

# UNOFFICIAL COPY



08170261

## AFFIDAVIT OF JOINT TENANCY

State of Illinois )  
County of Cook )

08170261

Sophie Lipka, being duly sworn, desposes and says:

8617/0088 52 001 Page 1 of 2  
1998-12-24 11:28:54  
Cook County Recorder 23.50

That she resides at 3824 W. Marquette Road, Chicago, Illinois 60629, County of Cook, State of Illinois.

That she owned the following described real estate in joint tenancy with her husband Peter Lipka, who died on February 13, 1992 (a certified copy of the death certificate is attached):

Lot 12 and 13 (except the East 16 feet of Lot 13) in Block 4 in Frederick H. Bartletts Subdivision of the South 40 rods of the East 100 rods of the North West quarter of Section 23, Township 38 North Range 13, East of the Third Principal Meridian (except the east 50 feet therefrom for railroad right of way), in Cook County, Illinois.

P.I.N.: 19-23-127-057-0000  
Address: 3824 W. Marquette Road, Chicago, IL 60629

That there was no probate of the deceased's estate.

That all legacies, debts, funeral expenses, inheritance, transfer and other taxes and administration expenses of the said estate have been paid.

That this affidavit is executed to establish sole title in the name of affiant, and for the purpose of inducing a title company to issue a title policy insuring that affiant is the sole owner of said real estate.

*Sophie Lipka*

Affiant's signature

Subscribed and sworn to before me  
this date of December 15, 1998.

*Jayne A. Hartley*  
Notary Public



Prepared by and return to:  
Jayne A. Hartley, P.C., 2100 Clearwater Dr. Suite 103, Oak Brook, Illinois 60523

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Certified Copy of a Death Record

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <b>16.92</b>		STATE OF ILLINOIS				STATE FILE NUMBER	
		REGISTERED NUMBER <b>223</b>		<b>MEDICAL CERTIFICATE OF DEATH</b>					
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS		1. DECEASED - NAME FIRST MIDDLE LAST <b>PETER LIPKA</b>			SEX <b>2. male</b>		DATE OF DEATH (MONTH, DAY, YEAR) <b>3. February 13, 1992</b>		
4. COUNTY OF DEATH <b>COOK</b>		AGE - LAST BIRTHDAY (YRS) 5a. <b>74</b>		UNDER 1 YEAR 5b. <b>74</b>		UNDER 1 DAY 5c. <b>74</b>		DATE OF BIRTH (MONTH, DAY, YEAR) <b>5d. October 29, 1917</b>	
6a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <b>PROVISO TOWNSHIP</b>		6b. HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>VETERANS ADM. HINES, IL 60141</b>				6c. IF HOSP. OR INST. INDICATE D.O.A. OP, EMEG, RM, INPATIENT (SPECIFY) <b>inpatient</b>			
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>Nanticoke, Pa</b>		8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>		8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <b>SOPHIE FITRZYK</b>			9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) <b>yes</b>		
10. SOCIAL SECURITY NUMBER <b>207 03 3006</b>		11a. USUAL OCCUPATION <b>Foreman mechanic</b>		11b. KIND OF BUSINESS OR INDUSTRY <b>Scrap Iron</b>		12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) <b>8</b> College (1-4 or 5+) <b>8</b>			
13a. RESIDENCE (STREET AND NUMBER) <b>3824 W Marquette</b>		13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. <b>Chicago</b>		13c. INSIDE CITY (YES/NO) <b>yes</b>		13d. COUNTY <b>Cook</b>			
14. STATE <b>IL</b>		14a. ZIP CODE <b>60647</b>		14b. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		14c. OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)			
15. FATHER - NAME FIRST MIDDLE LAST <b>Peter Lipka Sr</b>		16. MOTHER - NAME FIRST MIDDLE LAST (MAIDEN) LAST <b>Anna Kunkula Chureala</b>		17a. INFORMANT'S NAME (TYPE OR PRINT) <b>Ms. JoAnn Wooley Adm. Srv.</b>		17b. RELATIONSHIP <b>Hospital Record</b>			
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.						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
Immediate Cause (Final disease or condition resulting in death)		(a) <b>Respiratory Arrest,</b>						Unknown	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) <b>Secondary to Pulmonary Embolism.</b>						Unknown	
PART II		18a. Enter significant conditions contributing to death but not resulting in the underlying cause.						18b. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION				20c. AUTOPSY		20d. IF REMOVED, STATE THREE MONTHS?	
21a. (I DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/LER ALIVE ON <b>February 13, 1992</b>		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) <b>no</b>		21c. HOUR OF DEATH <b>2:08P</b>		21d. DATE SIGNED (MONTH, DAY, YEAR) <b>02-14-92</b>		21e. ILLINOIS LICENSE NUMBER <b>125 026 733</b>	
22a. SIGNATURE <b>[Signature]</b>		22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>VETERANS ADM. HINES, IL 60141</b>				22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>		24a. CEMETERY OR CREMATORY - NAME <b>Resurrection</b>		24b. LOCATION - CITY OR TOWN STATE <b>Justice, Illinois</b>		24c. DATE (MONTH, DAY, YEAR) <b>Feb. 18, 1992</b>		24d. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP <b>Egan Funeral Home, 3700 W. 63rd St., Chicago, Illinois 60629</b>	
25a. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>		25b. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034-009812</b>				25c. LOCAL REGISTRAR'S SIGNATURE <b>[Signature]</b>		25d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>February 14, 1992</b>	
26a. LOCAL REGISTRAR'S SIGNATURE <b>[Signature]</b>		26b. BROADVIEW, Illinois 60153				26c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>February 14, 1992</b>			

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE **FEB 14 1992** SIGNED **[Signature]**  
AT **BROADVIEW, IL 60153**, Illinois OFFICIAL TITLE Local Registrar of Vital Statistics

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

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