



ATTORNEYS'
TITLE
GUARANTY
FUND,
INC.



Doc#: 1121746039 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 08/05/2011 04:14 PM Pg: 1 of 3

JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

JAMES SZYMIKOWSKI, hereby referred to as the affiant, states under oath that the affiant resides at 4226 W. Congress, Chicago, Illinois 60624; that the affiant was acquainted with MICHAEL F. SZYMIKOWSKI 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:

THE NORTH 30 FEET OF THE SOUTH 87 FEET OF LOT 8 (EXCEPT THE EAST 8 FEET THEREOF) IN BLOCK 1 IN FREDERICK H. BARTLETT'S 8TH ADDITION TO BARTLETT HIGHLANDS, BEING A SUBDIVISION OF THE EAST 1/2 OF THE EAST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 8, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS

Permanent Index Number(s): 19-08-307-029-0000

Property Address: 5105 S. McVicker, Chicago, IL 60638

The decedent died on 01/03/1969, leaving 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 under \$50,000, and that the value of the above property individually is under \$50,000;

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 MICHAEL F. SZYMIKOWSKI, 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.

JAMES SZYMIKOWSKI

UNOFFICIAL COPY

JOINT TENANCY AFFIDAVIT (continued)

Subscribed and sworn to before me this

4th day of August, 2011
(Month) (Year)

Corina Cook
(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:
James J. Kash
6545 W. Archer Ave.
Chicago, Illinois 60638

Return to:
James J. Kash
6545 W. Archer Ave.
Chicago, Illinois 60638

Property of Cook County Clerk's Office

STATE OF ILLINOIS
(County of Cook)

UNOFFICIAL COPY

AUGUST 5, 2011

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 the 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 J. Orr
COUNTY CLERK

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

600298

DECEASED'S BIRTH NO. _____ REGISTRATION DISTRICT NO. 2630
REGISTERED NUMBER _____

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH MONTH, DAY, YEAR
1. MICHAEL F. SZYMKOWSKI 2. MALE 3. JANUARY 3, 1969

RACE (SPECIFY) AGE—LAST BIRTHDAY (YRS.) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH MONTH, DAY, YEAR PLACE OF DEATH COUNTY
4. WHITE 5a. 72 5b. _____ 5c. _____ 6. 10/7/1896 7a. CHICAGO

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER INSIDE CITY (YES/NO) HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
7b. CHICAGO 7c. YES 7d. 5101 SOUTH McVICKERS AVENUE

BIRTHPLACE (STATE OR COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. ILLINOIS 9. U.S.A. 10. WIDOWED 11. NONE

SOCIAL SECURITY NUMBER MAJOR OCCUPATION KIND OF BUSINESS OR INDUSTRY U.S. WAR VETERAN; WAR OR DATES OF SERVICE
12. UNKNOWN 13a. GUARD 13b. SPIEGEL CO. 13c. NO 13d. --

RESIDENCE STATE COUNTY CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) STREET AND NUMBER
14a. ILLINOIS 14b. COOK 14c. CHICAGO 14d. YES 14e. 5101 S. McVICKERS AVE.

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST
15. FRANK SZYMIKOWSKI 16. NOT AVAILABLE

INFORMANT'S SIGNATURE RELATIONSHIP MAILING ADDRESS STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP
17a. Robert Szymkowski 17b. DAUGHTER 17c. 5101 S. McVICKERS AVE

PART I. DEATH WAS CAUSED BY: (NOTE: ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE
(a) PULMONARY HEART DISEASE
DUE TO OR AS A CONSEQUENCE OF:
(b) CARCINOMA OF THE LUNG
DUE TO OR AS A CONSEQUENCE OF:
(c) _____
1 DAY
10 months

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) AUTOPSY (YES/NO) IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
19a. NO 19b. _____

DATE OF OPERATION, IF ANY; MAJOR FINDINGS OF OPERATION
20a. 3-28-68 20b. BRONCHOSCOPIC BIOPSY - (CARCINOMA OF LUNG)

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED AT ON THE DATE, AT THE PLACE AND FROM THE CAUSE(S) STATED
21. 8:30 PM NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED.

I ATTENDED THE DECEASED FROM: MONTH DAY YEAR MONTH DAY YEAR AND LAST SAW HIM/HER ALIVE ON: MONTH DAY YEAR
21a. 3 19 68 21b. 3 69 21c. 12 4 68

SIGNATURE DATE SIGNED (MONTH, DAY, YEAR) ILLINOIS LICENSE NUMBER
22a. Lloyd A. Ferguson, M.D. 22b. 1-4-69 22c. 36-34676

MAILING ADDRESS—CERTIFIER STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE ZIP
23. 1516 E. 55th St. Chicago, Ill. 60615

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
24a. BURIAL 24b. RESURRECTION 24c. JUSTICE ILLINOIS 24d. 1/7/69

FUNERAL HOME NAME STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE ZIP
25a. RICHARD FUNERAL HOME 5749 ARCHER AVENUE CHICAGO ILLINOIS 60638

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25b. Richard S. Grochowala 25c. 4301

LOCAL REGISTRAR'S SIGNATURE DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
26a. _____ 26b. JAN 5 1969

VS 200—(1968) ILLINOIS DEPARTMENT OF PUBLIC HEALTH — BUREAU OF STATISTICS