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Cook County Recorder 25.50

EI REAL ESTATE INDEX

1620 RIDGE AVENUE
EVANSTON, IL 60201-3621
708 864-9000 FAX 708 491-6977



DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF

ss.

Order No. R802659

JULIA HOJNACKI

being duly sworn

states that SHE resides at 4728 N NEWLAND in the City of HARWOOD HEIGHTS ILLINOIS

HARWOOD HEIGHTS ILLINOIS

That SHE was acquainted with ALBERT J HOJNACKI deceased who, at the time of HIS death, was one of the owners of the land in COOK County, Illinois, described as:

REI TITLE SERVICES # R804599

LOT 7 IN PARKWAY'S RESUBDIVISION UNIT #2, BEING A SUBDIVISION OF THE NW 1/4 OF SECTION 18, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

P.I.N. 13-18-101-060-0000

4728 N NEWLAND
HARWOOD HEIGHTS, IL. 60706

That the deceased died _____, as evidenced by a certified copy of 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 _____ dollars.

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.

Subscribed and sworn to before me by the said _____

this 3rd day of December A.D. 19 99
Laura Costantini
Notary Public



Julia Hojnacki
(Affiant's Signature)

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Property of Cook County Clerk's Office

Mail To:

Parhway Bank + Trust Co.
Attn: Debbie
4600 N Harlem
Harwood Hill IL
60706



STATE FILE NUMBER
603758

MEDICAL CERTIFICATE OF DEATH

MAR 4 1998

L SHEILA LYNE, RSM, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO 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 KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

THIS CERTIFIED COPY VALID WHEN MULTICOLORED SIGNATURE SEAL IS AFFIXED.



REGISTRATION DISTRICT NO. **16.10**
 REGISTERED NUMBER

DECEASED-NAME: **ALBERT HOJNACKI** (FIRST, MIDDLE, LAST)
 SEX: **2 Male**
 DATE OF DEATH: **3 2-28-98** (MONTH, DAY, YEAR)

CITY OF DEATH: **Chicago**
 COUNTY OF DEATH: **COOK**
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **Chicago**

AGE-LAST BIRTHDAY (YRS): **5a. 66**
 UNDER 1 DAY: **5b. 1**
 UNDER 1 DAY: **5c. 5d. July 8, 1932**
 HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): **6 Resurrection Hosp. 7435 Talcott**

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **8a. Married**
 NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): **8b. Julia Swientek**

SOCIAL SECURITY NUMBER: **355-26-4162**
 USUAL OCCUPATION: **11a. Litographer**
 KIND OF BUSINESS OR INDUSTRY: **11b. SLEEPER Co.**

EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): **12. 12**
 ELEMENTARY (1-12)
 COLLEGE (1-4 or 5-7)

RESIDENCE (STREET AND NUMBER): **13a. 4728 North Newland**
 CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **Chicago**
 INSIDE CITY (YES/NO): **13c. Yes**
 COUNTY: **13d. Cook**

STATE: **13e. Illinois**
 RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY): **14a. White**
 OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.)

FATHER-NAME: **George** (FIRST, MIDDLE, LAST)
 MOTHER-NAME: **Lottie** (MAIDEN) (FIRST, MIDDLE, LAST)

INFORMANT'S NAME (TYPE OR PRINT): **Julia Hojnacki**
 RELATIONSHIP: **17. Wife**
 MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): **17A723 N. Newland Chicago**

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.
 Immediate Cause (Final disease or condition resulting in death): **(a) Chronic obstructive pulmonary disease**
 DUE TO OR AS A CONSEQUENCE OF:
 CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a): **(b) Coronary Artery Disease**
 DUE TO OR AS A CONSEQUENCE OF:
 CAUSE LAST: **(c) Aortic Insufficiency**

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

DATE OF OPERATION, IF ANY: **20b. OCT 9 1997**
 MAJOR FINDINGS OF OPERATION: **(1) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/her ALIVE ON**

21a. TO THE BEST OF MY KNOWLEDGE, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED:
 SIGNATURE: **B. Helte**
 NAME AND ADDRESS OF CERTIFIER: **Barbara M. Helte MD 6759 W. Milwaukee Ave Niles, IL 60714**
 TYPE OR PRINT

22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: **Barbara M. Helte MD 6759 W. Milwaukee Ave Niles, IL 60714**
 TYPE OR PRINT

23. BURIAL, CREMATION, REMOVAL (SPECIFY): **24a. Burial**
 CEMETERY OR CREMATORY-NAME: **Maryhill Cemetery**
 LOCATION: **Niles**
 CITY OR TOWN: **Illinois**
 STATE: **Illinois**
 DATE (MONTH, DAY, YEAR): **24d. 3-5-98**

FUNERAL HOME: **Walter L. Sojka Funeral Home 1427 W. Chicago Ave. Chicago IL 60606**
 STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP

FUNERAL DIRECTOR'S SIGNATURE: **Walter L. Sojka**
 FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **25c. 0316030**

LOCAL REGISTRAR'S SIGNATURE: **L. Sojka**
 DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **26b. MAR 4 1998**

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: **19b. 102 P. M.**
 AUTOPSY (YES/NO): **19a. No**
 WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (YES/NO): **20c. YES**
 IF FEMALE, WAS THERE A PREGNANCY IN PAST 12 MONTHS? **20d. YES**
 HOUR OF DEATH: **21c. 102 P. M.**
 DATE SIGNED: **22b. MAR 2 1998**
 ILLINOIS LICENSE NUMBER: **22d. 036-074614**

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

BASED ON: 1995 U.S. STANDARD CERTIFICATE