



UNOFFICIAL COPY

CHICAGO TITLE INSURANCE COMPANY

85 W. ALGONQUIN RD ST 400, ARLINGTON HGTS, IL 60005

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS }
COUNTY OF } ss.

Order No.: 1409 008435247 AH

28016645
CTIC
1DF1

RAJKA RADOVANCEV

being duly sworn states that SHE resides at 1428 S. 60TH COURT, CICERO, IL. 60804
in the City of CICERO

That SHE was acquainted with MASHA RADOVANCEV deceased who, at the time of death,
was one of the owners of the land in COOK County, Illinois, described as:

"SEE ATTACHED"



Doc#: 0809335032 Fee: \$62.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 04/02/2008 09:01 AM Pg: 1 of 3

That the deceased died JUNE 4, 2001, as evidenced by a certified copy of death
certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will & Testament.
Leaving a Last Will & Testament a copy of which is attached hereto.
Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit
Court of County, Illinois about

34C

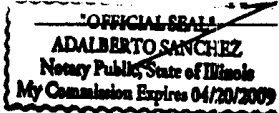
That the total value of the estate of the deceased, including both real and personal property owned by the deceased
either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of
dollars.

Affiant makes this affidavit for the purpose of inducing Chicago Title Insurance Company to issue its Title Insurance Policy,
describing the above mentioned property.

Subscribed and sworn to before me by the said

RAJKA RADOVANCEV (AFFIANT)

this 20 day of MARCH A.D. 2008



Notary Public signature

BOX 323-CTT

Rajka Radovanecv

(Affiant's Signature)

UNOFFICIAL COPY

STREET ADDRESS: 1428 S. 60TH COURT

CITY: CICERO

COUNTY: COOK

TAX NUMBER: 16-20-121-028-0000

LEGAL DESCRIPTION:

LOT 3 IN FRANCIS M. WOODSMALL'S SUBDIVISION OF LOT 3 IN BLOCK 11 IN MANDELL AND HYMAN'S SUBDIVISION OF THE EAST HALF OF THE NORTHWEST QUARTER AND THE WEST HALF OF THE NORTHEAST QUARTER OF SECTION 20 TOWNSHIP 39 NORTH RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office

UNOFFICIAL COPY

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD OF THE PERSON IN ITEM #1 AND THAT THIS RECORD WAS ESTABLISHED AND FILED IN MY OFFICE IN ACCORDANCE WITH THE PROVISIONS OF THE ILLINOIS STATUS RELATING TO THE REGISTRATION OF BIRTHS, STILL BIRTHS AND DEATHS.

DATE: JUN 5 2001

SIGNED: Marilyn Colpo

AT: CICERO, ILLINOIS

OFFICIAL TITLE: LOCAL REGISTRAR

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FILE NUMBER

REGISTRATION NO.	16.22		
REGISTERED NUMBER	85		
DECEASED-NAME	FIRST	MIDDLE	LAST
	MASHA		RADOVANCEV
1. COUNTY OF DEATH	COOK		
4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	CICERO		
6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	SERBIA		
7. SOCIAL SECURITY NUMBER	323-38-4485		
10. RESIDENCE (STREET AND NUMBER)	1428 S. 60TH COURT CICERO, ILLINOIS 60804		
13a. STATE	ZIP CODE	FACE (WHITE, BLACK, AMERICAN INDIAN, etc.)	13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO.
ILLINOIS	60804	WHITE	CICERO
13e. FATHER-NAME	FIRST	MIDDLE	LAST
	RADISLAV		RADOVANCEV
15. INFORMANT'S NAME (TYPE OR PRINT)	MRS. RAJKA RADOVANCEV		
17a. 18. PART I.	Immediate Cause (Final disease or condition resulting in death) RECTAL CANCER 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. (a) DUE TO, OR AS A CONSEQUENCE OF (b) WHICH GIVE RISE TO IMMEDIATE CAUSE (a) (c) STATING THE UNDERLYING CAUSE LAST. 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. IN A. OR FINDINGS OF OPERATION	20c. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	20d. HOUR OF DEATH
		NO	12:40 A.M.
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.	21b. DATE SIGNED: <u>JUNE 4, 2001</u> 21c. ILLINOIS LICENSE NUMBER: <u>36-96205</u>		
22a. SIGNATURE OF CERTIFIER (TYPE OR PRINT)	22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) MARY MULCAHY, M.D. 676 N. ST. CLAIR CHICAGO, ILLINOIS		
22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY-NAME	LOCATION	CITY OR TOWN
BURIAL	HOLY MOUNT FUNERAL SERVICE	3517 N. PULASKI ROAD	CHICAGO, ILLINOIS 60641
24a. FUNERAL HOME	STREET AND NUMBER OR R.F.D.	CITY OR TOWN	STATE
25a. FUNERAL DIRECTOR'S SIGNATURE	25b. LOCAL REGISTRAR'S SIGNATURE	25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	25d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
<i>Marilyn Colpo</i>	<i>Marilyn Colpo</i>	034-015303	6-5-01
26a.	(BASED ON 1989 U.S. STANDARD CERTIFICATE)		