

UNOFFICIAL COPY



STATE OF ILLINOIS)
COUNTY OF Kane)

Doc#: 1004839027 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 02/17/2010 01:09 PM Pg: 1 of 3

JOINT TENANCY AFFIDAVIT

JAMES J. NYKA, hereinafter referred to as the affiant, states under oath that the affiant resides at 609 Windett Lane, in the City of Geneva, Illinois; that the affiant was acquainted with Florence Nyka, a/k/a Julie Ann Nyka, the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of a properly recorded joint tenancy warranty deed, said property, located in Cook County, Illinois and legally described as follows:

SEE ATTACHED LEGAL DESCRIPTION

Common Address: 233 East Erie, Unit 2102, Chicago, Illinois 60611
P.I.N. 17-10-203-027-1122

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death:

That the decedent died on February 28, 2009, leaving no last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$450,000, and;

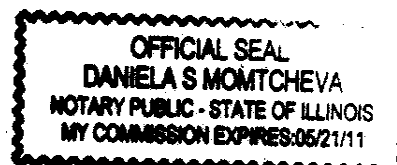
That the value of the above property individually was \$100,000.

That the Illinois Inheritance Tax and the Federal Estate Tax, if any, was due from the decedent's estate, has been paid in full.

James J. Nyka
JAMES J. NYKA

Subscribed and sworn to before me this 6th day of November, 2009.

Daniela S. Montcheva
Notary Public



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LEGAL DESCRIPTION

PARCEL 1:

UNIT 2102 IN THE STREETERVILLE CENTER CONDOMINIUM, AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE:

ALL OF THE PROPERTY AND SPACE LYING ABOVE THE EXTENDING UPWARD FROM A HORIZONTAL PLANE HAVING AN ELEVATION OF 119.30 FEET ABOVE CHICAGO CITY DATUM (AND WHICH IS ALSO THE LOWER SURFACE OF THE FLOOR SLAB OF THE NINTH FLOOR, IN THE 26 STORY BUILDING SITUATED ON THE PARCEL OF LAND HEREINAFTER DESCRIBED) AND LYING WITHIN THE BOUNDARIES PROJECTED VERTICALLY UPWARD OF A PARCEL OF LAND COMPROMISED OF LOTS 20 TO 24 AND LOT 25 (EXCEPT THAT PART OF LOT 25 LYING WEST OF THE CENTER OF THE PARTY WALL F THE BUILDING NOW STANDING THE DIVIDING LINE BETWEEN LOTS 25 AND 26), TOGETHER WITH THE PROPERTY AND SPACE LYING BELOW SAID HORIZONTAL PLANE HAVING AN ELEVATION OF 119.30 FEET ABOVE CHICAGO CITY DATUM AND LYING ABOVE A HORIZONTAL PLANE HAVING AN ELEVATION OF 118.13 FEET ABOVE CHICAGO CITY DATUM (AND WHICH PLANE COINCIDES WITH THE LOWEST SURFACE OF THE ROOF SLAB OF THE 8 STORY BUILDING SITUATED ON SAID PARCEL OF LAND) AND LYING WITHIN THE BOUNDARIES PROJECTED VERTICALLY UPWARD OF THE SOUTH 17.96 FEET OF AFORESAID PARCEL OF LAND, ALL IN THE SUBDIVISION OF THE WEST 394 FEET OF BLOCK 32, (EXCEPT THE EAST 14 FEET OF THE NORTH 80 FEET THEREOF), IN KINZIE'S ADDITION TO CHICAGO IN SECTION 10, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN;

WHICH SURVEY IS ATTACHED AS EXHIBIT "A" TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT 26017897, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS, IN COOK COUNTY, ILLINOIS.

PARCEL 2:

EASEMENT FOR THE BENEFIT OF LOT 25 OF THE RIGHT TO MAINTAIN PARTY WALL AS ESTABLISHED BY AGREEMENT BETWEEN EDWIN B. SHELDON AND HEATON OWSLEY RECORDED AUGUST 11, 1892 AS DOCUMENT 1715549 ON THAT PART OF LOTS 25 AND 26 IN KINZIE'S ADDITION AFORESAID OCCUPIED BY THE WEST ½ OF THE PARTY WALL, IN COOK COUNTY, ILLINOIS.

PARCEL 3:

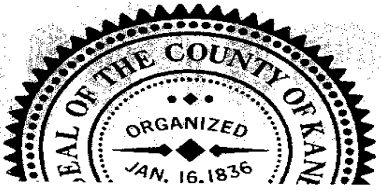
EASEMENT FOR INGRESS AND EGRESS FOR THE BENEFIT OF PARCEL 1 AS SET FORTH IN THE DECLARATION OF COVENANTS, RESTRICTIONS AND EASEMENTS DATED OCTOBER 1, 1981 AND RECORDED OCTOBER 2, 1981 AS DOCUMENT 26017894 AND AS CREATED BY DEED RECORDED AS DOCUMENT 26017895.

