

# UNOFFICIAL COPY



1102822045

This Instrument Prepared By:  
Barry C. Bergstrom & Associates, Ltd.  
3330 - 181st Place  
Lansing, IL 60438

Doc#: 1102822045 Fee: \$40.00  
Eugene "Gene" Moore  
Cook County Recorder of Deeds  
Date: 01/28/2011 10:55 AM Pg: 1 of 3

**MAIL TO:**

Barry C. Bergstrom & Assoc.  
3330 181st Place, Ste. 104  
Lansing, Illinois 60438

**DECEASED JOINT TENANCY AFFIDAVIT**

STATE OF ILLINOIS        )  
  )SS  
COUNTY OF COOK        )

The Affiant, HELEN F. KROL, being duly sworn states that the Affiant resides at 1139 Leavitt Avenue-Unit 218, Flossmoor, Illinois 60422.

That HELEN F. KROL was acquainted with JOHN J. KROL, the deceased, who, at the time of his death was one of the owners of the land in Cook County, Illinois hereinafter legally described:

UNIT NO. 218 AS DELINEATED IN THE SURVEY OF THE FOLLOWING DESCRIBED PARCEL OF REAL ESTATE: LOT 1 IN THE RESUBDIVISION OF LOTS 1 TO 8, BOTH INCLUSIVE, OF SUBDIVISION OF SOUTH 300 FEET OF LOT 1, IN BLOCK 2 IN WELLS AND NELLEGARS SUBDIVISION OF THE NORTH 17-1/2 ACRES WEST OF ILLINOIS CENTRAL RAILROAD COMPANY OF THE NORTHEAST ¼ OF SECTION 12, TOWNSHIP 35 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, WHICH SURVEY IS ATTACHED AS EXHIBIT "A" TO THE DECLARATION OF CONDOMINIUM OWNERSHIP MADE BY THE AMERICAN NATIONAL BANK OF CHICAGO, AS TRUSTEE UNDER TRUST AGREEMENT DATED JANUARY 10, 1972 AND KNOWN AS TRUST NUMBER 76407 RECORDED IN THE OFFICE OF THE RECORDER OF DEEDS OF COOK COUNTY, ILLINOIS AS DOCUMENT NUMBER 22628042 AND AMENDED BY DOCUMENT NUMBER 22639249; TOGETHER WITH AN UNDIVIDED PERCENTAGE INTEREST IN SAID PARCEL (EXCEPTING FROM THE PARCEL ALL THE PROPERTY AND SPACE COMPRISING ALL OF THE UNITS THREOF AS DEFINED AND SET FORTH IN SAID DECLARATION AND SURVEY), IN COOK COUNTY, ILLINOIS.

PIN: 31-12-202-064-1030  
Street Address: 1139 Leavitt Avenue,-Unit 218, Flossmoor, IL 60422

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That the Decedent died July 27, 2005, as evidenced by a copy of death certificate of the deceased attached hereto.

That the deceased died:

/X/ Leaving no Last Will and Testament.

// Leaving a Last Will and testament a copy of which is attached hereto. The original of the Will was filed with the Clerk of the Probate Division of the Circuit Court of Cook County, Illinois and admitted to Probate on FILEDATE .

// Leaving a Last Will and Testament which was filed in the Unproved Will Box of the Probate Division of the Circuit Court of Cook County, Illinois on or about FILEDATE .

That the total value of the estate of the Decedent, including both real and personal property owned by the Decedent either individually or in joint tenancy at the time of the death of the Decedent, does not exceed the sum of \$1,500,000.

Affiant makes this Affidavit for the purpose of inducing any title insurance company to issue its title insurance policy, describing the real estate referred to above.

Dated: January 27, 2011

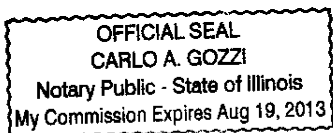
*Helena F. Krol*

**HELEN F. KROL**

Subscribed and sworn to before me  
by the said HELEN F. KROL, this 27  
day of January, 2011.

*Carlo A. Gozzi*

Notary Public



# UNOFFICIAL COPY

STATE OF ILLINOIS  
County of Cook

AUGUST 5, 2005

DAVID ORR, County Clerk

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

*David Orr*  
COUNTY CLERK

DECEASED'S BIRTH NO.  Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS  A ..... DECEASED B. KBO C. PE 2 F.D D. 11A KBO E. 13A. KBO 17c. KBO	REGISTRATION DISTRICT NO. <b>16.0</b>  REGISTERED NUMBER	STATE OF ILLINOIS  <b>MEDICAL CERTIFICATE OF DEATH</b>	STATE FILE NUMBER
DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR) 1. <b>John J. Krol</b> 2. <b>Male</b> 3. <b>July 27, 2005</b>			
COUNTY OF DEATH AGE—LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR) 4. <b>Cook</b> 5a. <b>92</b> 5b. <b>92</b> 5c. <b>92</b> 5d. <b>June 10, 1913</b>			
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY) 6a. <b>Flossmoor</b> 6b. <b>1139 Leavitt Unit 218</b> 6c.			
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 7. <b>Blue Island, IL</b> 8a. <b>Married</b> 8b. <b>Helen F. Maslinski</b> 9. <b>Yes</b>		SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 10. <b>[REDACTED]</b> 11a. <b>Inspector</b> 11b. <b>Rail Road</b> 12. <b>8</b>	
RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY 13a. <b>1139 Leavitt Avenue</b> 13b. <b>Flossmoor</b> 13c. <b>Yes</b> 13d. <b>Cook</b>			
STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 13e. <b>Illinois</b> 13f. <b>60422</b> 14a. <b>White</b> 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		FATHER—NAME FIRST MIDDLE LAST MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST 15. <b>Joseph Krol</b> 16. <b>Sophie Giza</b>	
FATHER—NAME FIRST MIDDLE LAST MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST 15. <b>Joseph Krol</b> 16. <b>Sophie Giza</b>			
INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17a. <b>Helen F. Krol</b> 17b. <b>Wife</b> 17c. <b>1139 Leavitt St. Flossmoor, IL 60422</b>			
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) <b>ASHD</b> <span style="float: right;"><b>&gt; 1 YR</b></span> 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 (c)			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. 19a. <b>CHF, OBS E DEMENTIA, DYS PHAGIA, ADVANCED OA</b>			
DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20a. 20b. 20c. <input type="checkbox"/> YES <input type="checkbox"/> NO			
(DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) HOUR OF DEATH 21a. <b>Did</b> <b>3/24/2005</b> 21b. <b>NO</b> 21c. <b>10:45 A.M. M.</b>			
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 22a. SIGNATURE <b>S.V. Joshi</b> 22b. <b>7/28/2005</b>			
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER 22c. <b>S.V. JOSHI MD 333 DIXIE HIGHWAY, CHICAGO #75, IL 60411</b> 22d. <b>036064879</b>			
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. 23.			
BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR) 24a. <b>Burial</b> 24b. <b>Holy Cross Cemetery</b> 24c. <b>Calumet City, Illinois</b> 24d. <b>July 30, 2005</b>			
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. <b>Olen Mortuary 15700 S. Emerald Ave. Harvey, Illinois 60426</b>			
FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25b. <b>John Ward</b> 25c. <b>034-014699</b>			
LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26a. <b>David Orr</b> 26b. <b>III 29 2005</b>			