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Doc#: 0828956009 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 10/15/2008 12:27 PM Pg: 1 of 3

SURVIVING JOINT TENANT AFFIDAVIT

MAIL TO:
Elaine E. Prugar
6919 West Balmoral
Chicago, IL 60656

13-07-121-013-0000

13-07-121-014-6000

PREPARED BY:
James J. Nack
Nack, Richardson & Nack, P.C.
106 N. Main Street
P.O. Box 336
Galena, Illinois 61036

ELAINE E. PRUGAR, a/k/a ELAINE PRUGAR, being first duly sworn, deposes and says that she resides at 6919 West Balmoral, Chicago, Illinois 60656, and that she is the surviving joint tenant of **THADDEUS S. PRUGAR, a/k/a THADDEUS PRUGAR** who died on June 21, 2007, as shown on the Certificate of Death which is attached hereto as **Exhibit "A"**.

That at the time of the death of the said Thaddeus S. Prugar, Thaddeus S. Prugar and the undersigned were the owners in joint tenancy of the following described real estate located in Cook County, Illinois:

Lots eight (8) and nine (9) in Block three (3) in McCollum and Kruggel's Addition to Norwood Park in the West Half (1/2) of Section seven (7), Township forty (40) North, Range thirteen (13), East of the Third Principal Meridian according to map thereof recorded September 17, 1914 as Document 5496174 in Book 129 of Plats, page 40, in Cook County, Illinois.

That said Thaddeus S. Prugar was a resident of the County of Cook and State of Illinois at the time of his death; that his estate was and is exempt from

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Federal Estate Taxes and Illinois Estate Taxes, all of his property passing to Elaine E. Prugar; and that all known debts of said Thaddeus S. Prugar and all expenses of his last illness and burial have been paid in full.

Elaine E. Prugar

ELAINE E. PRUGAR, aka
ELAINE PRUGAR

Subscribed and sworn to
before me this 18th day
of August, 2008.

James J. Nack

Notary Public

"OFFICIAL SEAL"
JAMES J. NACK
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 10/23/2010

Property of [illegible] County Clerk's Office

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MEDICAL CERTIFICATE OF DEATH

608495

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

JUN 27 2007

DECEASED-NAME CHADDELS **MAJOR FINDINGS OF OPERATION** S. PRUGAR

REGISTERED NUMBER 1010 **AGE-LAST** 5 **DATE OF DEATH** 21 JUNE 21, 2007

CITY-TOWN-TWP. OR ROAD-DISTRICT NUMBER CHICAGO, IL **BIRTH YEAR** 1952 **DATE OF BIRTH** 27 APRIL 27, 1936

HOSPITAL OR OTHER INSTITUTION-NAME-IF NOT WHETHER GIVE STREET AND NUMBER RESURRECTION HOSPITY **F. HOSP. OR INST. INDICATE C.O.A. OR SWEP. RM. INPATIENT SPECIFY** 6c. F.R.

6a. CHICAGO **6b. ELAINE NEE SZMEDO** **9. NO**

BIRTHPLACE (CITY AND STATE) CHICAGO, IL **MARRIED (NEVER MARRIED, DIVORCED, SEPARATED, SPECIFY)** 8a. MARRIED **10. 329-28-2409** **11a. DISPATCHER** **11b. TRUCKING** **12. 12** **13d. COOK**

SOCIAL SECURITY NUMBER 7 CHICAGO, IL **USUAL OCCUPATION** 11a. DISPATCHER **KIND OF BUSINESS OR INDUSTRY** 11b. TRUCKING **EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)** 12. 12 **13c. YES** **13d. COOK**

RESIDENCE (STREET AND NUMBER) 13a. 6919 W. BALMORAL **CITY-TOWN, TWP. OR ROAD-DISTRICT NO.** 13b. CHICAGO **INSIDE CITY** 13c. YES **13d. COOK**

STATE 13a. ILLINOIS **ZIP CODE** 13b. 60656 **RACE (WHITE, BLACK, AMERICAN INDIAN (SPECIFY), ASIAN (SPECIFY), OTHER)** 14a. WHITE **14b. XX** **14c. YES** **14d. NO**

DECEASED-NAME 15. JOSEPH PRUGAR **MOTHER-NAME** 16. LOTTIE TELMA

INFORMANT'S NAME (TYPE OF PRINT) 17a. ELAINE PRUGAR **RELATIONSHIP** 17b. WIFE **MAILING ADDRESS (STREET AND NO. OR R.F.O. CITY-TOWN-STATE, ZIP)** 17c. 6919 W. BALMORAL-CHGO. IL 60656

18. PART I Immediate Cause (final disease or condition resulting in death) 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) Myocardial infarct

(b) DUE TO, OR AS A CONSEQUENCE OF

(c) DUE TO, OR AS A CONSEQUENCE OF

19a. YES **19b. NO** **19c. YES** **19d. NO**

20a. DATE OF OPERATION, IF ANY 20b. MAJOR FINDINGS OF OPERATION

21a. DID I DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)

22a. SIGNATURE 22b. DATE SIGNED

22c. J. SADOWSKI MD-6109 N. NORTHWEST AVE. CHGO. IL 60631 **22d. 036-070143**

23. NAME AND ADDRESS OF CERTIFIER TYPE OF PRINT: [Signature]

23a. J. SADOWSKI MD-6109 N. NORTHWEST AVE. CHGO. IL 60631 **23b. JUN 21, 2007**

23c. NAME OF ATTENDING PHYSICIAN (OTHER THAN CERTIFIER) **23d. 034-10057**

24a. BURIAL **24b. MARYHILL** **24c. NIBLES, ILLINOIS** **24d. JUN 25, 2007**

25a. COLONIAL-RODOLFECHOMSKI FUNERAL HOME-6250 N. MILWAUKEE-CHICAGO, ILLINOIS 60646 **25b. EDWARD J. MADURA, JR.**

26a. LOCAL REGISTRAR'S SIGNATURE **26b. DATE FILED BY LOCAL REGISTRAR (MONTH-DAY-YEAR)** JUN 25 2007



Edward J. Madura, Jr.
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.