

UNOFFICIAL COPY



DECEASED JOINT TENANCY AFFIDAVIT

Doc#: 1232544097 Fee: \$60.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 11/20/2012 04:06 PM Pg: 1 of 2

State of Illinois)

SS.

County of Cook)

DECEASED JOINT TENANCY AFFIDAVIT

Carole Michalek, hereinafter called Affiant(s) being duly sworn states that she resides at 4941 West 144th Place, Midlothian, IL 60445. That she was acquainted with *Donald Michalek*, hereinafter referred to as Deceased, and at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

Lot 4 in Oakwoods of Midlothian, being a Resubdivision of Lot 5 in H. J. Cross' Subdivision of the North half of the East half of the Northeast quarter of Section 9, Township 36 North, Range 13 East of the Third Principal Meridian, (except the South 165 feet of the East 182.47 feet of said Lot 5), in Cook County, Illinois. PIN #28-09-209-004

That the deceased died July 26, 2008 as evidenced by a certified copy of Deceased's death certificate 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 Cook County, Illinois.
- Leaving a Last Will & Testament, which was filed, in the Unproven Will Box of the Probate Division of the Circuit Court of _____.

That the total value of the estate of the Deceased, for estate tax purposes, 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 \$10.00 dollars.

Affiant makes this affidavit for the purpose of inducing the Real Estate Index to issue its Title Insurance Policy describing the above-mentioned property.

Subscribed and sworn before me this day of October 23rd, 2012.

Heather Ann Haas

Notary Public

Carole Michalek

Carole Michalek

12320-54
202 102



Prepared by + Returner:
Gloria Del Bosque
Standard Bank
7725 W. 98TH St.
Hickory Hills IL 60457

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REGISTRATION DISTRICT NO. 16.0		STATE OF ILLINOIS CERTIFICATE OF DEATH				STATE FILE NUMBER
LOCAL FILE NUMBER		DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last) DONALD MICHALEK		SEX MALE		DATE OF DEATH (Month/Day/Year) (Spell Month) JULY 26, 2008
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY (Years) 73	MONTHS UNDER 1 YEAR	DAYS UNDER 1 YEAR	HOURS UNDER 1 DAY	MINUTES UNDER 1 DAY	DATE OF BIRTH (Month/Day/Year) JUNE 8, 1935
CITY OR TOWN PALOS HEIGHTS			HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) PALOS COMMUNITY HOSPITAL			
PLACE OF DEATH (Check only one; see instructions): <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Death on Arrival <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long-term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____						
BIRTHPLACE (City and State or Foreign Country) BERWYN, IL	SOCIAL SECURITY NUMBER		MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) CAROLE J. KAYSEN	EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
RESIDENCE (Street and Number) 4941 WEST 144TH PLACE		APT. NO.	CITY OR TOWN MIDLOTHIAN		INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
COUNTY COOK	STATE IL	ZIP CODE 60445	FATHER'S NAME (First, Middle, Last) ANTON MICHALEK		MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) MYRTLE GRANSO	
INFORMANT'S NAME CAROLE J. MICHALEK		RELATIONSHIP WIFE		MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 4941 WEST 144TH PL. MIDLOTHIAN IL 60445		
METHOD OF DISPOSITION <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): _____	PLACE OF DISPOSITION (Name of cemetery, crematory, other)		LOCATION - CITY, TOWN AND STATE ROMEOVILLE, ILLINOIS	DATE OF DISPOSITION (Month/Day/Year) 7/30/2008		
FUNERAL HOME NAME CREMATION SOCIETY OF ILLINOIS	STREET AND NUMBER 1030 E. NORTHWEST HIGHWAY	CITY OR TOWN MOUNT PROSPECT, ILLINOIS	STATE ILLINOIS	ZIP 60056		
FUNERAL DIRECTOR'S SIGNATURE <i>Gerald Sullivan</i>			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-011165 ss	DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) JUL 30 2008		
LOCAL REGISTRAR'S SIGNATURE <i>David Orr</i>						
CAUSE OF DEATH (See instructions and examples) 24. PART I Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventilator liberation without showing etiology. If the decedent had a trauma related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death) → Rupture of Aortic Aneurysm						
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE - (disease or injury that initiated the events resulting in death) LAST						
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I						
25. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No						
27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	28. IF FEMALE: <input type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Pregnant within one year of death but time unknown <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past 12 months	29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Accidents <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation				
30. DATE OF INJURY (Month/Day/Year)	31. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	32. PLACE OF INJURY (e.g. Decedent's home; construction site; playground; wooded area)		33. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		
34. LOCATION OF INJURY - Street and Number	Apartment Number	City or Town	State	ZIP Code		
35. DESCRIBE HOW INJURY OCCURRED						36. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify): _____
37. (If did not attend the deceased) (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON 7/26/08	38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		39. DATE PRONOUNCED (Month/Day/Year) JULY 26, 2008	40. TIME OF DEATH 09:58 AM		
41. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.						
42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) M. A. RAZZAGUE 3230 W. 95th St Evergreen Park IL 60805						43. PHYSICIAN'S LICENSE NUMBER 036089797
44. TITLE OF CERTIFIER MD	45. DATE CERTIFIED (Month/Day/Year) 7/29/08		46. SIGNATURE OF CERTIFIER <i>David Orr</i>			

STATE OF ILLINOIS) this is a true and correct copy of the official death record filed with the Illinois Department of Public Health.
County of Cook) **DAVID ORR, County Clerk**

JUL 30 2008

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 herunto 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