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Doc#: 1433750015 Fee: \$42.00
RHSP Fee:\$9.00 RPRF Fee: \$1.00
Karen A.Yarbrough
Cook County Recorder of Deeds
Date: 12/03/2014 07:33 AM Pg: 1 of 3

AFTER RECORDING, MAIL TO:

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

1413325

143

Deceased Joint Tenancy Affidavit

File # : 1413325
Address: 7444 W. Strong St.
Harwood Heights, IL 60706
Pin # : 12-12-418-019-0000

Legal Description:

LOT 36 IN HARWOOD MEADOWS, UNIT NO. 2, A SUBDIVISION OF THE SOUTH 18.61 ACRES OF THE EAST 31.86 ACRES OF THE WEST 1/2 OF THE SOUTHEAST 1/4 OF SECTION 12, TOWNSHIP 40 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN THE OFFICE OF THE RECORDER OF DEEDS, COOK COUNTY, ON FEBRUARY 20, 1953 AS DOCUMENT NUMBER 15550988.

Tadeusz Wolniewicz

being duly sworn, states that he

resides at 7444 W. Strong St.

in the city of Harwood Heights

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That he

was acquainted with Elizabeth Wolniewicz

deceased

who, at the time of her

death, was one of the owners of the land

in Cook

County, Illinois, described as:

LOT 36 IN HARWOOD MEADOWS, UNIT NO. 2, A SUBDIVISION OF THE SOUTH 18.61 ACRES OF THE EAST 31.86 ACRES OF THE WEST 1/2 OF THE SOUTHEAST 1/4 OF SECTION 12, TOWNSHIP 40 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN THE OFFICE OF THE RECORDER OF DEEDS, COOK COUNTY, ON FEBRUARY 20, 1953 AS DOCUMENT NUMBER 15550988.

COMMONLY KNOWN AS: 7444 W. Strong St., Harwood Heights, IL 60706

PIN: 12-12-418 019-0000

That the deceased died January 17, 2007, as evidenced by a certified copy of the death certificate of the deceased 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 _____ County, Illinois.

Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois about _____.

That the total value of the estate of the deceased, 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 \$100,000.00

Affiant makes this affidavit for that purpose of inducing the Greater Illinois Title Company to issue it's Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said Tadeusz Wolniewicz

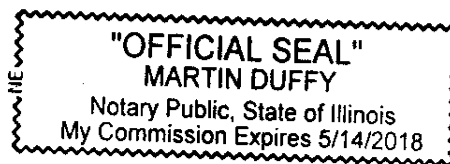
This 13th day of November, 2014

Tadeusz Wolniewicz (Affiant Signature)

Martin Duffy (Notary Public)



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TYPE/PRINT
IN
PERMANENT
BLACK INK

