ADS DU 97 UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT

| STATE OF ILLINOIS (COUNTY OF <u>Cook</u>) ss. | File Number: <u>A08-0697</u> |
|--|---|
| UNIT 308, 730 Creekside Dr., Ht. Prospect, Il | being duly sworn states that he/she resides at |
| und sol, 150 Creeks net or, Mr. 110spect, IC | in the City of MI- Mospect, State of Illinois |
| That he/she was acquainted with Stanley | Wrol (deceased) |
| who, at the time of his/he, death, was one of the owners of the land in | Cook |
| UNIT 308, 730 Creek de, pt. Prospect, a See Legal 144 | and legally described in the attached legal description |
| See Legal Att | tachuseut |
| That the deceased died on Oct. 26, 2003, as evidence | ed by a certified copy of a death certificate of the deceased |
| That the deceased died on Oct. 26, 2003, as evidence attached hereto. | |
| CHECK ONE: | Doc#: 0819934005 Fee: \$62.00 |
| That the deceased died: Leaving no Last Will & Testament; or | Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 07/17/2008 08:29 AM Pg: 1 of 3 |
| ♦ Leaving a Last Will & Testament a copy of which is attached hereto. | The original of the unproven will should be filed with the |
| Clerk of the Probate Division of the Circuit Court of | |
| ♦ Leaving a Last Will & Testament which was filed in the Unproven W | |
| County, Illinois on or about | |
| That the total value of the estate of the deceased, including both real and p | personal property owned by the Jeceased either individualy |
| in joint tenancy or tenancy by the entirety at the time of the death of the de | eceased, does not exceed the sum of \$ |
| Affiant makes this affidavit for the purpose of inducingMarquis Title Con | opany to issue its Title Insurance Policy describing the |
| above mentioned property. | and, additioning the |
| Subscribed and sworn to defore me this/5 that of July of | 69 |
| (Affiant's Signature) No | otary Public |
| | |

*OFFICIAL SEAL
Martin Ptasinski
Notary Public, State of Illinois
Commission Expires 1/27/2012

1

0819934005 Page: 2 of 3

UNOFFICIAL COPY

PARCEL 1:

UNIT 308C AND THE EXCLUSIVE RIGHT TO THE USE OF PARKING SPACE P5-C AND STORAGE SPACE S50C LIMITED COMMON ELEMENTS IN CREEKSIDE AT OLD ORCHARD CONDOMINIUMS AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED PARCEL OF REAL ESTATE: PART OF LOTS 1 AND 2 IN OLD ORCHARD COUNTRY CLUB SUBDIVISION, BEING A SUBDIVISION OF PART OF THE NORTHWEST 1/4 OF SECTION 27 AND PART OF THE EAST 1/2 OF THE NORTHEAST 1/4 OF SECTION 28 BOTH IN TOWNSHIP 42 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN. IN COOK COUNTY, ILLINOIS; WHICH SURVEY IS ATTACHED AS EXHIBIT "A" TO THE DECLARATION OF CONDOMINIUM RECORDED APRIL 8, 1996 AS DOCUMENT NUMBER 96291584, AS AMENDED FROM TIME TO TIME, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS, IN COOK COUNTY, ILLINOIS,

PARCEL 2:

ME.
(CEL 2.
SEMENT FC.
:CLARATION Siz.

roperty Index Number:
)3-27-100-092-1128

Property Address:
730 Creekside Drive, Unit 308
Mount Prospect, IL 60056

Alliance Title Corporation 5523 N. Cumberland Ave., Ste. 1211 Chicago, IL 60656 (773) 556-2222

(A08-0697.PFD/A08-0697/19)

