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Doc#: 1607815033 Fee: \$44.00  
RHSP Fee: \$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 03/18/2016 01:38 PM Pg: 1 of 4

TO RECORD. Deceased Joint Tenancy Affidavit

Return to:

Elaine  
Burnet Title  
1301 W. 22<sup>nd</sup> Street  
Oak Brook, IL 60523

847-349-5457

Property of Cook County Clerk's Office

Yes  
4  
N  
N  
Yes  
Yes  
INT

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## Deceased Joint Tenancy Affidavit

Burnet Title Commitment No.: 15-03833

State of Illinois )  
County of Cook )

The undersigned being duly sworn states:

That he/she resides at 2034 W. 86th Lane,  
in the City of Merrillville, IN 46410

That he/she was acquainted with MARIE INJESKI, deceased, who at the time of he/she death, was one of the owners of the land in Cook, County, Illinois described as:

See Exhibit "A" on reverse side.

That the deceased died on 6/19/2013 as evidenced by a certified copy of the death certificate of the deceased attached hereto;

That the deceased died:

- Leaving no Last Will & Testament.
- Leaving a Will & Testament a copy of which is attached. The original of the unproven will, is filed with the Clerk of the Probate Division of the Circuit Court of Cook, Illinois.
- Leaving a Last Will & Testament which was filed in The Unproven Will Box of the Probate Division of the Circuit Court of Cook, 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 or in joint tenancy at the time of the death of the deceased, does not exceed the sum of \$ 50,000.00 dollars.

The undersigned Affiant makes this Affidavit for the purpose of inducing Burnet Title to issue its title insurance policy, describing the above-mentioned property.

[Signature]  
AFFIANT WALTER INJESKI

Subscribed and sworn to before me by the said Walter Injeski (Affiant) this 15 of Dec, 2015.

[Signature]  
Notary Public

OFFICIAL SEAL  
LINDA ELWHAJDEZ  
Notary Public - State of Illinois  
My Commission Expires Jun 13, 2017

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## EXHIBIT "A"

Unit Number "SE-204-1033" together with an undivided percentage interest in the common elements in the Burnham Woods Condominium, as delineated on the survey attached to and made a part of the Declaration of Condominium recorded March 5, 1979 as Document Number 22238803, as amended from time to time, in the Southwest 1/4 of Section 17, Township 36 North, Range 15, East of the Third Principal Meridian, in Cook County, Illinois, together with an easement for parking purposes in and to parking area No. 40 as defined and set forth in said Declaration and survey, in Cook County, Illinois.

Permanent Index Number(s): 30-17-314-035-1044  
Property Address: 1033 Burnham Ave., Unit 204, Calumet City, IL 60409

Property of Cook County Clerk's Office



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## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH - RESUBMIT

Local No 002145

EDR No 000000329697

State No 029479

1. Decedent's Legal Name (First, Middle, Last) <b>MARIE INJESKI</b>				1a. Maiden Name (If female) <b>DAVIS</b>		2. Sex <b>FEMALE</b>		3. Time Of Death <b>03:55 PM</b>		4. Date Of Death (Month/Day/Year) <b>06/19/2013</b>	
5. Social Security Number <b>332-18-0337</b>		6a. Age - Yrs <b>90</b>		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		6e. Under 1 Hour Minutes	
7. Date of Birth (Month/Day/Year) <b>12/04/1922</b>		8. Birthplace (City and State or Foreign Country) <b>DOUSINAY, PA</b>									
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival				10a. If Death Occurred Somewhere Other Than A Hospital: <input checked="" type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)					
11. Facility Name (If Not Institution, Give Street and Number) <b>ST ANTHONY HOSPICE-CROWN POINT</b>											
12. City Or Town, State, And Zip Code <b>CROWN POINT, IN, 46307</b>						13. County Of Death <b>LAKE</b>			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name				15a. (If Wife) Give Maiden Last Name				16. Decedent's Usual Occupation <b>LABORER</b>		17. Kind Of Business/Industry <b>FACTORY</b>	
18 Residence - State <b>INDIANA</b>			18a County <b>LAKE</b>			18b. City Or Town <b>MERRILLVILLE</b>					
18c. Street And Number <b>2034 WEST 86TH LANE</b>						18d. Apt. No.		18e. Zip Code <b>46410</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education <b>8TH GRADE OR LESS</b>			20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>			21. Decedent's Race <b>White</b>					
22. Father's Name (First, Middle, Last) <b>PAUL DAVIS</b>				23. Mother's Name (First, Middle, Last) <b>HELEN DAVIS</b>				23a. Mother's Maiden Last Name <b>SIMON</b>			
24. Informant's Name <b>WALTER INJESKI</b>		24a. Relationship To Decedent <b>POA</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>2034 WEST 86TH LANE, MERRILLVILLE, IN 46410</b>							
25. Place Of Disposition											
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>OAKLAND MEMORY LANE</b>				25c. Location - City, Town, And State <b>DOLTON, IL</b>				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>KUIPER FUNERAL HOME, 9039 KLEINMAN ROAD, HIGHLAND, IN 46322</b>						27a. Funeral Home License Number. <b>FH10300021</b>			
27b. Signature Of Indiana Funeral Service Licensee: <b>LEONARD GREGORCZYK, BY ELECTRONIC SIGNATURE</b>						27c. License Number (DL Licensee) <b>FD08800305</b>					
<b>THIS IS A TRUE COPY OF APPROXIMATELY THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT</b>											
<b>JUL 03 2013</b>											
<b>Susan W. Best, DO</b>											
<b>LAKE COUNTY HEALTH OFFICER</b>											
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.  Immediate Cause (Final Disease Or Condition Resulting In Death) <b>A. CEREBRAL VASCULAR ACCIDENT</b> <small>Due to (Or As A Consequence Of):</small>						28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.  Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last <b>B.</b> <small>Due to (Or As A Consequence Of):</small> <b>C.</b> <small>Due to (Or As A Consequence Of):</small> <b>D.</b>					
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No			
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year				33. Manner Of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined					
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)				37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number				38c. Apt. No.		38d. Zip Code	
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)					
41. Signature, Of Person Certifying Cause Of Death: <b>KATHRYN HENKLE MULLIGAN, BY ELECTRONIC SIGNATURE</b>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer					
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>KATHRYN HENKLE MULLIGAN, 919 MAIN STREET, SUITE 102, DYER, IN 46311</b>						44. License Number <b>01052342A</b>		45. Date Certified <b>06/21/2013</b>			
46. Additional Funeral Service Provider: <b>HENNESSY-NOWAK FUNERAL HOME</b>						47. *Akas:					
48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>JUL 02 2013</b>					
<b>AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)</b>											
49: 06/26/2013 46											