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1118245053



Doc#: 1118245053 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 07/01/2011 12:16 PM Pg: 1 of 3

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

MAIL TO:

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

Property of Cook County Clerk's Office

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
)SS
COUNTY OF COOK)

The Affiant, TERRY W. ZAWACKI, being duly sworn states that the Affiant resides at 6799 Olen Trail, Winneconne, Wisconsin.

That TERRY W. ZAWACKI was acquainted with GLADYS M. ZAWACKI, the deceased, who, at the time of her death was one of the owners of the land in Cook County, Illinois hereinafter legally described:

LOT 347 IN THE SEVENTH ADDITION TO GLENWOOD GARDENS BEING A SUBDIVISION OF PART OF THE SOUTH EAST ¼ OF SECTION 3, TOWNSHIP 35 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN: 32-03-422-005
Property Address" 18 South Pine Lane, Glenwood, IL 60425

That the Decedent died February 20, 2008, 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


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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 \$2,000,000.00.

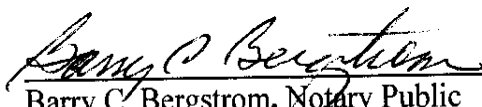
Affiant makes this Affidavit for the purpose of inducing ATG to issue its title insurance policy, describing the real estate referred to above.

Dated: June 17, 2011

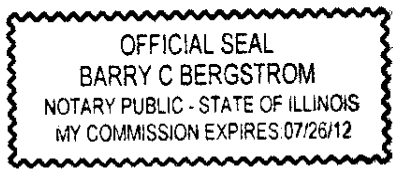


TERRY W. ZAWACKI

Subscribed and sworn to before me
by the said TERRY W. ZAWACKI, this 17th
day of June, 2011.



Barry C. Bergstrom, Notary Public



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STATE OF ILLINOIS CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. <i>16-32</i>		LOCAL FILE NUMBER <i>184</i>		STATE FILE NUMBER	
1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) Gladys May Zawacki			2. SEX Female	3. DATE OF DEATH (Month/Day/Year) (Spell Month) February 20, 2008	
4. COUNTY OF DEATH Cook		5a. AGE AT LAST BIRTHDAY (Years) 83	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH (Month/Day/Year) February 13, 1925
7a. CITY OR TOWN Chicago Heights			7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) St. James Hospital and Health Centers		
IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival			7c. PLACE OF DEATH (Check only one; see instructions) IF DEATH OCCURRED SOMEWHERE 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) Chicago, IL		9. SOCIAL SECURITY NUMBER		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) Walter Martin Zawacki		12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
13a. RESIDENCE (Street and Number) 18 Pine Lane		13b. APT. NO.	13c. CITY OR TOWN Glenwood		13d. "INSIDE CITY LIMITS?" <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13e. COUNTY Cook		13f. STATE IL	13g. ZIP CODE 60425	14. FATHER'S NAME (First, Middle, Last) Fred W. Cooke	
15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Lilly Unknown		16. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 18 Pine Lane Glenwood, IL 60625			
16a. INFORMANT'S NAME Walter M. Zawacki		16b. RELATIONSHIP Husband		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, or other) Cedar Park Cemetery		19. LOCATION - CITY, TOWN, AND STATE Calumet Park, Illinois		20. DATE OF DISPOSITION (Month/Day/Year) Feb. 23, 2008	
21a. FUNERAL HOME NAME Cedar Park Funeral Home		21b. STREET AND NUMBER 12540 South Halsted Street		21c. CITY OR TOWN STATE ZIP Calumet Park, Illinois 60827	
21d. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		21e. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-015726			
22. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>		23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) March 5, 2008			
24. CAUSE OF DEATH (See instructions and examples) PART I: Enter the chain of events - diseases, 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. COPD (Emphysema) Due to (or as a consequence of) _____ Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. _____ 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. Coronary artery disease					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		28. IF FEMALE: <input 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 one 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"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation	
30. DATE OF INJURY (Month/Day/Year) MD		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:		36. 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/HER ALIVE ON 2/19/08		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. DATE PRONOUNCED (Month/Day/Year) 2/20/08	
40. TIME OF DEATH 6:21 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.		41. CERTIFIER (Check only one): <input 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) 3700 W. 203rd ST, Ste 302, OLYMPIA FIELDS IL 60461		43. PHYSICIAN'S LICENSE NUMBER 036091539			
44. TITLE OF CERTIFIER M.D.		45. DATE CERTIFIED (Month/Day/Year) 3/5/08		46. SIGNATURE OF CERTIFIER <i>[Signature]</i>	

Illinois Department of Public Health - Division of Vital Records (Based on the 2003 U.S. Standard Certificate) VR200 (Rev. 1/06)

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.

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: MAR 05 2008

SIGNED: *[Signature]*

AT: CHICAGO HEIGHTS, IL 60411

TITLE: LOCAL REGISTRAR

Birthplace