LF 07-26
CF



STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER
2674599

NAME OF DECEDENT
For use by physician or institution

1. DECEDENT'S NAME (First, Middle, Last) Elizabeth S. Wolniewicz		2. DATE OF BIRTH (Month, Day, Year) November 8, 1943		3. SEX Female		4. DATE OF DEATH (Month, Day, Year) January 17, 2007	
5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS (include AKA's if any) Elizbieta S. Daniecka				6a. AGE - Last Birthday (Years) 63		6b. UNDER 1 YEAR MONTHS: _____ DAYS: _____	
7a. LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c.) Northern Michigan Hospital				7b. CITY, VILLAGE, OR TOWNSHIP OF DEATH Petoskey		7c. COUNTY OF DEATH Emmet	
8a. CURRENT RESIDENCE - STATE Michigan		8b. COUNTY Emmet		8c. LOCALITY (check the box that describes the location) <input type="checkbox"/> CITY OR VILLAGE (inside limits of) <input checked="" type="checkbox"/> TOWNSHIP <input type="checkbox"/> UNINCORPORATED PLACE Cross Village Twp.		8d. STREET AND NUMBER (include Apt. No. if applicable) 6353 N. Lakeshore Drive	
8e. ZIP CODE 49723		9. BIRTHPLACE (City and State or Country) Warsaw, Poland		10. SOCIAL SECURITY NUMBER		11. DECEDENT'S EDUCATION - What is the highest degree or level of school completed at the time of death? 3 Years College	
12. RACE - American Indian, White, Black, etc. (If Asian, give nationality, ie. Chinese, Filipino, Asian Indian, etc.) (Enter all that apply) White			13a. ANCESTRY - Mexican, Cuban, Arab, African, English, French, Dutch, etc. (Enter all that apply) If American Indian race, enter principal tribe Pollish			13b. HISPANIC ORIGIN (Yes or No) No	14. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? (yes or no) No
15. USUAL OCCUPATION Give kind of work done during most of working life. Do not use retired. Supervisor		16. KIND OF BUSINESS OR INDUSTRY Insurance Computer Room		17. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		18. NAME OF SURVIVING SPOUSE (if wife, give name before first married) Tadeuse R. Wolniewicz	
19. FATHER'S NAME (First, Middle, Last) Stanislaw Danieiki				20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last) Janina Gniewowski			
21a. INFORMANT'S NAME (Type/Print) Tadeusz R. Wolniewicz		21b. RELATIONSHIP TO DECEDENT Husband		21c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, Zip Code) 7444 W. Strong St. Harwood Hgts. Ill. 60706			
22. METHOD OF DISPOSITION Burial, Cremation, Entombment, Donation, Removal, Storage (Specify) Burial		23a. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other location) Holy Cross Catholic Cemetery			23b. LOCATION - City or Village, State Cross Village, Michigan		
24. SIGNATURE OF MORTUARY SCIENCE LICENSEE <i>Charles G. Parks Jr.</i> Charles G. Parks Jr.		25. LICENSE NUMBER 661		26. NAME AND ADDRESS OF FUNERAL FACILITY Charles G. Parks Funeral Home 2469 U.S. 31 North Petoskey, Michigan 49770			
27a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the cause(s) as inanner stated. <input type="checkbox"/> Medical Examiner - 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. Signature and Title <i>John L. Diederich, M.D.</i> John L. Diederich, M.D.				28a. ACTUAL OR PRESUMED TIME OF DEATH 20:45 P M		28b. PRONOUNCED DEAD ON (Mo. Day Yr.) January 17, 2007	28c. TIME PRONOUNCED DEAD 20:45 P M
27b. DATE SIGNED (Mo. Day, Yr.) January 18, 2007		27c. LICENSE NUMBER 044-782		29. MEDICAL EXAMINER CONTACTED? (Yes or No) NO		30. PLACE OF DEATH (Home, Hospice, Nursing Home, Hospital, Ambulance) (Specify) Hospital	31. IF HOSPITAL, Inpatient, Outpatient, Emergency Room, DOA (Specify) Inpatient
32. NAME AND ADDRESS OF CERTIFYING PHYSICIAN (Type or Print) John L. Diederich, M.D. 560 W. Mitchell - Suite 300 Petoskey, MI 49770				32. MEDICAL EXAMINER'S CASE NUMBER (if applicable)		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
35a. REGISTRAR'S SIGNATURE <i>Karen R. Roth</i> Karen R. Roth				35b. DATE FILED (Month, Day, Year) January 19, 2007			
36. 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 ventricular fibrillation without showing the etiology. Enter only one cause on a line. If diabetes was the immediate, underlying or contributing cause of death be sure to record diabetes in either Part I or Part II of the cause of death section, as appropriate. a. Meningitis DUE TO (OR AS A CONSEQUENCE OF) b. _____ DUE TO (OR AS A CONSEQUENCE OF) c. _____ DUE TO (OR AS A CONSEQUENCE OF) d. _____ DUE TO (OR AS A CONSEQUENCE OF) Approximate Interval Between Onset and Death days							
PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I. Diabetes mellitus, Renal Failure							
37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			38. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year				
39. MANNER OF DEATH - Accident, Suicide, Homicide, Natural, Indeterminate or Pending (Specify) NATURAL			40a. WAS AN AUTOPSY PERFORMED? (Yes or No) NO		40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)		
41a. DATE OF INJURY (Mo., Day, Yr.)		41b. TIME OF INJURY M		41c. DESCRIBE HOW INJURY OCCURRED			
41d. INJURY AT WORK (Yes or No)		41e. PLACE OF INJURY - At home, farm, street, construction site, wooded area, etc. (Specify)		41f. IF TRANSPORTATION INJURY - Driver/Operator, Passenger, Pedestrian, etc. (Specify)		41g. LOCATION - Street or RFD No. City, Village or Twp. State	

DECEASED

DISPOSITION

CERTIFICATION

CAUSE OF DEATH

MEDICAL EXAMINER

I HEREBY CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE RECORD ON FILE IN THE OFFICE OF THE COUNTY CLERK, EMMET COUNTY, MICHIGAN
Janice A. Martini
JANICE A. MARTINI, COUNTY CLERK