

# UNOFFICIAL COPY

RETURN TO:  
DEBRAH GIBSON  
EDWARD J. BOYER  
601 N. WASHINGTON ST.  
CHICAGO, IL 60610  
312.467.1118



Doc#: 1307755147 Fee: \$64.00  
RHSP Fee: \$10.00 Affidavit Fee:  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 03/18/2013 02:37 PM Pg: 1 of 3

## Deceased Joint Tenancy Affidavit

0130161 1 OF 2  
State of Illinois )  
County of Cook ) SS

Date: March 4, 2013

Commitment Number: 2120161

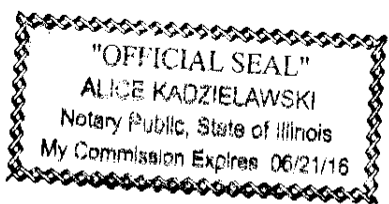
~~THE UNDERSIGNED~~ <sup>THE</sup> UNDERSIGNED, being first duly sworn, for the purpose of inducing Specialty Title Services, Inc. to issue its title policy covering the land described in the above-referenced commitment, deposes and says:

1. That he/she resides at 3392 DART AVE, HIGHLAND PARK, IL 60035
2. That he/she was acquainted with ROD J. DEBOSZ, who died on 9/1/1992, as evidenced by the attached copy of the death certificate.
3. That said decedent was one of the owners of the land described in the above-captioned commitment.
4. That said decedent died:  Leaving no will and testament  
 Leaving a last will and testament, a copy of which is attached
5. That the total value of said decedents estate for State of Illinois Inheritance Tax/Estate Tax and Federal Estate Tax purposes does not exceed \$ \_\_\_\_\_

X Deborah Gibson  
Affiants Signature

Subscribed and sworn before me this 7 day of March, 2013.

Seal



[Signature]  
Notary Public

PREPARED BY:  
DEBRAH GIBSON  
3392 DART AVE.  
HIGHLAND PARK, IL 60035  
m + N/S

STATE OF ILLINOIS  
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER  
615939

SEP 10 1992

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF BIRTH (MONTH DAY YEAR)

1. Leo J. Dobosz Male 3 September 1, 1922

COUNTY OF DEATH HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER GIVE STREET AND NUMBER)

4. Cook 6b Resurrection Hospital

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER

6a Chicago

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)

7. Chicago, IL 8a Married

SOCIAL SECURITY NUMBER USUAL OCCUPATION

10. 340-12-7511 11a. Television Repair Electronic

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO.

3a. 7339 N. Nora Ave. 13b. Niles 13c. Yes

STATE ZIP CODE RACE (MARRIED BLACK, AMERICAN INDIAN, OR SPECIFY)

3b. Illinois 13d. Cook

FATHER-NAME FIRST MIDDLE LAST

5. Adam Dobosz 14b. CND YES SPECIFY: MOTHER-NAME FIRST MIDDLE LAST

INFORMANT'S NAME (TYPE OR PRINT) 17c. 7339 N. Nora Ave. Niles, IL 60714

7a. Helen Dobosz 17b. WIFE

18 PART I: Enter the disease or complications that caused the death. Do not enter the mode of dying such as cardiac or respiratory. (Use speak or heart failure. List only one cause for each item.)

Immediate Cause (Final disease or condition resulting in death) (a) ACUTE CORONARY INSUFFICIENCY HOURS

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) (b) SCHEMIC HEART DISEASE YEARS

STATE THE UNDERLYING CAUSE LAST (c) PEPTIC ULCER DISEASE YEARS

PART II: Other significant conditions contributing to death but not resulting in the underlying cause (systemic illness)

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION

20a. 20b. 20c. YES ( ) NO (X)

19d. 19e. 19f. 19g. 19h. 19i. 19j. 19k. 19l. 19m. 19n. 19o. 19p. 19q. 19r. 19s. 19t. 19u. 19v. 19w. 19x. 19y. 19z.

20. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

21a. 8-21-92 21b. 21c. 3:36 P.M.

22a. SIGNATURE (TYPE OR PRINT) 22b. DATE SIGNED (MONTH DAY YEAR)

22c. 9-3-92

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22d. ILLINOIS LICENSE NUMBER

22e. JACK WILKOWSKI MD 5630N MILWAUKEE AVE 22f. 22g. 059022

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 22h. NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH THE CONCERNOR MEDICAL EXAMINER MUST BE NOTIFIED

23. BIRTH, CREATION, REMOVAL, SPECIFY

24a. Burial 24b. Maryhill Cemetery 24c. Niles, Illinois 24d. Sep. 4, 1992

25a. Skaja Terrace Funeral Home, 7812 N Milwaukee Ave, Niles, IL 60714 25b. ILLINOIS 60618

25c. 034 010299 25d. 25e. 25f. 25g. 25h. 25i. 25j. 25k. 25l. 25m. 25n. 25o. 25p. 25q. 25r. 25s. 25t. 25u. 25v. 25w. 25x. 25y. 25z.

26a. LOCAL REGISTRAR'S SIGNATURE JOHN R. SKAJA 26b. DATE FILED BY (MONTH DAY YEAR) SEP 03 1992

26c. 26d. 26e. 26f. 26g. 26h. 26i. 26j. 26k. 26l. 26m. 26n. 26o. 26p. 26q. 26r. 26s. 26t. 26u. 26v. 26w. 26x. 26y. 26z.

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STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

I, VIRGINIA L. PARKER, M.B.A., 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 BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

# UNOFFICIAL COPY

## EXHIBIT A

File No.: 2130161

Property Address: 326 NORA, GLENVIEW, IL, 60025

LOT 1 IN BLOCK 3 IN HARLEM PARK SUBDIVISION NUMBER 1, BEING A SUBDIVISION OF THE SOUTHWEST FRACTIONAL  $\frac{1}{4}$  OF SECTION 7, TOWNSHIP 41 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

**PIN: 10-07-302-015-0000**

Property of Cook County Clerk's Office