UNOFFICIAL COPY

0931644054

Doc#: 0931644054 Fee: $38.00
Eugene "Gene" Moore RHSP Fee:$10.00
Cook County Recorder of Deeds
Date: 11/12/2009 12:29 PM Pg: 1 of 2

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

Order No. _____

DONNA M. ALESSE, being duly sworn, states that she resides at 6126 North Avondale, Chicago, IL 60631.

That she was acquainted with **EUGENE J. DZIEDZIC**, deceased who, at the time of his death, was joint owner of the land in Cook County, Illinois, described as:

Lot thirty-six (36) in block five (5) in Kendall's Belmont and Fifty Sixth Avenue Subdivision of the West half of the North West quarter, except the South thirty (30) acres thereof, of Section twenty-eight (28), Township forty (40) North, Range thirteen (13), East of the Third Principal Meridian, in Cook County, Illinois. 13-28-111-005

Commonly known as 3047 North Lotus Avenue, Chicago, IL 60641

That the deceased died September 12, 1992 as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

X Leaving no Last Will & Testament.

___ Leaving a Last Will & Testament, a copy of which is attached hereto. The original of the proven 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 Cook 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 One Hundred Thousand ($100,000.00) Dollars.

X Donna M. Alesse
Affiant's Signature

Subscribed and sworn to before me by the said DONNA M. ALESSE, this 10 day of November, 2009.

Kathleen Meersman Murphy
Notary Public

OFFICIAL SEAL
KATHLEEN MEERSMAN MURPHY
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:09/16/13

PREPARED BY: KATHLEEN MEERSMAN MURPHY LLC
1100 West Northwest Highway, Suite 112
Mount Prospect, IL 60056
(847) 259-3131

Property of Cook County Clerk's Office

REGISTRATION DISTRICT NO. 16.10

REGISTERED NUMBER

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 616581

SEP 14 1992

1. DECEASED–NAME FIRST: EUGENE MIDDLE: J LAST: DZIEDZIC	2. SEX: MALE	3. DATE OF DEATH (MONTH, DAY, YEAR): SEPTEMBER 12, 1992	
4. COUNTY OF DEATH: COOK	5a. AGE–LAST BIRTHDAY (YRS): 74	UNDER 1 YEAR: 5b. MOS. DAYS	UNDER 1 DAY: 5c. HOURS MIN.
5d. DATE OF BIRTH (MONTH, DAY, YEAR): December 21, 1917			
6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: CHICAGO	6b. HOSPITAL OR OTHER INSTITUTION–NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): RESURRECTION MEDICAL CENTER	6c. IF HOSP. OR INST. INDICATE D.O.A. OP/EMERGENCY/INPATIENT (SPECIFY): INPATIENT	
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): Chicago, IL.	8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married	8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): Lillian Irzyk	9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES-NO): NO
10. SOCIAL SECURITY NUMBER: 358-10-1098	11a. USUAL OCCUPATION: Foreman	11b. KIND OF BUSINESS OR INDUSTRY: Electric Co.	12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): Elementary/Secondary (0-12): 8; College (1-4 or 5+):
13a. RESIDENCE (STREET AND NUMBER): 3047 N Lotus Ave.	13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO.: Chicago	13c. INSIDE CITY (YES/NO): Yes	13d. COUNTY: Cook
13e. STATE: Illinois	13f. ZIP CODE: 60634	14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): White	14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES–IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.): ☒ NO ☐ YES SPECIFY:
15. FATHER–NAME FIRST: Joseph MIDDLE: LAST: Dziedzic		16. MOTHER–NAME FIRST: Leona MIDDLE: (MAIDEN) LAST: Malinowska	
17a. INFORMANT'S NAME (TYPE OR PRINT): Lillian Dziedzic	17b. RELATIONSHIP: Wife	17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 3047 N Lotus Ave, Chicago, IL 60634	

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) CHRONIC RENAL FAILURE	TWO YEARS
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	DUE TO, OR AS A CONSEQUENCE OF (b) CARCINOMA OF THE PROSTATE	TWO YEARS
	DUE TO, OR AS A CONSEQUENCE OF (c)	

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

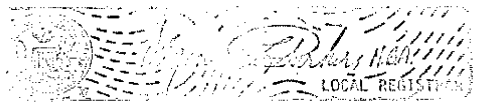
19a. AUTOPSY (YES/NO): NO	19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES-NO):	
20a. DATE OF OPERATION, IF ANY	20b. MAJOR FINDINGS OF OPERATION	20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES ☐ NO ☐
21a. I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR): SEPTEMBER 11, 1992	21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO):	21c. HOUR OF DEATH: 7:30AM M.
22a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. SIGNATURE ▶ [signature]		22b. DATE SIGNED (MONTH, DAY, YEAR): SEPTEMBER 12, 1992
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): EDWIN J. ADAMSKI JR., M.D. 7157 W. HOWARD NILES, IL. 60648		22d. ILLINOIS LICENSE NUMBER: 036-054224
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: ST. Adalbert	24c. LOCATION CITY OR TOWN: Niles STATE: Illinois	24d. DATE (MONTH, DAY, YEAR): 9-14-92
25a. FUNERAL HOME NAME: Sheldon-Goglin F.H. STREET AND NUMBER OR R.F.D.: 5935 W Belmont Ave. CITY OR TOWN: Chicago STATE: Illinois ZIP: 60634			
25b. FUNERAL DIRECTOR'S SIGNATURE ▶ [signature]		25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 034-010642	
26a. LOCAL REGISTRAR'S SIGNATURE ▶ [signature]		26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): SEP 13 1992	

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

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

I, VIRGINIA L. PARKER, M.B.A. 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 MULTICOLOR SIGNATURE SEAL IS AFFIXED.

DEPARTMENT OF HEALTH – CITY OF CHICAGO

UNOFFICIAL COPY

0931644054 Page: 2 of 2

Property of Cook County Clerk's Office