

# UNOFFICIAL COPY



Doc#: 1531016006 Fee: \$40.00  
RHSP Fee: \$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 11/06/2015 10:49 AM Pg: 1 of 2

## DECEASED JOINT TENANCY AFFIDAVIT

**WERONIKA LISOWSKI** hereinafter referred to as the affiant, states under oath that the affiant resides at 4625 N. Sayre Ave., Village of Harwood Heights, State of Illinois; that the affiant was acquainted with **WLADYSLAW LISOWSKI a/k/a WALTER LISOWSKI**, the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of properly recorded joint tenancy warranty deed, said property located in County of Cook, State of Illinois, and legally described as follows:

**LOT 17 (EXCEPT THE NORTH 8.57 FEET THEREOF), AND THE NORTH 17.4 FEET OF LOT 18, IN BLOCK 4, IN "LAWRENCE LAWNS", A SUBDIVISION OF LOT 2, IN C. R. BALL'S SUBDIVISION, OF THE NORTH 1/2 OF THE NORTH WEST 1/4 OF SECTION 18, TOWNSHIP 40 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, (EXCEPT SCHOOL LOT), AND OF THE NORTH 25.4 ACRES, OF THE NORTH EAST 1/4 OF THE NORTH EAST 1/4 OF SECTION 13, TOWNSHIP 40 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.**

Permanent Index Number (PIN): 13-18-104-049-0000

Address of Real Estate: 4625 N. SAYRE AVE., HARWOOD HEIGHTS, ILLINOIS 60706

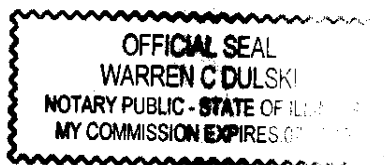
That **WLADYSLAW LISOWSKI a/k/a WALTER LISOWSKI** died on March 4, 1990.

*Weronika Lisowski*  
WERONIKA LISOWSKI

STATE OF ILLINOIS            )  
  ) SS  
COUNTY OF COOK            )

Subscribed and Sworn to before me  
this 17th day of September, 2015.

*Warren C. Dulski*  
Notary Public



Prepared by: Warren C. Dulski, Attorney at Law, 4108 N. Cicero Ave., Chicago, IL 60641-2065

AFTER RECORDING PLEASE MAIL TO:  
WARREN C. DULSKI, Attorney at Law  
4108 North Cicero Ave., Chicago, IL 60641-2065