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REGISTRATION DISTRICT NO. 45.0		STATE OF ILLINOIS CERTIFICATE OF DEATH	
LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEDENT'S LEGAL NAME (Include AKA's, if any) (First, Middle, Last) Florence aka Julie Ann Nyka		2. SEX Female	3. DATE OF DEATH (Month/Day/Year) (Spell Month) February 28, 2009
4. COUNTY OF DEATH Kane	5a. AGE AT LAST BIRTHDAY (Years) 81	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____
7a. CITY OR TOWN Geneva		7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give number & street) Delnor-Community Hospital	
7c. PLACE OF DEATH (Check only one; see instructions)			
IF DEATH OCCURRED IN A HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival		IF DEATH OCCURRED OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home / Long-term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____	
8. BIRTHPLACE (City and State or Foreign Country) New York, New York	9. SOCIAL SECURITY NUMBER [REDACTED]	10. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) James Nyka
12. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
13a. RESIDENCE (Street and Number) 609 Windett Lane		13b. APT. NO.	13c. CITY OR TOWN Geneva
13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
13e. COUNTY Kane	13f. STATE IL	13g. ZIP CODE 60134	14. FATHER'S NAME (First, Middle, Last) Joseph Habib
15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Alice Bisante			
16a. INFORMANT'S NAME James Nyka		16b. RELATIONSHIP Husband	16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 609 Windett Lane Geneva, IL 60134
17. METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): _____		18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) River Hills Crematory	
19. LOCATION - CITY, TOWN AND STATE Batavia, IL		20. DATE OF DISPOSITION (Month/Day/Year) March 2, 2009	
21a. FUNERAL HOME NAME STREET AND NUMBER CITY OR TOWN STATE ZIP Yurs Funeral Home 1771 State Street Geneva, IL 60134			
21b. FUNERAL DIRECTOR'S SIGNATURE <i>Debra Schmitt</i>		21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-015684	
22. LOCAL REGISTRAR'S SIGNATURE <i>Shauna Becker</i>		23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) MAR 02 2009	
CAUSE OF DEATH (See instructions and examples)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
24. PART I: Enter the chain of events - disease, injuries or complications - that directly caused the death. DO NOT enter terminal events, such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a dementia related disease, Parkinson's Disease or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.			
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Congestive heart failure Due to (or as a consequence of): b. Ischemic cardiomyopathy Due to (or as a consequence of): c. _____ Due to (or as a consequence of):			
PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. Chronic kidney disease, hypertension			
25. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		28. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Pregnant within 1 year of death but time unknown <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past 12 months	
29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation			
30. DATE OF INJURY (Month/Day/Year)		31. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	32. PLACE OF INJURY (e.g. Decedent's home; construction site; restaurant; wooded area)
33. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
34. LOCATION OF INJURY - Street and Number, Apartment Number, City or Town, State, ZIP Code			
35. DESCRIBE HOW INJURY OCCURRED: 3. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify): _____			
37. (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/LIVE ON 2/27/09		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	39. DATE PRONOUNCED (Month/Day/Year) February 28, 2009
40. TIME OF DEATH 12:10 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.			
41. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.			
42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) VIVIAN VAN ROECKEL, M.D. - 2560 Foxfield Rd & Charles IL 60174			43. PHYSICIAN'S LICENSE NUMBER 036064522
44. TITLE OF CERTIFIER M.D.		45. DATE CERTIFIED (Month/Day/Year) 3/2/09	46. SIGNATURE OF CERTIFIER <i>Vivian Van Roekel</i>
47. DECEDENT'S EDUCATION - Check the box that best describes the highest degree or level of school completed at the time of death.		48. DECEDENT OF HISPANIC ORIGIN? - Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if the decedent is not Spanish/Hispanic/Latino.	
49. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be.)			

Illinois Department of Public Health - Division of Vital Records (Based on the 2003 U.S. Standard Certificate) VR2000 (Rev. 1/08)

This is to certify that this is a true and correct copy of the official death record filed with the Illinois Department of Public Health.



CERTIFIED COPY OF VITAL RECORDS

DATE ISSUED
MAR 02 2009

I, John A. Cunningham, Kane County Clerk do here by Certify that this is a true and correct copy of the Official Death Record filed with the office of the Illinois Department of Public Health, Springfield, Illinois.