

# UNOFFICIAL COPY



Doc#: 1117818028 Fee: \$40.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 06/27/2011 11:54 AM Pg: 1 of 3

LOTS 37 AND 38 IN BLOCK 146 IN CHICAGO HEIGHTS, IN THE NORTHWEST  
QUARTER OF SECTION 28, TOWNSHIP 35 NORTH, RANGE 14, EAST OF THE  
THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Real Estate Index Number: 235 E. 25<sup>th</sup> Street  
Chicago Heights, IL 60411

Address of Real Estate: 32-28-116-035

This instrument prepared by

Angelo A. Ciambone  
1515 Halsted Street  
Chicago Heights, IL 60411

Return recorded document to:

RECORDER'S BOX 445

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## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS } ss. Order Number: 111053  
County of COOK }

JOSEPH TYLKA being duly sworn, states that he  
resides at 235 E. 25th St. in the city of Chicago Heights.  
That he was acquainted with Richard Tylka deceased  
who, at the time of his death, was one of the owners of the land  
in Cook County, Illinois, described as:

Lots 37 and 38 in Block 146 in Chicago Heights, in the Northwest  
Quarter of Section 28, Township 35 North, Range 14, East of the  
Third Principal Meridian, in Cook County, Illinois.

That the deceased died May 30, 2007, as evidenced by a certified copy of the death certificate  
of the deceased attached hereto.

That the deceased died:

Leaving no Last Will & Testament.

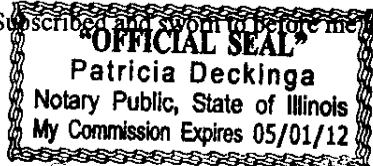
Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven Will should be filed with  
the Clerk of the Probate Division of the Circuit Court of \_\_\_\_\_ County, Illinois.

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  
\_\_\_\_\_.

Affiant makes this affidavit for that purpose of inducing the Greater Illinois Title Company to issue it's Title Insurance Policy,  
describing the above mentioned property.

Subscribed and sworn to before me by the said Joseph Tylka



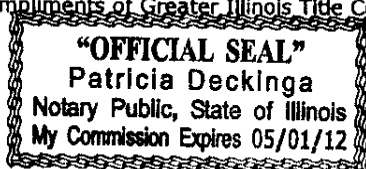
This 1st day of June, 2011.

Joseph Tylka  
(Affiant Signature) Joseph Tylka

Patricia Deckinga  
(Notary Public)



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PERMANENT CERTIFICATE

TEMPORARY CERTIFICATE

STATE OF ILLINOIS  
**MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH**

REGISTRATION DISTRICT NO. 16.52  
 REGISTERED NUMBER 419 428 MAY 07

DECEASED NAME: RICHARD John TYLKA  
 SEX: MALE  
 DATE OF DEATH: 3 MAY 30, 2007

COUNTY OF DEATH: Cook  
 AGE - LAST BIRTHDAY (YRS): 5a. 64  
 UNDER 1 YEAR: 5b. 1 MONTH 0 DAYS  
 UNDER 1 DAY: 5c. 5 HOURS 0 MIN  
 DATE OF BIRTH (MONTH DAY YEAR): 5d. July 2, 1942

CITY, TOWN, TWP OR ROAD DISTRICT NUMBER: 6a. Chicago Heights  
 HOSPITAL OR OTHER INSTITUTION: 6b. St. James Hospital  
 IF HOSP OR INST INDICATED O A OP EMER RM, INPATIENT (SPECIFY): 6c. D.O.A.

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): IL Chicago Heights, IL  
 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): 8a. Never Married  
 NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): 8b. None  
 WAS DECEASED EVER IN U S ARMED FORCES? (YES NO): 9 No

SOCIAL SECURITY NUMBER: 10. 346-34-7715  
 OCCUPATION: 11a. Laborer  
 KIND OF BUSINESS OR INDUSTRY: Plumbing & Sewer  
 EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): 12 12  
 Elementary, Secondary (9-12) College (14 or 5+)

RESIDENCE (STREET AND NUMBER): 13a. 235 E. 25th Street  
 CITY, TOWN, TWP OR ROAD DISTRICT NO.: 13b. Chicago Heights  
 INSIDE CITY (YES-NO): 13c. Yes  
 COUNTY: 13d. Cook

STATE: 13e. Illinois ZIP CODE: 13f. 60411  
 RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): 14a. WHITE  
 OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.): 14b. X NO YES SPECIFY:

FATHER - NAME: 15. Joseph Tylka, Sr.  
 MOTHER - NAME: 16. Victoria Dominik

INFORMANT'S NAME (TYPE OR PRINT): 17a. Joseph J. Tylka, Jr.  
 RELATIONSHIP: 17b. Brother  
 MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP): 17c. 17235 E. 25th St., Chicago Heights, IL 60411

18. PART I. Enter the diseases, injuries, 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.  
 Immediate Cause (Final disease or condition resulting in death): (a) Atherosclerotic Cardiovascular Disease  
 CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: (b) DUE TO, OR AS A CONSEQUENCE OF  
 (c) DUE TO, OR AS A CONSEQUENCE OF

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I:  
 AUTOPSY (YES/NO): 19a. NO  
 WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO): 19b.

NATURAL, ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED (SPECIFY): 20a. Natural  
 DATE OF INJURY (MONTH, DAY, YEAR): 20b.  
 HOUR: 20c. M.  
 HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18): 20d.  
 INJURY AT WORK (YES/NO): 20e.  
 PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY): 20f.  
 LOCATION (CITY, VIL, OR TOWN, OR TWP, OR RD, DIST NO., COUNTY, STATE): 20g.  
 IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20h. YES [ ] NO [X]

21a. I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT  
 21b. THE DECEDENT WAS PRONOUNCED DEAD ON MONTH DAY YEAR AT  
 21c. 10:50 AM M

CORONER'S / MEDICAL EXAMINER'S SIGNATURE: 22a. J. Scott Denton MD  
 DATE SIGNED: 22b. MAY 30 07 (MONTH, DAY, YEAR)

CORONER'S PHYSICIAN'S NAME (Type of Print): 23a. J. Scott Denton MD  
 DATE SIGNED: 23b. MAY 30 2007

BURIAL, CREMATION REMOVAL (SPECIFY): 24a. Burial  
 CEMETERY OR CREMATORY - NAME: 24b. Calvary Cemetery  
 LOCATION: 24c. Steger, Illinois  
 DATE: 24d. June 4, 2007

FUNERAL HOME: 25a. Kerr-Parzygnot Funeral Home 540 Dixie Highway Chicago Heights, Illinois 60411  
 FUNERAL DIRECTOR'S SIGNATURE: 25b. John Parzygnot  
 FUNERAL DIRECTOR - ILLINOIS LICENSE NUMBER: 25c. 034-011846

LOCAL REGISTRAR'S SIGNATURE: 26a. Ethel M. Taylor Inmed  
 DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): 26b. June 4, 2007

DECEASED

PARENTS

CAUSE

CERTIFIER

DISPOSITION

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD FOR THE ABOVE NAMED IN ITEM NO. 1 AND THAT THIS RECORD WAS ESTABLISHED AND FILED IN MY OFFICE IN ACCORDANCE WITH THE PROVISIONS OF THE ILLINOIS STATUTES RELATING TO THE REGISTRATION OF BIRTHS, STILLBIRTHS, AND DEATHS.

DATE: JUN 04 2007

SIGNED: Ethel M. Taylor

AT: CHICAGO HEIGHTS, IL 60411

TITLE: LOCAL REGISTRAR