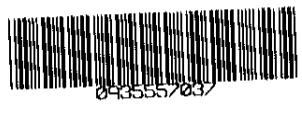


UNOFFICIAL COPY

DECEASED JOINT TENANCY  
AFFIDAVIT



Doc#: 0935557037 Fee: \$38.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 12/21/2009 12:12 PM Pg: 1 of 2

STATE OF ILLINOIS )  
) ss.  
COUNTY OF COOK )

RICHARD F. GOLEMBIEWSKI,  
an unmarried man, being duly  
sworn states that he resides at 5006  
West Berenice Avenue, Chicago,  
Illinois 60641.

That he was acquainted  
with JOHN A. GOLEMBIEWSKI,  
deceased, who at the time of his  
death, was one of the owners of the  
land in Cook County, Illinois, described as:

Above Space for Recorder's Use Only

LOT 526 IN GRAYLAND PARK ADDITION TO CHICAGO, A SUBDIVISION OF THE NORTH HALF OF THE NORTHEAST  
QUARTER OF SECTION 21, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK  
COUNTY, ILLINOIS,

Permanent Real Estate Index Number: 13-21-209-041-0000

Address of Real Estate: 5006 West Berenice Avenue, Chicago, Illinois 60641

That the deceased died July 19, 2009, 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 \_\_\_\_\_.

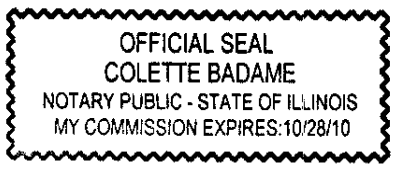
That the total value of the estate of the deceased, including both real and personal property owned by the  
deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of  
\_\_\_\_\_ dollars.

Subscribed and sworn to before me  
this November 12, 2009.

Notary Public

RICHARD F. GOLEMBIEWSKI, Affiant

RETURN TO: RICHARD F. GOLEMBIEWSKI, 5006 West Berenice Avenue, Chicago, Illinois 60641



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# UNOFFICIAL COPY

## CERTIFICATE OF DEATH RECORD

### CITY OF CHICAGO OFFICE OF VITAL RECORDS CHICAGO, ILLINOIS MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH

STATE FILE NUMBER 2009 0057139

DATE ISSUED 08/11/2009

DECEDENT'S LEGAL NAME JOHN A GOLEMBIEWSKI			SEX MALE	DATE OF DEATH JULY 19, 2009	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 59 YEARS	DATE OF BIRTH JANUARY 12, 1950		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME 5006 W BERNICE			
PLACE OF DEATH DECEDENT'S HOME					
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED]-5978	MARITAL STATUS AT TIME OF DEATH NEVER MARRIED		SURVIVING SPOUSE'S NAME	
RESIDENCE 5006 W BERENICE		APT. NO.	CITY OR TOWN CHICAGO		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60641	FATHER'S NAME SYLVESTER GOLEMBIEWSKI		MOTHER'S NAME PRIOR TO FIRST MARRIAGE JULIA KOLODZIEJ
INFORMANT'S NAME RICHARD GOLEMBIEWSKI		RELATIONSHIP BROTHER	MAILING ADDRESS 5006 W BERENICE, CHICAGO, IL, 60641		
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION SAINT ADALBERT CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE NILES, IL	DATE OF DISPOSITION JULY 23, 2009	
FUNERAL HOME MALEC & SONS FUNERAL HOME, 6000 N MILWAUKEE AVE, CHICAGO, IL, 60646					
FUNERAL DIRECTOR'S NAME WESLEY A STINICH			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011619		
LOCAL REGISTRAR'S NAME TERRY MASON MD			DATE FILED WITH LOCAL REGISTRAR JULY 22, 2009		
<b>CAUSE OF DEATH</b> PART I. HYPERTENSIVE CARDIOVASCULAR DISEASE					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ Due to (or as a consequence of):		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		b. _____ Due to (or as a consequence of):			
		c. _____ Due to (or as a consequence of):			
		Due to (or as a consequence of):			
PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I.				WAS AN AUTOPSY PERFORMED? NO	
				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN	FEMALE PREGNANCY STATUS NOT APPLICABLE		MANNER OF DEATH NATURAL		
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?	
LOCATION OF INJURY					
DESCRIBE HOW INJURY OCCURRED:				IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED?	DATE LAST SEEN ALIVE	WAS MEDICAL EXAMINER OR CORONER CONTACTED?	DATE PRONOUNCED JULY 19, 2009	TIME OF DEATH 12:15 PM	
CERTIFIER: MEDICAL EXAMINER/CORONER				DATE CERTIFIED JULY 22, 2009	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH NANCY L JONES MD, 2121 W HARRISON ST, CHICAGO, IL, 60612				PHYSICIAN'S LICENSE NUMBER	

This is to certify that this is a true and correct abstract from the official record filed with the Chicago Department of Public Health.

*Terry Mason MD*

Terry Mason, M.D.  
Local Registrar

This copy not valid unless displaying raised seals and registrar signature.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

