



ATTORNEYS'  
TITLE  
GUARANTY  
FUND,  
INC.



Doc#: 1120855078 Fee: \$40.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 07/27/2011 03:46 PM Pg: 1 of 3

## JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS )  
 ) SS  
COUNTY OF COOK )

Orysia Ludwin, hereby referred to as the affiant, states under oath that the affiant resides at 203 South Owen Street; that the affiant was acquainted with Petro Nishko: at the time of the decedent's death, the decedent was one of the owners of a parcel of property by virtue of a properly recorded joint tenancy or tenancy by the entirety deed, said property located in COOK County, Illinois, and legally described as follows:

LOT 13 IN BLOCK 18 IN PROSPECT HEIGHTS MANOR, A SUBDIVISION OF THE EAST HALF OF THE NORTHEAST QUARTER (EXCEPT THE WEST 493.20 FEET OF THE NORTH 353.20 FEET THEREOF) OF SECTION 27, TOWNSHIP 42 NORTH, RANGE 11 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO PLAT RECORDED JUNE 14, 1946 AS DOCUMENT 13821026, IN COOK COUNTY, ILLINOIS.

Permanent Index Number(s): 03-27-215-011-0000

Property Address: 204 South Owen Place, Prospect Heights, IL 60070

The decedent died on 09/15/2003 no last will and testament;

The decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

The total value of decedent's estate, including the taxable interest in the above property is, and that the value of the above property individually is \$10,000.00;

The State Estate/Inheritance Tax and the Federal Estate Tax, if any, that was due from the decedent's estate, has been paid in full;

The affiant makes this affidavit to induce Attorneys' Title Guaranty Fund, Inc. (ATG) to issue its policy of title insurance on the above described property.

The affiant hereby covenants and agrees, individually, and for the affiants, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold ATG harmless and to reimburse ATG for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature that ATG may suffer, expend or incur by reason of the issuance of said policy, free and clear of the following objections:

1. Claims against the estate of Petro Nishko, deceased, the decedent;
2. State Estate/Inheritance Tax and Federal Estate Tax that may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.

\_\_\_\_\_  
Orysia Ludwin

# UNOFFICIAL COPY

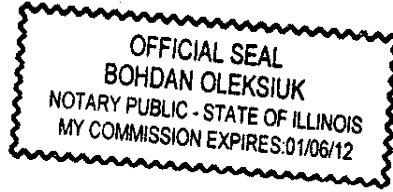
## JOINT TENANCY AFFIDAVIT

(continued)

Subscribed and sworn to before me this

25th day of July, 2011  
(Month) (Year)

Bohdan Oleksiuk  
(Notary Public)



My commission expires: \_\_\_\_\_

**Note:** If the decedent left a will, a certified copy thereof must be presented to ATG for inspection, along with a certified copy of the death certificate and evidence of payment of death taxes, if any.

This instrument prepared by:  
B. George Oleksiuk  
B. GEORGE OLEKSIUK and ASSOCIATES, P.C.  
422 E. Palatine Rd.  
Palatine, IL 60074

Return to:  
B. George Oleksiuk  
B. GEORGE OLEKSIUK and ASSOCIATES, P.C.  
422 E. Palatine Rd.  
Palatine, IL 60074

Property of Cook County Clerk's Office

STATE OF ILLINOIS  
County of Cook

DAVID ORR, County Clerk

**UNOFFICIAL COPY**

SEP 22 2003

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

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <b>16.0</b>		STATE OF ILLINOIS				STATE FILE NUMBER	
		REGISTERED NUMBER		<b>MEDICAL CERTIFICATE OF DEATH</b>					
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS		DECEASED-NAME FIRST <b>Petro</b> LAST <b>Nishko</b>		SEX <b>2. MALE</b>		DATE OF DEATH (MONTH, DAY, YEAR) <b>3 SEPTEMBER 15, 2003</b>			
A.....		COUNTY OF DEATH <b>4. COOK</b>		AGE-LAST BIRTHDAY (YRS) <b>5a. 89</b>		DATE OF BIRTH (MONTH, DAY, YEAR) <b>5d. JULY 24, 1914</b>			
B.....		CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <b>6a. GLENVIEW</b>		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>6b. GLENBROOK HOSPITAL</b>		IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY) <b>6c. EMER. ROOM</b>			
C.....		BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>7. UKRAINE</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>8a. MARRIED</b>		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <b>8b. TEKLA ROLINSKA</b>		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) <b>9. NO</b>	
D.....		SOCIAL SECURITY NUMBER <b>1. [REDACTED]-2642</b>		USUAL OCCUPATION <b>11a. LABORER</b>		KIND OF BUSINESS OR INDUSTRY <b>11b. STEEL</b>		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) <b>12. 8</b>	
E.....		RESIDENCE (STREET AND NUMBER) <b>13a. 204 S. OWEN PLACE</b>		CITY, TOWN, TWP. OR ROAD DISTRICT NO. <b>13b. PROSPECT HEIGHTS</b>		INSIDE CITY (YES/NO) <b>13c. YES</b>		COUNTY <b>13d. COOK</b>	
PARENTS		FATHER-NAME FIRST MIDDLE LAST <b>15. OLEKSA NISHKO</b>		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST <b>16. MARIA N/A</b>					
1.....		INFORMANT'S NAME (TYPE OR PRINT) <b>17a. TEKLA NISHKO</b>		RELATIONSHIP <b>17b. WIFE</b>		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) <b>17c. 204 S. OWEN PL. PROSPECT HIGHTS., IL 60070</b>			
2.....		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	
3.....		Immediate Cause (Final disease or condition resulting in death) <b>(a) Chronic pneumonia</b>		DUE TO, OR AS A CONSEQUENCE OF				<b>weeks</b>	
CAUSE		CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. <b>(b) Aspiration</b>		DUE TO, OR AS A CONSEQUENCE OF				<b>months</b>	
4.....				<b>(c) Advanced dementia</b>				<b>years</b>	
5.....		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.							
N.....		DATE OF OPERATION, IF ANY <b>20a.</b>		MAJOR FINDINGS OF OPERATION <b>20b.</b>		AUTOPSY (YES/NO) <b>19a. Yes</b>		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) <b>19b. Yes</b>	
P.....		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? <b>20c. YES</b>							
CERTIFIER		I (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON <b>21a. 9-17-03</b>		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) <b>21b. NO</b>		HOUR OF DEATH <b>21c. 17:25 P.M.</b>			
22a. SIGNATURE <i>Victoria L. Brand</i>		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>22c. Victoria L. Brand, 2050 Pfingsten #190, Glenview IL</b>				DATE SIGNED (MONTH, DAY, YEAR) <b>22b. 9-19-03</b>		ILLINOIS LICENSE NUMBER <b>22d. 036-79,020</b>	
23. <i>~</i>		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.			
DISPOSITION		BURIAL, CREMATION, REMOVAL (SPECIFY) <b>24a. BURIAL</b>		CEMETERY OR CREMATORY-NAME <b>24b. SAINT NICHOLAS</b>		LOCATION CITY OR TOWN STATE <b>24c. CHICAGO, ILLINOIS</b>		DATE (MONTH, DAY, YEAR) <b>24d. 09/20/03</b>	
25a. MUZYKA FUNERAL HOME 2157 W. CHICAGO AVE. CHICAGO, ILLINOIS 60622		FUNERAL DIRECTOR'S SIGNATURE <i>Murray M. Muzyka</i>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>25c. 034-011549</b>					
25b. LOCAL REGISTRAR'S SIGNATURE <i>David Orr</i>		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>26b. SEP 22 2003</b>							