## **UNOFFICIAL COPY**

DECEASED JOINT
TENANCY AFFIDAVIT



1412139044 Fee: \$40.00 RHSP Fee:\$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds Date: 05/01/2014 01:54 PM Pg: 1 of 2

State of Illinois County of Cook

GAIL C. GROCHOWIAK hereinafter called

Above space for Recorder's use only

Affiant, being duly sworn states that she resides at 2336 W. Palmer St., Chicago IL 60647. That Affiant was married to MICHAEL A. GROCHOWIAK, hereinafter referred to as Deceased, and at the time of Deceased's death, was one of the owners of the land in Cook County, Illinois, described as:

LOT 44 AND THE WEST 1/2 OF LOT 45 IN BLOCK 7 IN HOLSTEIN SUBDIVISION OF THE WEST 1/2 OF THE NORTHWEST 1/4 OF SECTION 31, TOWNSHIP 4G NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY ILLINOIS. KNOWN AS 2336 WEST PALMER STREET CHICAGO, ILLINOIS.

PIN: 14-31-111-027

Address of Property: 2336 W. Palmer, Chicago, IL 60647

That the Deceased died on December 28, 2013, as evidenced by a copy of Deceased's death certificate attached hereto.

That the Deceased, at the time of his death, held his share of the above-mentioned property as a joint tenant.

Affiant makes this affidavit for the purpose of any individual or corporation who may be harmed by the Affiant's lack of veracity.

> Subscribed and sworn before me this 12<sup>m</sup> day of March

NOTARY PUBLIC, STATE OF ILI

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

ATE ISSUED 12/31/2013

ATE FILE NUMBER 2013 009	8901		,		OEV.	DATE OF DEAT	H	
DECEDENT'S LEGAL NAME MICHAEL A GROCHOWIA	к			1.70	SEX MALE		R 28, 2013	
COLINTY OF DEATH AGE AT LAST BIRTHDAY					ıятн H 01, 1947			
COOK		66 YEARS	HOSPITAL OF	R OTHER INSTITUTION				
CHICAGO	<u> </u>		2336 W I					
PLACE OF DEATH		. 1 4					·	
DECEDENT'S HOME BIRTHPLACE	SOCIAL SECURITY	NUMBER STATUS AT T	IME OF DEATH	SURVIVING SPOU	SE/CIVIL UNION PAR	TNER'S MAIDEN NAM	FORCES? NO	
CHICAGO, IL	353-40-3324 MARRIED				GAIL COLLLIV			
RESIDENCE 2336 W PALMER			ľ. NO	CHICAGO	LIOTUED/CO. PARÉ	NT'S NAME PRIOR TO	YES  PERST MARRIAGE/CIVIL UNION	
COUNTY STATE	STATE THE CODE FATHER OF COLONIALAN CARRIE DYDA							
INFORMANT'S NAME				MAILING ADDR 2336 W. PA	MAILING ADDRESS 2336 W PALIMER, CHICAGO, IL, 60647			
METHOD OF DISPOSITION	PL/.CE	OF DISPOSITION	WIFE		LOCATION - CITY OR TOWN AND STATE		DATE OF DISPOSITION	
CREMATION	MC <sup>1</sup>	RGAN CREMATION	SERVICES	NORTHLAK	E, IL	DEC	DECEMBER 31, 2013	
FUNERAL HOME	MICKLEH ROEU	N W WAUKEE AV	ZENUE, CHIC	AGO, IL, 60646				
FUNERAL DIRECTOR'S NAME	RAL HOME DLONIAL-WOJCIECHOWSKI FH, 6250 N. MILY AUKEE AVENUE, CHICAGO, IL, RAL DIBECTOR'S NAME				FUNERAL DIFFECTOR OF THE PARTY			
ALLAN OSTROWSKI					034015127 DATE FILED WITH LOCAL REGISTRAR			
LOCAL REGISTRAR'S NAME DAVID ORR					DECEMB	ER 31, 2013		
CAUSE OF DEATH PART	. PANCREATIC (	CANCER	1			E EEN NTH		
IMMEDIATE CAUSE	a	Duia	to (or as a consequen	ce off:		XIMAÑ BETW D DE		
resulting in death)	b.	, put	C		r i skigte Grand Ski	VAL VAL T AN		
				9		APP INTER ONSE		
•	C.	Due	to (or as a consequer	ice of		= ∨		
	4							
			to (or as a conseque		I w	AS AN AUTOPSY	PERFORMED? NO	
PART II. Enter other significant co.	nditions contributing	g to death but not resulting	g in me underrying	g cause gives min run			NDINGS USED TO	
					C	OMPLETE GAUSE	OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT APPLICABLE						ANNER OF DEATH		
DATE OF INJURY		TIME OF INJURY	PLACE OF	INJURY		$O_{x}$	INJURY AT WORK?	
LOCATION OF INJURY								
	200					IF TRANSF	INTATION INJURY, SPECIFY	
DESCRIBE HOW INJURY OCCUR	HED:						<u>v</u>	
ATTEND THE DECEASED?	DATE LAST SEEN A		CAL EXAMINER ( CONTACTED?		PRONOUNCED		TIME OF DEATH 08:15 AM	
CERTIFIER PHYSICIAN						DATE CEI DECI	EMBER 31, 2013	
NAME ADDRESS AND ZIP CODE	OF PERSON COMP	LETING CAUSE OF DEAT	ਸ -				CIAN'S LICENSE NUMBER 6-099974	



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.



