

UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois)
) SS.
County of Cook)

RONALD W. VANEK, SR. hereinafter called Affiant(s) being duly sworn states that he/she/they resides at: 8221 South Sayre Avenue, Burbank, Cook County, Illinois 60459. That Affiant(s) was acquainted with ARLENE R. VANEK, hereinafter referred to as Deceased, and at the time of Decedent's death, was one of the owners of the land in Cook County, Illinois, described as:

Lots 34 and 35 in Block 4 in West 79th Street Gardens, being a Subdivision of the West half of the West half of the East half of the North West quarter of Section 31, Township 38 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois****

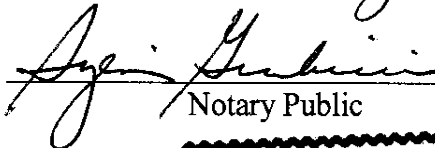
That the Deceased died on December 29, 1997, as evidenced by a copy of Deceased's death certificate attached hereto.

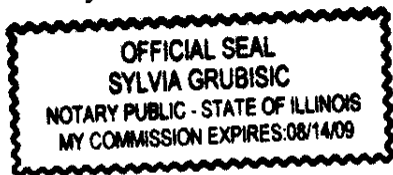
That the Deceased, at the time of his/her death, held his/her share of the above-mentioned property as a joint tenant and that the Deceased died leaving no last will & testament.


That the total value of the estate of the Deceased, for estate tax purposes, 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 \$75,000.

Affiant makes this affidavit for the purpose of any individual or corporation who may be harmed by the Affiant's lack of veracity.

Subscribed and sworn before me
this 28 day of Aug 2007.


Notary Public




Affiant's Signature



Doc#: 0821157036 Fee: \$58.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 07/29/2008 11:12 AM Pg: 1 of 2

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I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item I 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 December 31, 1997 signed Nich. Comstock
At Cook County Department of Public Health Official Title Chief Deputy Registrar, 1010 Lake Street, Oak Park, Illinois 60301

REGISTRATION DISTRICT NO. 16.0

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

1. COUNTY OF DEATH Cook	2. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Oak Lawn	3. AGE-LAST BIRTHDAY (YRS) 61	4. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Christ Hospital	5. SEX Female	6. DATE OF DEATH (MONTH, DAY, YEAR) December 29, 1997
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Chicago, Illinois	8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	9. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF MAILED) Ronald Vanek	10. NAME OF BUSINESS OR INDUSTRY Own Home	11. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12	12. IF HOSP. OR INST. INDICATE D.O.A., OPERM, RIM, INPATIENT (SPECIFY) Emergency Room
13. SOCIAL SECURITY NUMBER 337-30-5209	14. USUAL OCCUPATION Home Maker	15. KIND OF BUSINESS OR INDUSTRY Own Home	16. RESIDENCE (STREET AND NUMBER) 8221 South Sayre	17. CITY, TOWN, TWP. OR ROAD DISTRICT NO. Burbank	18. INSIDE CITY (YES/NO) Yes
19. STATE Illinois	20. ZIP CODE 60459	21. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) White	22. FATHER-NAME William Kopeschke	23. MOTHER-NAME Ruth Schroeder	24. COUNTY Cook
25. INFORMANT'S NAME (TYPE OR PRINT) Ronald Vanek	26. RELATIONSHIP band	27. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 1768221 So. Sayre Burbank, Illinois 60459	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. Death attributed to congestive heart failure		
28. PART II. Other significant conditions contributing to death (including underlying cause given in PART I.) Chronic obstructive pulmonary disease			19a. AUTOPSY (YES/NO) No		
29. DATE OF OPERATION, IF ANY Nov 20, 1997			19b. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? No		
30. IMMEDIATE CAUSE (Final disease or condition resulting in death) Death attributed to congestive heart failure			20. HOUR OF DEATH 6:55 A.M.		
31. CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. Chronic obstructive pulmonary disease			21. DATE SIGNED (MONTH, DAY, YEAR) Dec. 29, 1997		
32. SIGNATURE OF PHYSICIAN Joseph Hura M.D.			22. ILLINOIS LICENSE NUMBER 036-069372		
33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) Joseph Hura M.D.			23. NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	24. CEMETERY OR CREMATORY-NAME Bethania Cemetery	25. LOCATION Justice, Illinois	26. DATE (MONTH, DAY, YEAR) Jan 3, 1998
27. FUNERAL HOME Lawn Funeral Home	28. STREET AND NUMBER OR R.F.D. 7909 State Road	29. CITY OR TOWN Burbank, Illinois	30. STATE Illinois
31. FUNERAL DIRECTOR'S SIGNATURE <i>Nich. Comstock</i>	32. LOCAL REGISTRAR'S SIGNATURE KAREN L. SCOTT, M.D.	33. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) Dec 31, 1997	34. ILLINOIS LICENSE NUMBER 036-069372