



ATTORNEYS' TITLE GUARANTY FUND, INC.



Doc#: 1214526137 Fee: \$44.00 Eugene "Gene" Moore RHSP Fee: \$10.00 Cook County Recorder of Deeds Date: 05/24/2012 01:58 PM Pg: 1 of 4

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JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS) COUNTY OF DUKE) SS

, hereby referred to as the affiant states under oath that the affiant resides at ; that the affiant was acquainted with STELLA ZELAZNY; 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 378 IN BIG OAKS SUBDIVISION, BEING A SUBDIVISION IN THE SOUTH 1/2 OF SECTION 7, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. Permanent Index Number(s): 13-07-430-028 Property Address: 4908 N. NEENAH AVE., CHICAGO, IL 60656

The decedent died on a 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 ; \$0.

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 STELLA ZELAZNY, 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.

Handwritten signature of Pamela Montali

Attorneys' Title Guaranty Fund, Inc. 1 S. Wacker Dr., STE 2400 Chicago, IL 60606-4650 Attn: Search Department

Handwritten initials: S Y, P U, S N, SC Y, INT B

UNOFFICIAL COPY

JOINT TENANCY AFFIDAVIT

(continued)

Subscribed and sworn to before me this

14th day of MARCH, 2012
(Month) (Year)

Paul Fosco
(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:
Paul Fosco
430-440 TELSEL RD.
LAKE ZURICH, IL 60047

Return to:
Paul Fosco
430-440 TELSEL RD.
LAKE ZURICH, IL 60047

Property of Cook County Clerk's Office

UNOFFICIAL COPY

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

600243

REGISTRATION NO. **1010**
 DISTRICT NO. **1010**
 REGISTERED NUMBER **1010**
 DECEASED NAME **STELLA** FIRST **ZELAZNY** LAST
 SEX **FEMALE**
 DATE OF BIRTH **AUGUST 27 1908** MONTH DAY YEAR
 COUNTY OF DEATH **COOK**
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **CHICAGO**
 AGE LAST BIRTHDAY **85** YEARS MONTH DAY
 HOSPITAL OR OTHER INSTITUTION NAME (IF NOT BIRTHDAY, GIVE STREET ADDRESS)
 RESURRECTION MEDICAL CENTER
 NAME OF SURNAMING SPOUSE (MARRIAGE RECORD, IF ANY)
 NONE
 EDUCATION (SPECIAL, HIGHEST GRADE COMPLETED)
 8
 INSIDE CITY (YES) YES NO
 COUNTY **COOK**

1. COUNTY OF DEATH **COOK**
 2. FEMALE
 3. CHICAGO
 4. 85
 5. AUGUST 27 1908
 6. NONE
 7. CHICAGO, ILL.
 8. NONE
 9. NONE
 10. ASSEMBLER
 11. FACTORY
 12. 8
 13. YES
 14. COOK
 15. JOHN
 16. MARY
 17. SON
 18. 4908 N NEENAH AVE CHGO. ILL.

19. JOSEPH ZELAZNY
 20. 12/19/93
 21. CASIMIR LIPINSKI M.D.
 22. 4447 W TALCOTT CHGO. ILL.
 23. ST ADALBERT
 24. NILES, ILLINOIS
 25. KOLBUS FUNERAL HOME LTD. 6841-57 W. HIGGINS AVE CHGO. ILL. 60656
 26. ST ADALBERT
 27. NILES, ILLINOIS
 28. KOLBUS FUNERAL HOME LTD. 6841-57 W. HIGGINS AVE CHGO. ILL. 60656
 29. 034-009914
 30. JAN 06 1994

CONDITIONS, IF ANY, WHICH GAVE RISE TO DEATH OR AS A CONSEQUENCE OF DUE TO OR AS A CONSEQUENCE OF
 I & L have heart disease
 HISTORY of lymphatic
 DATE OF OPERATION, IF ANY
 HIGHER FINANCES OF OPERATION
 MONTH DAY YEAR
 12/19/93
 DATE OF BIRTH
 27 AUGUST 1908
 DATE SIGNED
 6 JAN 1994
 HOURS OF DEATH
 7:20 P.M.
 DATE OF DEATH
 6 JAN 1994
 HOURS OF DEATH
 7:20 P.M.

20. 12/19/93
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STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO
 JAN 06 1994

JOYCE A. BRAUNER, MPA, LOCAL
 REGISTRAR OF VITAL STATISTICS OF
 THE CITY OF CHICAGO, DO HEREBY
 CERTIFY THAT I AM THE KEEPER OF
 THE RECORDS OF BIRTHS, STILLBIRTHS
 AND DEATHS FOR THE CITY OF CHICAGO
 IN VIRTUE OF THE LAWS OF THE STATE
 OF ILLINOIS AND THE ORDINANCES OF
 THE CITY OF CHICAGO; THAT THE
 ACCOMPANYING CERTIFICATE ON THIS
 DEATH IS A TRUE COPY OF A RECORD
 FILED BY ME IN PURSUANCE OF SAID
 LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID WHEN
 COLOR SIGNATURE SEAL IS
 FIXED.

DEPARTMENT OF HEALTH - CITY OF CHICAGO

UNOFFICIAL COPY**CERTIFICATION OF DEATH RECORD**

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

STATE FILE NUMBER 2011 0083403

DATE ISSUED 11/10/2011

DECEDENT'S LEGAL NAME JOSEPH JOHN ZELAZNY		SEX MALE	DATE OF DEATH NOVEMBER 08, 2011	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 79 YEARS	DATE OF BIRTH JANUARY 30, 1932		
CITY OR TOWN ELK GROVE VILLAGE		HOSPITAL OR OTHER INSTITUTION NAME MANORCARE AT ELK GROVE VILLAGE		
PLACE OF DEATH NURSING HOME / LONG TERM CARE FACILITY				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH NEVER MARRIED/NEVER IN CIVIL UNION	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 4908 N NEENAH	APT NO	CITY OR TOWN CHICAGO		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60636	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JOSEPH JOHN ZELAZNY	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION STELLA NAVOY
INFORMANT'S NAME PAMELA MONTELEONE		RELATIONSHIP POWER OF ATTORNEY	MAILING ADDRESS 1125 TRINITY, ADDISON, IL, 60101	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION TRI COUNTY CREMATORY	LOCATION - CITY OR TOWN AND STATE CHANNAHON, IL	DATE OF DISPOSITION NOVEMBER 10, 2011	
FUNERAL HOME CARE MEMORIAL, 8230 S HARLEM AVE, BRIDGEVIEW, IL, 60455				
FUNERAL DIRECTOR'S NAME JOHN F HANN			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015038	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR NOVEMBER 10, 2011	
CAUSE OF DEATH	PART I	LUNG CANCER		
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	Due to (or as a consequence of)		
	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.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
		UNKNOWN		
WAS AN AUTOPSY PERFORMED? NO			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT APPLICABLE			MANNER OF DEATH NATURAL	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?	
LOCATION OF INJURY			IF TRANSPORTATION INJURY, SPECIFY.	
DESCRIBE HOW INJURY OCCURRED				
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE NOVEMBER 05, 2011	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 01:50 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED NOVEMBER 09, 2011	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH BARRY GLICK, 810 BIESTERFIELD RD, ELK GROVE VILLAGE, ILLINOIS, 60007			PHYSICIAN'S LICENSE NUMBER 036091531	

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