



Doc#: 1319350051 Fee: \$42.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 07/12/2013 02:06 PM Pg: 1 of 3

AFTER RECORDING, MAIL TO:

SATURN TITLE, LLC
1030 W. F. GIBBS RD.
SUITE 365
PARK RIDGE, IL 60068

1310294
1062

DECEASED JOINT TENANCY AFFIDAVIT

File Number: _____

STATE OF ILLINOIS)
COUNTY OF Cook) SS.

Karen C. Wielgat being duly sworn states that he/she resides at
11537 S. Le Claire, Alsip, IL 60803 in the City of Alsip, State of IL.

That he/she was acquainted with Thomas S. Wielgat (deceased)
who, at the time of his/her death, was one of the owners of the land in Cook County, Illinois, commonly known as:
11537 S. Le Claire, Alsip, IL 60803 and legally described in the attached legal description.

That the deceased died on 8-12-11, as evidenced by a certified copy of a death certificate of the deceased attached hereto.

CHECK ONE:

- That the deceased died: Leaving no Last Will & Testament; or
- 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; or
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois on or about _____.

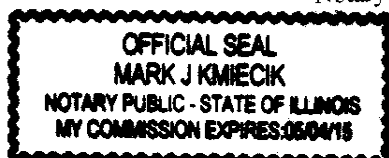
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually, in joint tenancy or tenancy by the entirety at the time of the death of the deceased, does not exceed the sum of \$ 0.

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

Subscribed and sworn to before me this 26 day of June, 2013.

Karen C. Wielgat
(Affiant's Signature)

[Signature]
Notary Public



UNOFFICIAL COPY

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

DATE ISSUED 08/24/2011

STATE FILE NUMBER 2011 0060551

DECEDENT'S LEGAL NAME THOMAS S WIELGAT		SEX MALE	DATE OF DEATH AUGUST 12, 2011
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 76 YEARS	DATE OF BIRTH JUNE 08, 1935	
CITY OR TOWN OAK LAWN	HOSPITAL OR OTHER INSTITUTION NAME ADVOCATE CHRIST MEDICAL CENTER		
PLACE OF DEATH INPATIENT	SOCIAL SECURITY NUMBER	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME KAREN C MURPHY
BIRTHPLACE CHICAGO, IL	EVER IN U.S. ARMED FORCES? NO	RESIDENCE 11537 S LECLAIRE AVENUE	
COUNTY COOK	STATE IL	ZIP CODE 60803	FATHER'S NAME STANLEY WIELGAT
INFORMANT'S NAME KAREN C WIELGAT	RELATIONSHIP WIFE	MOTHER'S NAME PRIOR TO FIRST MARRIAGE STELLA FIGEROWSKI	MOTHER'S NAME PRIOR TO FIRST MARRIAGE STELLA FIGEROWSKI
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION MAPLE LAKES CREMATORIUM	LOCATION - CITY OR TOWN AND STATE JUSTICE, IL	DATE OF DISPOSITION AUGUST 17, 2011
FUNERAL HOME HEENEY FUNERAL HOME, 2929 W. 87TH STREET, EVERGREEN PARK, IL, 60805			
FUNERAL DIRECTOR'S NAME MICHAEL PAUL HEENEY		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011188	
LOCAL REGISTRAR'S NAME DAVID ORR		DATE FILED WITH LOCAL REGISTRAR AUGUST 16, 2011	
CAUSE OF DEATH	PART I. RESPIRATORY FAILURE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	2 WEEKS
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. _____ Due to (or as a consequence of):		2 WEEKS
	b. BILATERAL PNEUMONIA		YEARS
	c. EMPHYSEMA 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. PNEUMOTHORAX, CORONARY DISEASE, ARRHYTHMIA		WAS AN AUTOPSY PERFORMED? NO	
		WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
		MANNER OF DEATH NATURAL	
DID TOBACCO USE CONTRIBUTE TO DEATH?	FEMALE PREGNANCY STATUS NOT APPLICABLE	INJURY AT WORK?	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	
LOCATION OF INJURY		IF TRANSPORTATION INJURY, SPECIFY	
DESCRIBE HOW INJURY OCCURRED:			
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE AUGUST 11, 2011	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED
		TIME OF DEATH 02:44 PM	
CERTIFIER PHYSICIAN		DATE CERTIFIED AUGUST 13, 2011	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH ROBERT ANDINA M.D., 6250 S ARCHER AVENUE, CHICAGO, ILLINOIS, 60638		PHYSICIAN'S LICENSE NUMBER 036-059350	

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

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOT FACILE SECURIM HODIUM HODIUM

UNOFFICIAL COPY

Legal Description

File # : **1310294**

Borrower Name: **Mary E. Poremba**

Address: **11537 S. LeClaire Ave
Alsip, IL 60803**

Pin # : **24-21-402 023-0000**

Legal Description:

**LOT 1 IN FRANK Y. NICHOLS RESUBDIVISION OF SECTION 21, TOWNSHIP 37 NORTH,
RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT
THEREOF RECORDED OCTOBER 31, 1979 AS DOCUMENT NO 25218955, IN COOK
COUNTY, ILLINOIS.**

Property of Cook County Clerk's Office