2007
4. COUNTY OF DEATH Cook		AGE-LAST BIRTHDAY (YRS) MOS. DAYS 5a. 89	UNDER 1 YEAR UNDER 1 DAY HOURS MIN. 5b. 5c.
6a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Park Ridge		6b. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Lutheran General Hospital	
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Chicago, IL		8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Never	
10. SOCIAL SECURITY NUMBER 349-05-9021		11a. USUAL OCCUPATION Teacher	
13a. RESIDENCE (STREET AND NUMBER) 4530 N. Merrimac		13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago	
13e. STATE Illinois		13f. ZIP CODE 60630	
14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) White		14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
15. FATHER-NAME FIRST MIDDLE LAST Jan Koziol		16. MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST Antonina Partyka	
17a. INFORMANT'S NAME (TYPE OR PRINT) Thaddeus Koziol		17b. RELATIONSHIP Brother	
17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 4530 N Merrimac Chicago IL 60630		17d. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.			
Immediate Cause (Final disease or condition resulting in death) → (a) METASTATIC BREAST CANCER			
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) RESPIRATORY FAILURE			
(c) SEPSIS			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION	
21a. I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 5-18-07		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) Yes	
22a. SIGNATURE <i>Eugene Anochko</i>		22b. DATE SIGNED (MONTH, DAY, YEAR) 05/23/07	
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) EUGENIA ANOCHKOVA AND SOUY, W. LAWRENCE		22d. ILLINOIS LICENSE NUMBER 03662119	
24a. BURIAL, CREMATION, REMOVAL (SPECIFY) Entombment		24b. CEMETERY OR CREMATORY-NAME All Saints Polish	
24c. LOCATION CITY OR TOWN STATE Chicago, Illinois		24d. DATE (MONTH, DAY, YEAR) 5-25-2007	
25a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP Muzyka & Son Funeral Home 5776 W Lawrence Ave Chicago IL 60630			
25b. FUNERAL DIRECTOR'S SIGNATURE <i>David M Kulawski</i>		25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-014670	
26a. LOCAL REGISTRAR'S SIGNATURE <i>David Orr</i>		26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) MAY 24 2007	