

UNOFFICIAL COPY

STATE OF ILLINOIS



SS

COUNTY OF COOK

Doc#: 0826118043 Fee: \$38.00
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 09/17/2008 10:44 AM Pg: 1 of 2

JOINT TENANCY AFFIDAVIT

FRANK WOJCIACZYK, hereby referred to as the affiant, states under oath that the affiant resides at 13242 Exchange, in the City of Chicago; that the affiant was acquainted with JOHN P. PALILUNAS, the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of a properly recorded in joint tenancy warranty deed, said property, located in Cook County, Illinois and legally described as follows:

Lot 12 in Block 2 in the Cox Third Subdivision, being a subdivision of that part of the West $\frac{3}{4}$ of the North $\frac{1}{2}$ of the Southeast $\frac{1}{4}$ of the Northwest $\frac{1}{4}$ of Section 31, Township 37, Range 15 East of the Third Principal Meridian, lying Northeast of the Kensington and Eastern Railroad right of way, in Cook County, Illinois

Permanent Index Number: 26-31-113-026

Address of Property: 13242 S. Exchange, Chicago, Illinois 60633

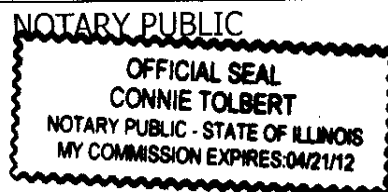
That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

That the decedent died on July 1, 2008 leaving no last will and testament;

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

Subscribed and sworn to before me

this 12th day of August 2008



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STATE OF ILLINOIS CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 1670		STATE FILE NUMBER	
LOCAL FILE NUMBER 608909			
1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last) John P. Palilunas		2. SEX Male	3. DATE OF DEATH (Month/Day/Year) (Spell Month) July 1, 2008
4. COUNTRY OF DEATH Cook	5a. AGE AT LAST BIRTHDAY (Years) 88	5b. UNDER 1 YEAR Months: 88 Days: 00	5c. UNDER 1 DAY Hours: 00 Minutes: 00
7a. CITY OR TOWN Chicago	7b. HOSPITAL OR OTHER INSTITUTION NAME (if not in either, give street and number) 13242 Exchange		
14. DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input checked="" type="checkbox"/> Dead on Arrival		15. PLACE OF DEATH (Check only one; see instructions) <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long-term care facility <input checked="" type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)	
8. BIRTH PLACE (City and State or Foreign Country) Chicago, IL	9. SOCIAL SECURITY NUMBER 361-07-7752	10. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married but separated <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to her marriage) None
12. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13a. REFERENCE (Street and Number) 13242 Exchange	13b. APT. NO.	13c. CITY OR TOWN Chicago
13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13e. COUNTY COOK	13f. STATE IL	13g. ZIP CODE 60633
14. FATHER'S NAME (First, Middle, Last) Stanley Palilunas	15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Salomer Palilunas		
16a. INFORMANT'S NAME Frank Wojaszczyk	16b. RELATIONSHIP Step Son	16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 13242 Exchange Chicago, IL 60633	
17. METHOD OF DISPOSITION <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify)	18. PLACE OF DISPOSITION (Name of cemetery, crematory, other)	19. LOCATION - CITY, TOWN AND STATE	20. DATE OF DISPOSITION (Month/Day/Year)
Other (Specify)	Holycross Cemetery	Calumet City IL	July 5, 2008
21a. FUNERAL HOME NAME Sadowski Funeral Home	21b. STREET AND NUMBER 13300 S. Houston	21c. CITY OR TOWN Chicago	21d. STATE IL
21e. ZIP CODE 60633	21f. FUNERAL DIRECTOR'S SIGNATURE <i>Joseph Wojaszczyk</i>		
22. LOCAL REGISTRAR'S SIGNATURE <i>Jerry Masarik</i>		23. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 0374 C15157	24. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) JUL 7 2008
CAUSE OF DEATH (See instructions and examples)			
24. PART I. Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a dementia related disease, Parkinson's Disease or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.			
IMMEDIATE CAUSE (Final disease or condition resulting in death)		APPROXIMATE INTERVAL BETWEEN DEATH AND DEATH CERTIFICATE	
→ CHF		Days	
Due to (or as a consequence of):		2 years	
→ Ischemic Cardiovascular Pathology		Years	
Due to (or as a consequence of):		4 years	
→ Coronary Artery Disease		Years	
Due to (or as a consequence of):			
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. CVA, CKD			
25. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No	28. IF FEMALE: <input type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death	29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Gunshot or determined <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation	
30. DATE OF INJURY (Month/Day/Year)	31. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	32. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)	33. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
34. LOCATION OF INJURY (Street and Number)		Apartment Number	City or Town
35. DESCRIBE HOW INJURY OCCURRED:		36. IF TRANSPORTATION INJURY, SPECIFY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
37. (IF DID NOT ATTEND THE DECEASED) (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON 6/22/08	38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	39. DATE PRONOUNCED (Month/Day/Year) July 1, 2008	40. TIME OF DEATH 1:20 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.
41. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.			
42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) R. Warakomski, 19550 Gov. Hwy, Flossmoor IL 60422		43. PHYSICIAN'S LICENSE NUMBER 0370144	
44. TITLE OF CERTIFIER D.C.	45. DATE CERTIFIED (Month/Day/Year) 7/3/08	46. SIGNATURE OF CERTIFIER <i>Jerry Masarik</i>	

Illinois Department of Public Health - Division of Vital Records
VR2000 (Rev. 1/08)

This is to certify that this is a true and correct copy of the official death record.

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

JUL 7 2008

BERRY MASON, M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF CHICAGO
I HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO. THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD SET BY ME IN OBTAINANCE OF SAID LAWS AND ORDINANCES.

Jerry Masarik