



Doc#: 1416350017 Fee: \$64.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 06/12/2014 01:41 PM Pg: 1 of 3

AFTER RECORDING, MAIL TO:

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

1412147 1/13

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF Cook) SS.

File Number: _____

Anna Dyl being duly sworn states that he/she resides at
3725 N Normandy, Chicago, IL in the City of _____, State of _____.

That he/she was acquainted with Lenon Maksimowicz (deceased)
who, at the time of his/her death, was one of the owners of the land in Cook County, Illinois, commonly known as:
3725 N Normandy Chicago, IL and legally described in the attached legal description.

That the deceased died on 10/5/13, 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 _____.

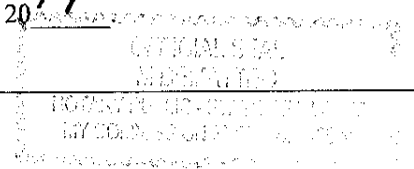
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually, in joint tenancy or tenancy by the entirety at the time of the death of the deceased, does not exceed the sum of \$ _____.

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 6 day of June, 2014

Patricia Dyl
(Affiant's Signature)

[Signature]
Notary Public



UNOFFICIAL COPY

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

STATE FILE NUMBER 2013-0075541

DATE ISSUED 10/8/2013

DECEDENT'S LEGAL NAME ZENON MAKSIMOWICZ		SEX MALE	DATE OF DEATH OCTOBER 05, 2013		
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 70 YEARS	DATE OF BIRTH JUNE 24, 1943			
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME 3725 N NORMANDY			
PLACE OF DEATH DECEDENT'S HOME					
BIRTHPLACE POLAND	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME ANNA DRYL	EVER IN U.S. ARMED FORCES? NO	
RESIDENCE 3725 N NORMANDY	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES		
COUNTY COOK	STATE IL	ZIP CODE 60634	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION LUCJAN MAKSIMOWICZ	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ANNA TRZECIAK	
INFORMANT'S NAME ANNA DRYL		RELATIONSHIP WIFE	MAILING ADDRESS 3725 N NORMANDY, CHICAGO, IL, 60634		
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION MOUNT OLIVE CEMETERY	LOCATION - CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION OCTOBER 08, 2013		
FUNERAL HOME MONTCLAIR-LUCANIA FUNERAL HOME, 6101 W. BELMONT AVENUE, CHICAGO, IL, 60634					
FUNERAL DIRECTOR'S NAME EDWARD TYLKA			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015073		
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR OCTOBER 8, 2013		
CAUSE OF DEATH	PART I. CHRONIC RENAL FAILURE			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	_____			MONTHS
	b.	ARTERIAL SCLEROTIC CARDIOVASCULAR DISEASE <small>Due to (or as a consequence of)</small>			YEARS
	c.	HYPERTENSION <small>Due to (or as a consequence of)</small>			YEARS
PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I.			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					
DESCRIBE HOW INJURY OCCURRED:			IF TRANSPORTATION INJURY, SPECIFY:		
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE MAY 17, 2013	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 10:45 AM	
CERTIFIER PHYSICIAN			DATE CERTIFIED OCTOBER 07, 2013		
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH WOJCIECH SŁODOWY, 5639 W. BELMONT, CHICAGO, ILLINOIS, 60634			PHYSICIAN'S LICENSE NUMBER 036067404		

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

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM

UNOFFICIAL COPY

Legal Description

File # : **1412147**

Borrower Name: **Antonio Castro**

Address: **3725 N Normandy Ave
Chicago, IL 60634**

Pin # : **13-19-207-060-0000**

Legal Description:

LOT 22 IN PONTARELLI BUILDERS SUBDIVISION UNIT 2, BEING A SUBDIVISION IN THE NORTH EAST 1/4 07 SECTION 19 TOWNSHIP 40 NORTH. RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office