

UNOFFICIAL COPY



0836618011

DECEASED JOINT TENANCY AFFIDAVIT

Doc#: 0836618011 Fee: \$38.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 12/31/2008 10:19 AM Pg: 1 of 2

Prepared by and
after recording mail to:

Ruben Garcia
899 Skokie Blvd. #300
Northbrook, IL 60062

Roy T. Klimas being first duly sworn states:

- 1) That he resides at 1400 Alima Terrace, LaGrange Park, IL 60526
- 2) That he was acquainted with MARGARET KLIMAS deceased who, at the time of her death, was one of the owners of the land in Cook County, Illinois, described as:

LOT 12 IN BLOCK 3 OF MARE, WHITE AND CO'S ADDITION TO LAGRANGE PARK, A SUBDIVISION OF THE EAST 1/2 OF THE EAST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 27, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

1400 Alima Terrace, LaGrange Park, IL 60526

P.I.N 15-27-314-024-0000

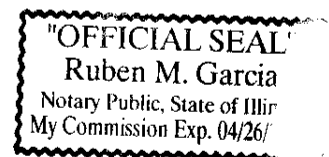
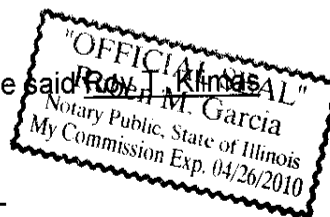
- 3) That the deceased died February 4, 2007 as evidenced by a certified COPY of death certificate of the deceased attached hereto.
- 4) That the deceased died: Leaving no Last Will & Testament.
- 5) That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of \$100,000.00 dollars.
- 6) Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Further your affiant sayeth naught.

Roy T. Klimas
ROY T. KLIMAS

Subscribed and sworn to before me by the said Roy T. Klimas
this 2nd day of Sept ADJ008.

Ruben M. Garcia
Notary Public



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DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. <u>16-92</u>	STATE OF ILLINOIS	STATE FILE NUMBER
	REGISTERED NUMBER <u>113</u>	MEDICAL CERTIFICATE OF DEATH	

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS DECEASED A..... B..... C..... D..... E.....	DECEASED-NAME FIRST MIDDLE LAST 1. Margaret J. Klimas			SEX 2. Female	DATE OF DEATH (MONTH, DAY, YEAR) 3. February 4, 2007	
	CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 4. Cook		AGE-LAST BIRTHDAY (YRS) 5a. 84	UNDER 1 YEAR MOS. DAYS 5b.	UNDER 1 DAY HOURS MIN. 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. December 4, 1922
	CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6a. Proviso Twp.		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. Foster G. McGaw Hospital		IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM, INPATIENT (SPECIFY) 6c. Emer. Rm.	
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Chicago, IL	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. Victor Klimas		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. No	
	SOCIAL SECURITY NUMBER 10. [REDACTED]	USUAL OCCUPATION 11a. Home Maker	KIND OF BUSINESS OR INDUSTRY 11b. Own Home	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) 12. 12 College (1-4 or 5+) _____		

RESIDENCE (STREET AND NUMBER) 13a. 1200 Alima Terrace	CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13b. La Grange Park	INSIDE CITY (YES/NO) 13c. Yes	COUNTY 13d. Cook
STATE 13e. Illinois	ZIP CODE 13f. 60526	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. White	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. [X] NO [] YES SPECIFY:
FATHER-NAME FIRST MIDDLE LAST 15. James Rafac	MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 16. N/A N/A	INFORMANT'S NAME (TYPE OR PRINT) 17a. Victor Klimas	
RELATIONSHIP 17b. Husband		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. La Grange Park, Illinois 60526	

CAUSE 1..... 2..... 3.....	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.			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Immediate Cause (Final disease or condition resulting in death)	(a) Coronary Artery Disease DUE TO, OR AS A CONSEQUENCE OF		
	CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	(b) DUE TO, OR AS A CONSEQUENCE OF		

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		AUTOPSY (YES/NO) 19a. No	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b.
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DATE OF OPERATION, IF ANY 20a.	MAJOR FINDINGS OF OPERATION 20b.	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES [] NO [X]
(I) DID (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 21a. 12.29.06	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. Yes	HOUR OF DEATH 21c. 11:53 P. M.
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED (MONTH, DAY, YEAR) 22b. February 5, 2007
SIGNATURE 22a. [Signature]		ILLINOIS LICENSE NUMBER 22d. 036092503
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. D. E. GHANI, 9223 BROADVIEW, BROOKFIELD, ILL. 60513		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY-NAME 24b. Resurrection	LOCATION CITY OR TOWN STATE 24c. Justice, Illinois	DATE (MONTH, DAY, YEAR) 24d. Feb. 8, 2007
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. Hitzeman Funeral Home Ltd., 9445 West 31st Street, Brookfield, Illinois 60513		FUNERAL DIRECTOR'S SIGNATURE 25b. [Signature]	
FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 34-011424		LOCAL REGISTRAR'S SIGNATURE 26a. [Signature]	
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. February 5, 2007			

VR200 (Rev. 5/89) Illinois Department of Public Health—Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that it record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE FEB 05 2007 SIGNED [Signature]
 AT BROADVIEW, ILLINOIS, Illinois OFFICIAL TITLE LOCAL REGISTRAR OF VITAL STATISTICS

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that a certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence of the facts therein stated.