

UNOFFICIAL COPY



CHICAGO TITLE INSURANCE COMPANY

DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois)
County of COOK) ss.
)

Order No. _____

Eleanor M. Drobot being duly sworn states that
she resides at 4848 S. Long Avenue in the City of
Chicago

That she was acquainted with George P. Drobot
deceased who, at the time of his death, was one of the owners of the land in Cook
County, Illinois, described as:

See Exhibit A attached hereto and made a part hereof

That the deceased died January 20, 2007, as evidenced
by a certified copy of 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 _____



Doc#: 1207929027 Fee: \$42.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 03/19/2012 10:58 AM Pg: 1 of 3

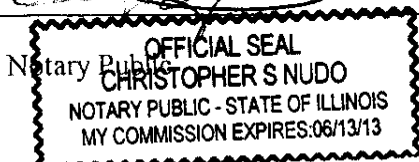
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of One Hundred Thousand dollars.

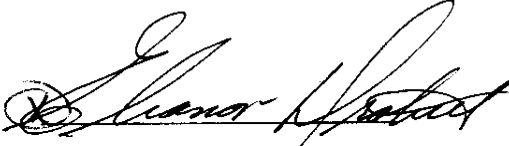
Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

Eleanor M. Drobot

this 15 day of February, A.D. ~~19~~ 2012.




(affiant's signature)

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EXHIBIT A

Lots 62 and 63 in Frederick H. Bartlett's 48th Avenue Subdivision of Lot "A" (except railroad) in the Circuit Court Partition of the South 1/2 and that part of the Northwest 1/4 lying South of the Illinois and Michigan Canal Reserve in Section 3, Township 38 North, Range 13 East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Real Estate Index Number(s): 19-03-105-001-0000 and 19-03-105-002-0000

Address(es) of real estate: 4208 S. Kilpatrick Avenue, Chicago, Illinois 60632

Property of Cook County Clerk's Office

(STATE OF ILLINOIS)
(County of Cook)

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FEBRUARY 14, 2012

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

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DECEDENT'S BIRTH NO. _____

REGISTRATION DISTRICT NO. _____

REGISTERED NUMBER **18-10**

STATE OF ILLINOIS STATE FILE NUMBER **600831**

MEDICAL CERTIFICATE OF DEATH

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

1. DECEASED-NAME FIRST MIDDLE LAST **George P. Drobot** SEX **2 Male** DATE OF DEATH (MONTH, DAY, YEAR) **3 January 20, 2007**

4. COUNTY OF DEATH **Cook** AGE-LAST BIRTHDAY (YR) MO. DATE **5a 54** UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR) **5d January 16, 1953**

6a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **Chicago** 6b. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN BIRTH, GIVE STREET AND NUMBER) **4250 S. Knox Ave.** 6c. IF HOSP. OR INST. INDICATE I.O.A. OPERATOR, RN, INPATIENT (SPECIFY)

A DECEASED

7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **Chicago, IL** 8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **Married** 8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) **Eleanor Predny** 8c. WAS DECLARED DEAF IN U.S. ARMED FORCES? (YEAR) **9 No**

B SOCIAL SECURITY NUMBER **321-46-3038** 10a. USUAL OCCUPATION **Proprietor** 10b. KIND OF BUSINESS OR INDUSTRY **Industrial** 10c. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) **12 12** 10d. College (1-4 or 5+)

C RESIDENCE (STREET AND NUMBER) **4848 S. Long Ave.** 11a. CITY, TOWN, TWP. OR ROAD DISTRICT NO. **Chicago** 11b. INSIDE CITY (YEAR) **13c No** 11c. COUNTY **13d Cook**

E

13a. STATE **Illinois** 13b. ZIP CODE **60638** 14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) **White** 14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) **14b. X NO** 14c. YES SPECIFY:

PARENTS

15. FATHER-NAME FIRST MIDDLE LAST **Anthony Drobot** 16. MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST **Bernice Dutkiewicz**

17a. INFORMANT'S NAME (TYPE OR PRINT) **Eleanor Drobot** 17b. RELATIONSHIP **Wife** 17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) **4848 S. Long Ave., Chicago, IL 60638**

18. PART I: Enter the disease, 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.

18. PART II: Other significant condition(s) contributing to death but not resulting in underlying cause given in PART I.

19a. AUTOPSY (YES/NO) **No** 19b. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? **NO**

20a. DATE OF OPERATION, IF ANY _____ 20b. MAJOR FINDINGS OF OPERATION _____

21a. (I) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON **10-10-06** 21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) **Yes** 21c. HOUR OF DEATH: **2:15 P. M.**

22a. SIGNATURE *[Signature]* 22b. DATE SIGNED (MONTH, DAY, YEAR) **Jan 22 2007**

22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **DR JOHN ZIELINSKI 4254 W 55TH ST CHICAGO, IL 60632** 22d. ILLINOIS LICENSE NUMBER **036061130**

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) _____

24a. BURIAL, CREMATION, REMOVAL (SPECIFY) **Cremation** 24b. CEMETERY OR CREMATORY-NAME **Funeral Directors Crematory** 24c. LOCATION CITY, TOWN, TWP. OR ROAD DISTRICT NO. STATE **Berwyn, Illinois** 24d. DATE (MONTH, DAY, YEAR) **2nd Jan. 23, 2007**

25a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN, STATE ZIP **Damar Funeral Home 7861 S. 86th Avenue Justice Illinois 60458**

25b. FUNERAL DIRECTOR'S SIGNATURE *[Signature]* 25c. FUNERAL HOME'S ILLINOIS LICENSE NUMBER **034-014496**

25d. LOCAL REGISTRY CLERK'S SIGNATURE *[Signature]* 25e. DATE FILED BY LOCAL REGISTRY (MONTH, DAY, YEAR) **JAN 23 2007**

26a. _____ 26b. _____

VR200 (Rev. 5/80) Illinois Department of Public Health—Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)

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Property of County of Cook, Illinois

4-19-07 TP