

UNOFFICIAL COPY



1518850002

AFTER RECORDING, MAIL TO:

SATURN TITLE, LLC
1030 W. MONROE ST. MD.
SUNRISE
PARK RIDGE, IL 60068

Doc#: 1518850002 Fee: \$42.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 07/07/2015 07:25 AM Pg: 1 of 3

1514239
1094

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF Cook)

SS.

File Number: 1514239

Kenneth R. Rimkus being duly sworn states that he/she resides at
2713 Youngdale Dr., Las Vegas, NV in the City of _____, State of _____
89134

That he/she was acquainted with Frank Marcinowski (deceased)
who, at the time of his/her death, was one of the owners of the land in Cook County, Illinois, commonly known as:
4939 S. Linder Ave., Chicago, IL and legally described in the attached legal description.
60652

That the deceased died on 11-19-12, 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 \$ 150,000.

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 11 day of June, 2015.

Kenneth R. Rimkus
(Affiant's Signature)

Notary Public

UNOFFICIAL DEATH COPY

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

STATE FILE NUMBER 2012 0086706

DATE ISSUED 6/10/2015

DECEDENT'S LEGAL NAME FRANK MARCINOWSKI		SEX MALE	DATE OF DEATH NOVEMBER 19, 2012	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 87 YEARS	DATE OF BIRTH JUNE 09, 1925		
CITY OR TOWN STICKNEY TWP		HOSPITAL OR OTHER INSTITUTION NAME 4939 SOUTH LINDER AVENUE		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER 247 11 11	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME FRANCES M SHEMAITIS	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 4939 SOUTH LINDER AVENUE		APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? NO
COUNTY COOK	STATE IL	ZIP CODE 60638	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JOSEPH MARCINOWSKI	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JULIA SIBELIUS
INFORMANT'S NAME KAREN RIMKUS		RELATIONSHIP DAUGHTER	MAILING ADDRESS 2713 YOUNGDALE DRIVE, LAS VEGAS, NV, 89134	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION SAINT CASIMIR (LITHUANIAN) CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION NOVEMBER 24, 2012	
FUNERAL HOME RICHARD-MIDWAY FUNERAL HOME, 5749 ARCHER AV., CHICAGO, IL, 60638				
FUNERAL DIRECTOR'S NAME JEFFREY A ANDERZUNAS			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014335	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR NOVEMBER 21, 2012	
CAUSE OF DEATH	PART I. CHRONIC OBSTRUCTIVE PULMONARY DISEASE			
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	Due to (or as a consequence of):		
	b.	Due to (or as a consequence of):		
	c.	Due to (or as a consequence of):		
		Due to (or as a consequence of):		
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? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 11:00 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED NOVEMBER 20, 2012	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH SANJAY J. AMIN, M.D., 606 POTTER ROAD, DES PLAINES, ILLINOIS, 60016			PHYSICIAN'S LICENSE NUMBER 036-087155	

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

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Legal:

LOT 32 (EXCEPT THE NORTH 5 FEET THEREOF) AND THE NORTH 10 FEET OF LOT 31 IN BLOCK 10 IN CRANE VIEW ARCHER AVENUE HOME ADDITION TO CHICAGO, A SUBDIVISION OF THE WEST HALF OF THE WEST HALF OF SECTION 9, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY ILLINOIS.

Address: 4939 S. Linder Ave., Chicago, IL 60638

PIN #: 19-09-118-051-0000

PIN #:

PIN #:

Township: Stickney

Property of Cook County Clerk's Office