

# UNOFFICIAL COPY

## DECEASED JOINT TENANCY AFFIDAVIT



State of Illinois )  
 ) SS  
 County of Cook )

Doc#: 1531344038 Fee: \$60.00  
 RHSP Fee: \$9.00 RFRF Fee: \$1.00  
 Karen A. Yarbrough  
 Cook County Recorder of Deeds  
 Date: 11/09/2015 11:54 AM Pg: 1 of 2

TADEUSZ STANIA, hereinafter called Affiant, being duly sworn states that he resides at: 702 Whispering Court, Palatine, IL 60074. That Affiant was acquainted with BARBARA I. STANIA, hereinafter referred to as Deceased, and at the time of Decedent's death, was one of the owners of the land in Cook County, Illinois, described as:

PARCEL 1:  
 UNIT 11-A IN WHISPERING OAKS CONDOMINIUMS, AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE: PART OF THE SOUTH 1/2 OF THE NORTHEAST 1/4 OF SECTION 2, TOWNSHIP 42 NORTH, RANGE 10 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, WHICH SURVEY IS ATTACHED AS EXHIBIT "C" TO THE DECLARATION OF CONDOMINIUM RECORDED MARCH 12, 1993, AS DOCUMENT 93187367 AS AMENDED FROM TIME TO TIME, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS.

PARCEL 2:  
 EASEMENT FOR INGRESS AND EGRESS OVER THE COMMON AREAS FOR THE BENEFIT OF PARCEL 1 AS SET FORTH IN DECLARATION OF CONDOMINIUM AFORESAID.

Commonly Known As: 702 Whispering Court, Palatine, IL 60074  
 Property Index Number: 02-02-203-064-1079 and  
 02-02-203-026-0000, 02-02-203-055-0000 (underlying)

That the Deceased died on April 21, 2003, as evidenced by a copy of Deceased's death certificate attached hereto.

That the Deceased, at the time of her death, held her share of the above-mentioned property as a joint tenant and that the Deceased died leaving no last will & testament.

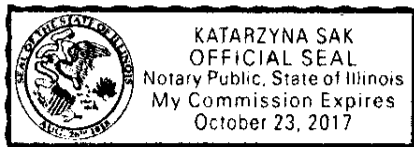
That the total value of the estate of the Deceased, for estate tax purposes, including both real and personal property owned by the Deceased either individually or in joint tenancy at the time of the death of the Deceased, does not exceed the sum of \$100,000.

Affiant makes this affidavit for the purpose of any individual or corporation who may be harmed by the Affiant's lack of veracity.

Subscribed and sworn before me  
 this 5th day of November, 2015.

*Katarzyna Sak*  
 \_\_\_\_\_  
 Notary Public

*Tadeusz Stania*  
 \_\_\_\_\_  
 Affiant's Signature



*Bm*

JUNE 20, 2005

STATE OF ILLINOIS  
County of Cook)

**UNOFFICIAL COPY**

DAVID ORR, County Clerk

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

*David Orr*  
COUNTY CLERK

BIRTH NO.		REGISTRATION DISTRICT NO. <b>16.0</b>		STATE OF ILLINOIS		STATE FILE NUMBER	
REGISTERED NUMBER		<b>MEDICAL CERTIFICATE OF DEATH</b>					
DECEASED—NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)			
1. BARBARA I. STANIA		2. FEMALE		3. APRIL 21, 2003			
COUNTY OF DEATH		AGE—LAST BIRTHDAY (YRS)		UNDER 1 YEAR		DATE OF BIRTH (MONTH, DAY, YEAR)	
4. COOK		5a. 47		5b. 5c.		5d. DECEMBER 1, 1955	
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)		
6a. PARK RIDGE		6b. LUTHERAN GENERAL HOSPITAL			6c. INPATIENT		
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
7. Krakow, Poland		8a. Married		8b. Tadeusz Stania		9. NO	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
10. 346-74-8137		11a. Hair Stylist		11b. Beauty Shop		12. 5+	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY	
13a. 702 Whispering Paks Ct.		13b. Palatine		13c. Yes		13d. Cook	
STATE		ZIP CODE		RACE (WHITE, BLACK, AM. INDIAN, etc.) (SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)	
13e. Illinois		13f. 60074		14a. White		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
FATHER—NAME FIRST MIDDLE LAST		MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST					
15. Lech Przybylowski		16. Maria Madej					
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
17a. JACLYNN M WEBB REGISTRAR		17b. HOSP REGISTRAR		60068 1775 DEMPSTER ST PARK RIDGE IL			
18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
Immediate Cause (Final disease or condition resulting in death)		(a) <i>Pharynx</i>					
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) <i>metastatic Breast Cancer</i>		3 mos.			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		AUTOPSY (YES/NO)		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)			
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION		19a. NO		19b. NO	
1 (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH			
21a. 4/21/03		21b. NO		21c. 4:04 P.M. M.			
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED (MONTH, DAY, YEAR)					
22a. SIGNATURE <i>Leonard Klein MD</i>		22b. 4/21/03					
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER					
22c. 8415 Goldendale Woods Dr 60714		22d. 2033064246					
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.					
23. BURIAL CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE		DATE (MONTH, DAY, YEAR)	
24a. Cremation		24b. Montrose Crematory		24c. Chicago, Illinois		24d. April 26, 2003	
FUNERAL HOME NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE		ZIP	
25a. Skaja Terrace FH		7812 N. Milwaukee Ave.		Niles, IL		60714	
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER					
25b. <i>Eric J. Skaja</i>		25c. 34-015022					
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)					
26a. <i>David Orr</i>		26b. APR 23 2003					