

# UNOFFICIAL COPY

## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS

County of Cook

} ss.

Order Number: \_\_\_\_\_

Lillian S. Michalowski

resides at 5315 W 53rd Place

That she

who, at the time of his

in Cook

being duly sworn, states that she

in the city of Chicago, IL

was acquainted with Edward J. Michalowski,

deceased

death, was one of the owners of the land

in Cook County, Illinois, described as:

The East 1/2 of Lot 9 and the West 1/2 of Lot 10 in Hetzels Archer Avenue Addition a subdivision of the East 1/2 of the Southwes 1/4 of Section 9, Township 38 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois

PIN: 19-09-322-017-0000 and  
19-09-322-018-0000



Doc#: 1529413000 Fee: \$60  
RHSP Fee: \$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 10/21/2015 08:06 AM Pg: 1 of

Commonly known as 5315 W. 53rd Place, Chicago, IL 60632

That the deceased died June 26, 2015

of the deceased attached hereto, as evidenced by a certified copy of the death certificate

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 \$3,000,000.00

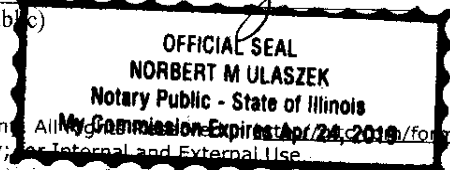
Affiant makes this affidavit for that purpose of inducing the Greater Illinois Title Company to issue it's Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said Lillian S. Michalowski

This 15th day of October, 2015.

Lillian S. Michalowski  
(Affiant Signature)

Norbert M. Ulaszek  
(Notary Public)



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RV

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**PROVISO TOWNSHIP REGISTRAR  
HILLSIDE, ILLINOIS  
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2015 0051645

DATE ISSUED 7/1/2015

DECEDENT'S LEGAL NAME EDWARD J MICHALOWSKI			SEX MALE	DATE OF DEATH JUNE 26, 2015	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 89 YEARS	DATE OF BIRTH JANUARY 13, 1926		
CITY OR TOWN PROVISO TWP		HOSPITAL OR OTHER INSTITUTION NAME HINES VETERAN ADMINISTRATION FACILITY			
PLACE OF DEATH INPATIENT					
BIRTHPLACE CHICAGO, IL		SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME LILLIAN S MADARAS	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 5315 WEST 53RD PLACE			APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60638	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION FRANK MICHALOWSKI	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JULIA WALAS	
INFORMANT'S NAME LILLIAN S MICHALOWSKI		RELATIONSHIP WIFE	MAILING ADDRESS 5315 WEST 53RD PLACE, CHICAGO, IL, 60638		
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION RESURRECTION CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE JUSTICE, IL	DATE OF DISPOSITION JUNE 30, 2015	
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 ANTHONY WILLIAMS			DATE FILED WITH LOCAL REGISTRAR JULY 1, 2015		
<b>CAUSE OF DEATH</b> PART I. OSTEOMYELITIS					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	Due to (or as a consequence of):		WEEKS
		b.	PERIPHERAL VASCULAR DISEASE		YEARS
		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? YES	DATE LAST SEEN ALIVE JUNE 26, 2015	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 11:05 AM	
CERTIFIER PHYSICIAN			DATE CERTIFIED JUNE 27, 2015		
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH SEEMA LIMAYE, M.D., 5000 SOUTH FIFTH AVENUE, HINES, ILLINOIS, 60141				PHYSICIAN'S LICENSE NUMBER 036-115624	

76005

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.

JUL 01 2015

*Anthony Williams*  
TOWNSHIP CLERK/REGISTRAR

