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0832557088

DECEASED JOINT TENANCY

AFFIDAVIT

Doc#: 0832557088 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 11/20/2008 01:20 PM Pg: 1 of 3

STATE OF ILLINOIS)
COUNTY OF COOK)

Barbara Cieszynski being duly sworn states that she resides at
9321 S. Saginaw Ave. in the City of Chicago.

That she was acquainted with Geraldine Cieszynski
deceased who, at the time of her death, was one of the owners of the land in Cook County,
Illinois, described as:

See reverse side

P.I.N. # 26-06-319-013-0000
Address: 9321 S. Saginaw Ave., Chicago, Illinois 60617

That the deceased died November 10, 1983, as evidenced by a certified copy of
the death certificate of the deceased attached hereto.

That the deceased died:

Leaving no Last Will & Testament.

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 _____
County, Illinois.

Leaving a Last Will & Testament which was filed in the Unproven will Box of the Probate
Division of the Circuit Court of _____ County, Illinois about _____

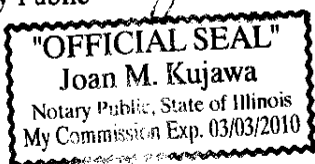
That the total value of the estate of the deceased, including both real and personal property owned by
the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed
the sum of \$25,000.00 dollars.

Subscribed and sworn to before me by the said

this 19th day of November, 2008.

Joan M. Kujawa
Notary Public

Barbara Cieszynski
(Affiant's signature)



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LEGAL DESCRIPTION

of premises commonly known as 9321 S. Saginaw Ave., Chicago, Illinois 60617

LOT forty-two (42) in Block ninety-eight (98) in Calumet and Chicago Canal and Dock Company's Subdivision in Sections five (5) and six (6), Township thirty-seven (37) North, Range Fifteen (15), East of the Third Principal Meridian in Cook County, Illinois.

Property of Cook County Clerk's Office

Mail to: Barbara Gieszynski
9321 S. Saginaw Ave.
Chicago, Illinois 60617
773-933-7711

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STATE OF ILLINOIS
County of Cook)

DAVID ORR, County Clerk

I, David Orr, 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 Orr
COUNTY CLERK

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER
624614

1. DECEASED - NAME FIRST MIDDLE LAST Geraldine Cieszynski		SEX Female	DATE OF DEATH (MONTH, DAY, YEAR) November 30, 1983
2. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) White		AGE (MONTHS, YEARS, DAYS, HOURS, MIN.) 48	DATE OF BIRTH (MO., DAY, YEAR) MAR 27 - 1935
3. CITY, TOWNSHIP, OR ROAD DISTRICT NUMBER Chicago		4. HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) South Chicago Community Hospital	
5. STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) Illinois		6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Never Married	7. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) None
8. SOCIAL SECURITY NUMBER 340 30 3107		9. USUAL OCCUPATION HOMEMAKER	10. KIND OF BUSINESS OR INDUSTRY DOWN HOME
11. RESIDENCE - STREET AND NUMBER 9321^{1/2} Saginaw		12. CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago	13. INSIDE CITY (YES/NO) Yes
14. FATHER - NAME FIRST MIDDLE LAST Theodore Cieszynski		15. MOTHER - MAIDEN NAME FIRST MIDDLE LAST Angeline Strych	
16. INFORMANT NAME (TYPE OR PRINT) Virginia Manning		17a. RELATIONSHIP Adm. Clk.	17b. MAILING ADDRESS (STREET AND NO., OR R. F. D., CITY OR TOWN, STATE, ZIP) 2320 E 93rd Street Chicago, Illinois 60617
18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE. PUT A LINE FOR (a), (b), AND (c))			
PART I. IMMEDIATE CAUSE (a) Cardio-pulmonary arrest			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 30 minutes
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STAYING THE UNDERLYING CAUSE LAST. (b) Cor pulmonale & severe pulmonary hypertension			35 years
(c) Kypho-scoliosis; severe pneumonia			45 days
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I			
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION	
21. (DO NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON) November 30, 1983		21a. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (SPECIFY YES OR NO) NO	21c. HOUR OF DEATH 9:10 P.M.
22. SIGNATURE <i>Antonio Camacho</i>		22b. DATE SIGNED (MO., DAY, Y.R.) 12-2-83	
22a. NAME AND ADDRESS OF CERTIFIER 10555 S. Ewing Chicago, IL 60617		22c. ILLINOIS LICENSE NUMBER 36-48846	
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
24a. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		24b. CEMETERY OR CREMATORY - NAME HOLY CROSS	24c. LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR) CALUMET CITY, ILL. 12-5-83
25a. FUNERAL HOME GOLICH FUNERAL HOME 9725 COMMERCIAL CHICAGO ILL. 60617		25b. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 8042	
25c. FUNERAL DIRECTOR'S SIGNATURE <i>Jacob J. Golich</i>		25d. DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) DEC 5 1983	
26a. LOCAL REGISTRAR'S SIGNATURE <i>Henry May</i>		26b. ACTING LOCAL REGISTRAR	

246
805
700
160 B
37 C
86 C