

UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT



Doc#: 1626644026 Fee: \$60.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 09/22/2016 10:53 AM Pg: 1 of 2

State of Illinois)
) SS
County of Cook)

EWA PRZEKLASA, hereinafter called Affiant, being duly sworn states that she resides at: 410 S. Western Ave., Unit 703, Des Plaines, IL 60016. That Affiant was acquainted with **JANUSZ LUCZKOWSKI**, 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 315 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMONT ELEMENTS IN SANDPEBBLE WALK CONDOMINIUM AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NUMBER 2716426, IN THE SOUTHEAST ¼ OF SECTION 15, TOWNSHIP 42 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PARCEL 2: EASEMENT TO INGRESS AND EGRESS APPURTENANT TO AND FOR THE BENEFIT OF PARCEL 1 AS SET FORTH AND DEFINED IN THE DECLARATION FILED AS DOCUMENT NUMBER LR2622769 AND AS AMENDED BY DOCUMENT NUMBER LR2716426.

Commonly Known As: 1430 Sandstone Dr., Unit 315, Wheeling, IL 60098
Property Index Number: 03-15-402-015-1051

That the Deceased died on November 2nd, 2013, as evidenced by a copy of Deceased's death certificate attached hereto.

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

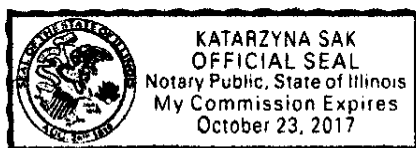
That the total value of the estate of the Deceased, for estate tax purposes, including both real and personal property owned by the Deceased either individually or in joint tenancy at the time of the death of the Deceased, does not exceed the sum of \$100,000.

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 30th day of August, 2016.

Katarzyna Sak
Notary Public

E. Przeklasa
Affiant's Signature



PH

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

STATE FILE NUMBER 2013 0083806

DATE ISSUED 11/6/2013

DECEDENT'S LEGAL NAME JANUSZ LUCZKOWSKI		SEX MALE	DATE OF DEATH NOVEMBER 02, 2013	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 51 YEARS	DATE OF BIRTH MAY 10, 1962		
CITY OR TOWN GLENVIEW		HOSPITAL OR OTHER INSTITUTION NAME GLENBROOK HOSPITAL		
PLACE OF DEATH INPATIENT				
BIRTHPLACE POLAND	SOCIAL SECURITY NUMBER [REDACTED] 2914	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME EWA PRZEKLASA	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 1430 SANDSTONE DRIVE	APT. NO. 315	CITY OR TOWN WHEELING	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 63090	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JOHN LUCZKOWSKI	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MARIA LITWINCZUK
INFORMANT'S NAME EWA PRZEKLASA		RELATIONSHIP WIFE	MAILING ADDRESS 1414 NORTH SAULK LAKE, MT PROSPECT, IL, 60056	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION FOREST CREMATORY	LOCATION - CITY OR TOWN AND STATE HOMEWOOD, IL	DATE OF DISPOSITION NOVEMBER 06, 2013
FUNERAL HOME CREMATION SOCIETY OF ILLINOIS - MOUNT PROSPECT, 1030 EAST NORTHWEST HIGHWAY, MT PROSPECT, IL, 60056				
FUNERAL DIRECTOR'S NAME KATARZYNA BEATA MOLEK			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016706	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR NOVEMBER 6, 2013	
CAUSE OF DEATH PART I: CARDIOPULMONARY ARREST				
IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>		a. _____ <small>Due to (or as a consequence of):</small>		UNKNOWN
		b. ASCITES, HYDROTHORAX, SEPSIS		UNKNOWN
		c. ALCOHOLIC LIVER DISEASE		UNKNOWN
<small>Due to (or as a consequence of):</small>				
PART II: Enter other significant conditions contributing to death 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? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 09:20 AM
CERTIFIER PHYSICIAN				DATE CERTIFIED NOVEMBER 05, 2013
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH SYED MAHMOODA, 2100 PFINGSTON RD, GLENVIEW, ILLINOIS, 60025				PHYSICIAN'S LICENSE NUMBER 036131490

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