O819934005 Page: 3 of 3

County of Cook

COUNT

OCT 292003

I, barid Ort, 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 On

| DECEDENT'S BIRTH NO. | REGISTRATION DISTRICT NO. 16.0 STATE OF ILLINOIS | | | | | | STATE FILE | |
|---|--|--|--|---------------------------------|-------------------------------|---------------------------------------|--|--|
| | REGISTERED NUMBER | | MEDICAL C | ERTIFICAT | ΓE OF DEA | TH | NUMBER | |
| Type or Print in PERMANENT INK | DECEAS_O-NAME | FIRST | MIDDLE | LAST | SEX | DATE OF DE | ATH (MONTH, DAY, YEAR) | |
| See Funeral Directors, Hospital, or Physicians | | nley | | Krol | 2 Male | 3. Oct | ober 26, 2003 | |
| Handbook for | COUNTY OF DEATH | | AGE-LAST BIRTHDAY (YRS) | | NDER 1 DAY DATE | OF BIRTH (MONTH | DAY, YEAR) | |
| INSTRUCTIONS | 4. Cook | | 5a. 78 | 5b. 5c. | . 5d. O | ctober 15 | | |
| | CITY, TOWN, TWF, OF HO | 4 | R HOSPITAL OR OTH | HER INSTITUTION-NAMI | E (IF NOT IN EITHER, GIVE | STREET AND NUMBER | IF HOSP, OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY) | |
| A | 6a. Arlington BIRTHPLACE (CITY AND STA | | 6b. Northy NEVER MARRIED, | vest Commun: | ity Hospita | 1 | 6c. Inpatient | |
| DECEASED | FOREIGN COUNTRY) 7. | MIDOMET |), DIVORCED (SPECIFY) | | NG SPOUSE (MAIDEN | NAME, IF WIFE) | WAS DECEASED EVER IN U ARMED FORCES? (YES/NO) | |
| В | SOCIAL SECURITY NUMBE | B 8a Mar | ried CUPATION | 8b. Zofia KIND OF BUSINESS | Piontek | IOATION | 9. No | |
| C | | | | Crescent (| Cardboard elan | nentary/Secondary (| ONLY HIGHEST GRADE COMPLETED) -12) College (1-4 or 5+) | |
| D | 10. 360-32-619 RESIDENCE (STREET AND N | UMBER) | i¢f Inspecto Icπy. | TITE Company TOWN, TWP, OR ROAL | V 112. | INSIDE CITY | <u> </u> | |
| E | 13a. 730 Creek | gido De II | | | | (YES/NO) | COUNTY | |
| - / · · · · / / · · · · · · · · · · · · | STATE 750 CIEEK | side Dr. U ZIPCODE | RACE, WHITE, BLACK, A | Mt. Prospect | C.T. NIC ORIGIN? (SPECIFY) | 13c. Yes | 13d. COOK CIFY CUBAN,MEXICAN,PUERTO RICAN, 6 | |
| (| 13e.Illinois | 13f.60056 | INDIAN, 50) (SPECIFY) 14a. White | 14b. | X NO □YES | SPECIFY: | ON TOO DAIN MEXICAN, FOER TO BIOAN, E | |
| PARENTS | FATHER-NAME FIRS | T MIDDLE | | MOTHER | | MIDDLE | (MAIDEN) LAST | |
| | 15. Not Avai | lable | Krol | 16. He | elen | | Not Avaialble | |
| 2 | INFORMANT'S NAME (TY | PE OR PRINT) | RE | ATIONSHIP M | AILING ADDRESS (ST | REET AND NO. OR R.F | D., CITY OR TOWN, STATE, ZIP) | |
| 2 | 17a. Zofia Kro | | 17 | b.Wife 1 | 730 Creek % Mt. Prosp | ect II. 6 | .0056 | |
| 3 | 18. PART I. Ent Immediate Cause (Final | er the diseases, or cor ock, or heart failure. Li | nplications that caused the st only one cause on each | death. Donc, enter the line. | mode of dying, such as | cardiac or respirato | ry arrest, APPROXIMATE INTERVAL BETWEEN ONSET AND DEA | |
| | disease or condition resulting in death) | → (a) /Z | Maxan | Gustoll | West . | | | |
| , | CONDITIONS, IF ANY | DUE TO, OR AS | A CONSEQUENCE OF | CAVID! | <u> </u> | | | |
| | WHICH GIVE RISE TO | (b) M | otastatic | can | MOMG | | | |
| CAUSE | IMMEDIATE CAUSE (a) STATING THE UNDERLYING | DUE TO, OR AS | A CONSEQUENCE OF | | 4/ | · · · · · · · · · · · · · · · · · · · | | |
| , | CAUSE LAST. | (c) | | | 7,0 | | | |
| 4 | PART II. Other significant or | onditions contributing to de | ath but not resulting in the under | lying cause given in PART I. | | AUTOPSY (YES/NO) | WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) | |
| N | | | | | | 10_NO | 19b. | |
| P | DATE OF OPERATION, IF A | NY MAJOR FIN | DINGS OF OPERATION | 6 . 14 | + 1440. | IF FEN THRE | IALE, WAS THERE A PREGNANCY IN PAS MONTHS? | |
| | 20a. I (DID) (DID MOT) ATTEND | 20b. M | etastalic | Drain |) umon | | YES NO | |
| | AND LAST SAW HIM/HEB A 21a. | | MONTH, DAY, YEAR) /26/2003) | 11. | WAS CORONER EXAMINER NOT | OR MEDICAL (1) | | |
| | TO THE BEST OF MY KNOW | | | ATE AND PURCE AND D | 21b. No | STATED. DA | . 9:03 P TE SIGNED (MONTH, DAY, YEAR) | |
| CERTIFIER | 22a. SIGNATURE | Flice | Hull | | (-, | 226 | 10 129 102 | |
| | NAME AND ADDRESS OF C | ERTIFIER (TYPI | OR PAINT) | | | ILL | NOIS LICENSE NUMBER | |
| | 22c. Dr. Louis NAME OF ATTENDING PHY | Pupillo 88 | 0 W. Central | Rd. Arling | ton Hts.,I | <u>L</u> 220 | . 036-046277 | |
| Į | | SICIAN IF UTHER TH | AN CERTIFIER (TYPE C | PHINT) | | DEA | E: IF AN INJURY WAS INVOLVED IN THIS TH THE CORONER OR MEDICAL EXAMIN | |
| | 23 BUTGAL, CREMATION, | CEMETERY OR C | REMATORY-NAME | LOCATION | CITY OR TOWN | | T BE NOTIFIED. | |
| | REMOVAL (SPECIFY) 24a Burial | 1 | albert Cemet | | les | STATE | DATE (MONTH, DAY, YEAR) | |
| DISPOSITION | FUNERAL HOME | NAME | STREET AND | NUMBER OR R.F.D. | CITY OR TO | | STATE ZIP | |
| DIGI COMON | 25a. Skaja Teri | race Funera | al Home 7812 | N Milwauke | | | | |
| Į | FUNERAL DIRECTOR'S SIG | NATURE | | | | | LINOIS LICENSE NUMBER | |
| ` | 25b. LOCAL RÉGISTRARIS SIG | ATURE A | Joh | m Robert Sl | | 5c. 034-01 ATE FILED BY LOCAL F | | |
| | 26a. • Ah | uid V | st. | \sim | | | CT 29 ZW | |
| | VR200 (REV. 5/89) | | nois Department of Public I | lealth Division of Vital | Records 20 | | D ON 1989 U.S. STANDARD CERTIFICATI | |