*[Handwritten signature]*

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REGISTRATION DISTRICT NO. 16.10  
REGISTERED NUMBER

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

MAR 12 1990

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

STATE FILE NUMBER  
604553

DECEASED-NAME 1. <b>Walter aka Wladyslaw Lisowski</b>	SEX 2 <b>Male</b>	DATE OF DEATH 3 <b>March 4, 1990</b>
AGE-LAST BIRTHDAY (YRS) 5a. <b>71</b>	UNDER 1 YEAR 5b. <b>71</b>	DATE OF BIRTH (MONTH DAY YEAR) 4 <b>November 18, 1918</b>
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. <b>Chicago</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. <b>Married</b>	IF HOSP OR INST INDICATED DO A OP EMER RM INPATIENT (SPECIFY) 6c. <b>DOA</b>
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. <b>Poland</b>	NAME OF SURVIVING SPOUSE (MARRIAGE NAME IF WIFE) 8b. <b>Weronika Wojtowicz</b>	WAS DECEASED EVER IN US ARMY (FOR US) (Y/N) (S/N/D) 9. <b>NO</b>
SOCIAL SECURITY NUMBER 10. <b>347-28-4173</b>	KIND OF BUSINESS OR INDUSTRY 11b. <b>Container Co.</b>	EDUCATION (SPECIFY YOUR HIGHEST GRADE COMPLETED) (Elementary, Secondary 10-12, College 14 or 15, ) 12. <b>8</b>
RESIDENCE (STREET AND NUMBER) 13a. <b>4625 North Sayre</b>	CITY, TOWN, OR ROAD/DISTRICT NO 13b. <b>Harwood Heights</b>	COUNTY 13c. <b>Cook</b>
ZIP CODE 13c. <b>60656</b>	RACE (WHITE, BLACK, AMERICAN INDIAN, ETC) (SPECIFY) 14a. <b>White</b>	INSIDE CITY (YES/NO) 13c. <b>Yes</b>
FATHER'S NAME 15. <b>Adolf Lisowski</b>	14b. <b>XXNO</b>	13d. <b>Cook</b>
MIDDLE 15. <b>Lisowski</b>	MOTHER-NAME 16. <b>Franciszka</b>	13d. <b>Cook</b>
INFORMANT NAME (TYPE OR PRINT) 17a. <b>Kathryn Brown Details Clerk</b>	RELATIONSHIP 17b. <b>Hospital</b>	13d. <b>Cook</b>
17a. <b>Kathryn Brown Details Clerk</b>	MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY OR TOWN, STATE, ZIP) 17c. <b>Veterans Administration Hospital</b>	13d. <b>Cook</b>
18 PART I. Enter the disease, signs, or complications that caused the death. Do not enter the name of drug, such as nebulizer, or respiratory arrest, shock, or heart failure. List only one condition, such as: Immediate Cause (Final disease or condition resulting in death) (a) <b>Complete Heart Block,</b> DUE TO OR AS A CONSEQUENCE OF (b) <b>Ischemic Heart Disease,</b> DUE TO OR AS A CONSEQUENCE OF (c) <b>Ischemic Heart Disease.</b>	APPROXIMATE INTERVAL IN WEEKS (ENTER IN FULL) <b>Unknown</b>	13d. <b>Cook</b>
18 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. DATE OF OPERATION IF ANY 20a. <b>None</b>	MAJOR FINDINGS OF OPERATION 20b. <b>None</b>	13d. <b>Cook</b>
20a. <b>None</b>	20c. <b>None</b>	13d. <b>Cook</b>
20b. <b>None</b>	20c. <b>None</b>	13d. <b>Cook</b>
20c. <b>None</b>	20c. <b>None</b>	13d. <b>Cook</b>
21a. <b>January 13, 1990</b>	21b. <b>Yes</b>	13d. <b>Cook</b>
21a. <b>January 13, 1990</b>	21b. <b>Yes</b>	13d. <b>Cook</b>
21a. <b>January 13, 1990</b>	21b. <b>Yes</b>	13d. <b>Cook</b>
22a. <b>Pacold, M.D.</b>	22b. <b>3-5-90</b>	13d. <b>Cook</b>
22a. <b>Pacold, M.D.</b>	22b. <b>3-5-90</b>	13d. <b>Cook</b>
22a. <b>Pacold, M.D.</b>	22b. <b>3-5-90</b>	13d. <b>Cook</b>
22c. <b>Veterans Administration Hospital</b>	22d. <b>036-059612</b>	13d. <b>Cook</b>
22c. <b>Veterans Administration Hospital</b>	22d. <b>036-059612</b>	13d. <b>Cook</b>
22c. <b>Veterans Administration Hospital</b>	22d. <b>036-059612</b>	13d. <b>Cook</b>
23. <b>Funeral Home</b>	23. <b>Funeral Home</b>	13d. <b>Cook</b>
23. <b>Funeral Home</b>	23. <b>Funeral Home</b>	13d. <b>Cook</b>
23. <b>Funeral Home</b>	23. <b>Funeral Home</b>	13d. <b>Cook</b>
24a. <b>Burial</b>	24b. <b>Maryhill</b>	13d. <b>Cook</b>
24a. <b>Burial</b>	24b. <b>Maryhill</b>	13d. <b>Cook</b>
24a. <b>Burial</b>	24b. <b>Maryhill</b>	13d. <b>Cook</b>
25a. <b>MALEC &amp; SONS FUNERAL HOME</b>	25b. <b>8431</b>	13d. <b>Cook</b>
25a. <b>MALEC &amp; SONS FUNERAL HOME</b>	25b. <b>8431</b>	13d. <b>Cook</b>
25a. <b>MALEC &amp; SONS FUNERAL HOME</b>	25b. <b>8431</b>	13d. <b>Cook</b>

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SEAL AND BLUE SIGNATURE ARE AFFIXED