UNOFFICIAL



DECEASED JOINT TENANCY AFFIDAVIT

Doc#: 1111846039 Fee: \$38.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 04/28/2011 03:09 PM Pg: 1 of 2

STATE OF ILLINOIS COUNTY OF COOK

IRENE PKZYBYCIEN, who resides at 5342 South Melvina, Chicago, Cook County, Illinois, 60638, being first duly sworn, states as follows, to wit:

That she is a sister of EUGENIA I. PRZYBYCIEN, deceased, who, at the time of her death, was one of the joint tenant owners, along with the said IRENE PRZYBYCIEN, of certain land in Cook County, Illinois, legally described as:

THE SOUTH 9 FELT OF LOT 17 AND 18 (EXCEPT THE SOUTH 2 FEET) IN BLOCK 15 IN BAKTLETT'S HIGHLANDS BEING A SUBDIVISION OF THE SOUTH WEST QUARTER (EXCEPT THE EAST HALF OF THE EAST HALF) OF SECTION 8, TOWNSHIP 38 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

PIN: 19-08-319-057-0000

and commonly known as: 5342 South Melvina, Chicago, IL 60638

That the deceased died on December 06, 2009, at the age of 55 years, in Cicero, Illinois, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the decedent died leaving no Last Will & Testament.

FURTHER AFFIANT SAYETH NAUGHT.

IRENE PRZYBYCI

OFFICIAL SEAL DANIEL W. KRAUSE

Notary Public - State of Illinois
My Commission Expires Jun 19, 2011

the said IRENE PRZYBYCIEN on this 26 day of 400 , 2011

Subscribed and sworn to before me by

Notary Public

My commission expires 06/19/2011

This document prepared by: Daniel W. Krause, Esq, 10610 S. Cicero, #2, Oak Lawn, IL 60453

TOWN OF CICERO CICERO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

| TATE FILE NUMBER 2009 (| 088952 | | | | | | | | | DATE | ISSUED | 12/09/2009 | |
|--|---|--|-------------------------------------|---------------------------------|--------------------|------------------------------|---|---------------|-----------------|--|-------------|-------------------------|--|
| DECEDENT'S LEGAL NAME EUGENIA I PRZYBYCIE | N | | | | | | | SEX FEMALE | L L | OF DEATH | .06, 2009 | | |
| COUNTY OF DEATH | I | AGE AT LAST BIRTHDAY DATE OF | | | | | | | | | | | |
| CITY OR TOWN | | 85 | YEA | RS | LUCODITAL | NO 07:10 | | RCH 07, 1924 | 1 | | | | |
| CICERO | | HOSPITAL OR OTHER INSTITUTION FAMILY CENTERED HOS | | | | | | | | | | | |
| PLACE OF DEATH | ····· | | | | 17 WHILE | JEITT | LINED III | OT TOL | ****** | | | | |
| HOSPICE FACILITY | | | | | | | | | | | | | |
| BIRTHPLACE | CURITY NUM | RITY NUMBER MARITAL STATUS AT TIME | | | | DEATH SURVIVING SPOUSE'S NAM | | | | | | | |
| CHICAGO, IL | 4-5407 | 5407 NEVER M. | | | | İ | | | | FORCES? NO | | | |
| RESIDENCE 5342 S MELVINA | | | APT. N | | | 1 | OR TOWN | | | | | INSIDE CITY LIMITS? YES | |
| COOK | | | | THER'S NAME PETER PRZYBYCIEN | | | | | | ME PRIOR TO FIRST MARRIAGE SOKOLOWSKA | | | |
| INFORMANT'S NAME IRENE M PRZYBYCIEN | , | RELATIONSHIP MAILING ADDRESS SISTER 5342 S MELVINA | | | | | | IICAGO, IL | ., 60638 | | | | |
| | | | CE OF DISPOSITION VERGREEN CEMETERY | | | | LOCATION - CITY OR TOWN AND S EVERGREEN PARK, IL | | | DATE OF DISPOSITION DECEMBER 11, 2009 | | | |
| FUNERAL HOME WOLNIAK FUNERAL HO | OME, 5700 S | S. PULASY. | ו קס., | CHICAGO | D, IL, 60629 | | | | | | | | |
| FUNERAL DIRECTOR'S NAME NANCY ANN WOLNIAK COOK funeral director's NAME 034011910 | | | | | | | | | | CTÓR'S ILLINOIS LICENSE NUMBER) | | | |
| LOCAL REGISTRAR'S NAME MARYLIN COLPO DATE FILED WIT DECEMBE | | | | | | | | | | TH LOCAL REGISTRAR ER 9, 2009 | | | |
| CAUSE OF DEATH PART | i. MULTIPLE | E MYELOMA | | | | | | | | 4 ∓ | • | | |
| IMMEDIATE CAUSE | a. | | | | | | | | άTΕ | EVE EVI | | | |
| resulting in death) | al disease or condition Due to (or as a consequence of): Due to (or as a consequence of): | | | | | | | | XIIX | AL BCTWEE | | | |
| | U. | | | | O_{λ} | | | | , RO | AR I | | | |
| | | | | D | | / | | | AP | ONSC | | | |
| | C. | | | Due to (| or as a consequenc | :e с у: | X, | | | Z Ō | | | |
| | | | | | | • | | | | | | | |
| | ······································ | | | Due to (| or as a consequenc | e of): | | | | | | | |
| PART II. Enter other significant co. | nditions contri | buting to deal | h but no | ot resulting in | the underlying of | cause giv | en in P. OT I | | WAS AN AUT | TOPSY PERF | ORMED? N | 0 | |
| LUNG CANCER, COLON CANCER | | | | | | | | | | E AUTOPSY FINDINGS USED TO | | | |
| | | | | | | | | 1/2 | | - | EATH? N/A | | |
| DID TOBACCO USE CONTRIBUTE | | 4 / | | | | | | | MANNER OF DEATH | | | | |
| NO | | NOT APPLICABLE | | | | | | NATURA | L | | | | |
| DATE OF INJURY | TIME OF | TIME OF INJURY PLACE OF INJ | | | | | | O_{x} | | INJURY AT | WORK? | | |
| LOCATION OF INJURY | | | | | | | | | | | | | |
| DESCRIBE HOW INJURY OCCURE | RED: | | | | | | | | IF T | RANS' OHTA | TION INJURY | , SPECIFY: | |
| _ | EN ALIVE | *** | | | | DATE PRONOUNCED | | | TIME OF DEATH | | | | |
| NO | UNKNOW | /N | CC | RONER COM | NTACTED? | NO | | | | | 11:07 PM | V I | |
| CERTIFIER PHYSICIAN | | | | | | | | | | DATE CERTIFIED DECEMBER 07, 2009 | | | |
| NAME, ADDRESS AND ZIP CODE | OF PERSON CO | MPLETING C | AUSE C | F DEATH | | | | | - ' T | PHYSICIAN'S | LICENSE NI. | MRER | |

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

MANISH DESAI MD, 5909 W 35TH STREET, CICERO, ILLINOIS, 60804

Marylin Colpo Cicero Town Clerk and Local Registrar



PHYSICIAN'S LICENSE NUMBER

036-105725