

# UNOFFICIAL COPY



Doc#: 1119244014 Fee: \$38.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 07/11/2011 10:43 AM Pg: 1 of 2

## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS                    )  
COUNTY OF COOK                    )        SS

Andrzej Zubrzycki being duly sworn states that he resides in Oak Forest, Illinois. That he was the husband of Aleksandra Zubrzycki, also known as Aleksandra Zubrzycka, deceased, who, at the time of death, was one of the sworn owners of the property in Cook County, Illinois, described as:

UNIT 2-3C AND GARAGE UNIT G-2-3C TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN RIDGE POINT CONDOMINIUM AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NO. 98725017, AS AMENDED, IN THE NORTHWEST ¼ OF SECTION 78, TOWNSHIP 36 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

COMMONLY KNOWN AS: 6820 W. RIDGEPOINT, UNIT 3C, OAK FOREST, ILLINOIS 60452

PERMANENT REAL ESTATE INDEX NUMBER: 28-18-101-044-1023

That the deceased died May 28, 2011, as evidenced by a certified copy of a 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 death of the deceased, does not exceed the sum of \$100,000.00 dollars.

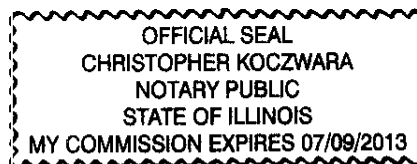
Affiant makes this affidavit for the purpose of inducing A Title Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said Andrzej Zubrzycki.

Andrzej Zubrzycki  
Andrzej Zubrzycki

This 8<sup>th</sup> day of July, 2011.

[Signature]  
Notary Public



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COOK COUNTY CLERK VITAL RECORDS  
CHICAGO, ILLINOIS  
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2011.0040667

DATE ISSUED 06/01/2011

DECEDENT'S LEGAL NAME ALEKSANDRA ZUBRZYCKA			SEX FEMALE	DATE OF DEATH MAY 28, 2011	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 48 YEARS		DATE OF BIRTH FEBRUARY 09, 1963	
CITY OR TOWN OAK FOREST			HOSPITAL OR OTHER INSTITUTION NAME 6820 RIDGE POINT DRIVE		
PLACE OF DEATH DECEDENT'S HOME					
BIRTHPLACE POLAND		SOCIAL SECURITY NUMBER [REDACTED] 6801	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME ANDRZEJ ZUBRZYCKI	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 6820 RIDGE POINT DRIVE			APT. NO. 3C	CITY OR TOWN OAK FOREST	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60452	FATHER'S NAME JOZEF ZUBRZYCKI		MOTHER'S NAME PRIOR TO FIRST MARRIAGE JOZEFINA MACHAJ
INFORMANT'S NAME ANDRZEJ ZUBRZYCKI		RELATIONSHIP HUSBAND		MAILING ADDRESS 6820 RIDGE POINT DRIVE, OAK FOREST, IL, 60452	
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION JABLONKA PARISH CEMETERY		LOCATION - CITY OR TOWN AND STATE JABLONKA, POLAND	DATE OF DISPOSITION JUNE 06, 2011
FUNERAL HOME ZARZYCKI MANOR CHAPELS LTD WILLOW SPRINGS, 8999 SOUTH ARCHER AVENUE, WILLOW SPRINGS, IL, 60480					
FUNERAL DIRECTOR'S NAME CLAUDETTE A ZARZYCKI				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016211	
LOCAL REGISTRAR'S NAME LEONARD J HINES				DATE FILED WITH LOCAL REGISTRAR JUNE 1, 2011	
CAUSE OF DEATH PART I. METASTATIC CERVICAL CARCINOMA					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ Due to (or as a consequence of):		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		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.				WAS AN AUTOPSY PERFORMED? NO	
				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
DID TOBACCO USE CONTRIBUTE TO DEATH?		FEMALE PREGNANCY STATUS UNKNOWN		MANNER OF DEATH NATURAL	
DATE OF INJURY		TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?
LOCATION OF INJURY					
DESCRIBE HOW INJURY OCCURRED				IF TRANSPORTATION INJURY, SPECIFY	
ATTEND THE DECEASED? YES		DATE LAST SEEN ALIVE MARCH 21, 2011	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 05:30 AM
CERTIFIER PHYSICIAN				DATE CERTIFIED MAY 28, 2011	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PANER, AGNE, 4400 WEST 95TH STREET, SUITE 311, OAK LAWN, ILLINOIS, 60453				PHYSICIAN'S LICENSE NUMBER 036-116619	

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.

David Orr  
David Orr  
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE