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THIS DOCUMENT PREPARED BY: MAIL TO:

Joel Goldman, Esq. 5105 Tollview Dr., #199 Rolling Meadows, IL 60008



Doc#: 1126449163 Fee: \$40.00 Eugene "Gene" Moore RHSP Fee: \$10.0 Cook County Recorder of Deeds
Date: 09/21/2011 03:05 PM Pg: 1 of 3

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS

COUNTY OF COOK

Alma Cuevas, being duly sworn, states that she resides at 1529 Rutland Lane, Schaumburg, Illinois.

That she was acquainted with **P.ichard S. Rozycki**, deceased, who, at the time of his death, was one of the owners of the land in **Cook** County, Minois, described as:

Please see attache Schibit "A" for Legal Description

P.I.N.: 07-14-121-023-0000

Address: 822 Dracut Lan . Schaumburg, Illinois

That the deceased died July 21, 2011, as evidenced by a certified copy of Death Certificate of the deceased attached hereto.

That the surviving joint tenants are **Eric Gutierrez** and **Alma Cuevas** and that they have both survived the deceased by more than thirty (30) days.

Affiant makes this Affidavit for the purpose of spreading of record the ceath of Richard S. Rozycki.

Alma Cuevas - Affiant

Subscribed and Sworn to before me this // 4 b day of

وبرام _____, 2011.

Notary Public

OFFICIAL SEAL
JOEL GOLDMAN
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES.02/02/12

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THE SOUTH 26 FEET, AS MEASURED AT RIGHT ANGLES TO THE SOUTH LINE THEREOF OF THAT PART OF LOT 21 LYING NORTH OF A LINE FORMING AN ANGLE OF 90 DEGREES 00 MINUTES 00 SECONDS, AS MEASURED FROM SOUTH TO WEST, WITH THE EAST LINE OF SAID LOT 21 FROM A POINT ON SAID EAST LINE 64.02 FEET, AS MEASURED ALONG SAID EAST LINE, NORTH OF THE SOUTHEAST CORNER OF SAID LOT 21 IN TOWN AND COUNTRY'S WEATHERSFIELD, BEING A RESUBDIVISION IN THE SOUTHEAST 1/4 OF THE NORTHWEST 1/4 OF SECTION 14, TOWNSHIP 41 NORTH, RANGE 10, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED DECEMBER 19, Exhibit "A" 1985 AS DOCUMENT 85331727 AND CERTIFCATE OF CORRECTION RECORDED APRIL 11, 1986 AS DOCUMEN'S 86139625 IN COOK COUNTY, ILLINOIS

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VILLAGE OF LIBERTYVILLE LIBERTYVILLE, ILLINOIS MEDICAL CERTIFICATE OF DEATH

100	10.00	5.29	100		
STA	TE EIL	FNIMBE	FR 20	111 00	54062

TATE FILE NUMBER 2011 0054	l062					DA	TE ISSUED	07/21/2011	
DECEDENT'S LEGAL NAME RICHARD STEVEN ROZYO	KI .				SEX MALE	DATE OF DEA JULY 21,			
COUNTY OF DEATH	A	GE AT LAST BIRTHDAY 61 YEARS		- V	09, 1950				
CITY OR TOWN BARRINGTON			HOSPITAL OR OT PEPPER FA	HER INSTITUTION MILY HOSPIC	NAME E HOME AND	CARE CENT	ER		
PLACE OF DEATH HOSPICE FACILITY									
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY I	IUMBER MARITAL STA MARRIED	TUS AT TIME OF DE	A CONTRACTOR OF THE CONTRACTOR	SPOUSE'S NAM CUEVAS		EVER IN U.S. FORCES? N	0	
RESIDENCE 1529 RUTLAND LAIVE		APT.1		TY OR TOWN SCHAUMBURO			INSIDE CITY LI	MITS?	
COUNTY STAT		FATHER'S NAME LEONARD B F	ROZYCKI		EVA PET	IME PRIOR TO FIF	RST MARRIAGE		
INFORMANT'S NAME ALMA CUEVAS		RELATIONSHIP WIFE	i dia		AND LANE, S	CHAUMBURG			
METHOD OF DISPOSITION BURIAL	PLATE O ST VII	F DISPOSITION CHAEL THE ARCH	ANGLE	LOCATION - CIT PALATINE, I	Y OR TOWN AND L		of disposition Y 23, 2011		
FUNERAL HOME MEADOWS FUNERAL HOM	иE, 3615 KIRCH	OFF FOAD, ROLLI	NG MEADOWS	, IL, 60008					
FUNERAL DIRECTOR'S NAME WILLIAM J HABERICHTER	03401038								
LOCAL REGISTRAR'S NAME KEVIN J BOWENS		0			DATE FILED W JULY 21,	D WITH LOCAL REGISTRAR 21, 2011			
	END STAGE PAN	CREATIC CANCER V	. TH METASTASIS	3	×	E EEN VTH	3 YEARS Y	EARS	
IMMEDIATE CAUSE a. (Final disease or condition resulting in death) b.	THROMBOSIS PU	Due to (c LMONARY EMBOLISM	or as a onsequence of):			ROXIMAT AL BETW AND DE/	MONTHS M		
		Due to /r	or as a consequence or):			APPROXININTERVAL BEONET AND	MONTES	IONTIO	
				12	•				
			or as a consequence of):	DA/TI		AS AN AUTOPSY P	ереориера М	0	
PART II. Enter other significant condit	ions contributing to	death but not resulting in	the underlying cause	given in PAR C	Q WE	RE AUTOPSY FIN	DINGS USED TO		
DID TOBACCO USE CONTRIBUTE TO	DEATH? FEA	IALE PREGNANCY STAT	US 20 000			MPLETE CAUSE (NNER OF DEATH	JE DEATH / IN/A		
DID TOBACCO OSE CONTINESTE TO		OT APPLICABLE		<u> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</u>	<u></u>	ATURAL	I INJURY AT	WORKS	
DATE OF INJURY	TIM	E OF INJURY	PLACE OF INJURY	fata a said			INJURY As	WORKY	
LOCATION OF INJURY									
DESCRIBE HOW INJURY OCCURRED						IF TRANSEC	TATION INJURY	SPECIFY	
- 7 17 3 = 17 - 17 17 17 = = = = = = = = = = = = = = = 	TE LAST SEEN ALIVE JUNE 03, 2011	WAS MEDICAL CORONER CON	EXAMINER OR ITACTED? YES		RONOUNCED		12:08 AM	Apr 1 (4)	
CERTIFIER PHYSICIAN							1, 2011		
NAME ADDRESS AND ZID CODE OF	DEPSON COMPLETII	IG CAUSE OF DEATH	8.0 K.			PHYSICI	AN'S LICENSE NU	IMBER	

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.

036 096150

NAME ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH

JONG HO MAM, 121 SOUTH WILKE ROAD, ARLINGTON HEIGHTS, ILLINOIS, 60005

Kevin J. Bowens

Village Of Libertyville, Local Registrar