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Doc#: 1528149009 Fee: \$42.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 10/08/2015 11:59 AM Pg: 1 of 3

Property of Cook County Clerk's Office

Deceased Joint Tenancy
AFFIDAVIT

Lot 4 in Verdant Acres, being a Subdivision of the South 1/2 of Section 26, Township 42 North, Range 10, East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Index Number(s): 02-26-306-059-0000

Property Address: 4290 Kirchoff Rd., Rolling Meadows, IL 60008-2006

Prepared By: Maria Y Bilal
4290 Kirchoff Rd
Rolling Meadows IL 60008

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CHICAGO TITLE INSURANCE COMPANY

DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois)
County of) ss.
)

Order No. _____

James T Bielarz being duly sworn states that
resides at 3802 E. Frontage Rd in the City of
Rolling Meadows.

That ~~his~~ was acquainted with Rosemary R. Bielarz
deceased who, at the time of her death, was one of the owners of the land in Cook
County, Illinois, described as:

See Exhibit A attached hereto and made a part hereof

That the deceased died Rosemary Bielarz, as evidenced
by a certified copy of 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 0 dollars.

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

Subscribed and sworn to before me by the said

James Bielarz



this 7 day of Oct, A.D. 2015

Nimisha M Patel
Notary Public

[Signature]
(affiant's signature)

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

STATE FILE NUMBER 2013 0080186

DATE ISSUED 10/24/2013

DECEDENT'S LEGAL NAME ROSEMARY BIELARZ			SEX FEMALE	DATE OF DEATH OCTOBER 20, 2013
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 71 YEARS	DATE OF BIRTH OCTOBER 21, 1941		
CITY OR TOWN DES PLAINES	HOSPITAL OR OTHER INSTITUTION NAME PRESENCE HOLY FAMILY HOSPITAL			
PLACE OF DEATH INPATIENT				
BIRTHPLACE ITALY	SOCIAL SECURITY NUMBER [REDACTED] 8186	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME JAMES BIELARZ	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 3802 EAST FRONTAGE ROAD	APT. NO.	CITY OR TOWN ROLLING MEADOWS	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60008	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION FRANK RUBERTO	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION RAFFAELA BERNARDI
INFORMANT'S NAME JAMES BIELARZ	RELATIONSHIP HUSBAND	MAILING ADDRESS 3802 EAST FRONTAGE ROAD, ROLLING MEADOWS, IL, 60008		
METHOD OF DISPOSITION ENTOMBMENT	PLACE OF DISPOSITION ALL SAINTS CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE DES PLAINES, IL	DATE OF DISPOSITION OCTOBER 26, 2013	
FUNERAL HOME MEADOWS FUNERAL HOME, 3615 KIRCHOFF ROAD, ROLLING MEADOWS, IL, 60008				
FUNERAL DIRECTOR'S NAME WILLIAM J HABERICHTER			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034010383	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR OCTOBER 24, 2013	
CAUSE OF DEATH PART I. LETHAL BRADYASSHYTHMIA				
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.			MINUTES MINUTES
	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. CHRONIC RESPIRATORY FAILURE, METASTATIC BREAST CARCINOMA, ANASARCA, ENCEPHALOPATHY				
FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR			WAS AN AUTOPSY PERFORMED? NO	
DATE OF INJURY			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
TIME OF INJURY			MANNER OF DEATH NATURAL	
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 OCTOBER 20, 2013	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 10:11 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED OCTOBER 22, 2013	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR NANCY AWADALLAH, 3710 DAUPINE, NORTHBROOK, ILLINOIS, 60062			PHYSICIAN'S LICENSE NUMBER 036 114806	



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