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Doc# 1629344057 Fee \$42.00
RHSP Fee:\$9.00RPRF Fee \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 10/19/2016 03:22 PM Pg: 1 of 3

O'Connor Title Guaranty, Inc.

DECEASED JOINT TENANT AFFIDAVIT

FILE NUMBER: FA-16-0373

STATE OF ILLINOIS

COUNTY OF COOK

}
} SS
}

Maryann Graczyk, being duly sworn states that she resides at

1218 Arbor Dr, in the City of **Lemont**.

That the undersigned was acquainted with Anthony J. Graczyk, deceased, who at the time of his/her death, was one of the owners of the real estate described in the title insurance commitment reference above, commonly known as **1218 Arbor Dr, Lemont, IL 60439**.

The deceased died on November 19, 2000, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

Leaving no Last Will and Testament

Leaving a Last Will and 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, **Cook, Illinois**.

Leaving a Last Will and Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of **Cook, Illinois**.

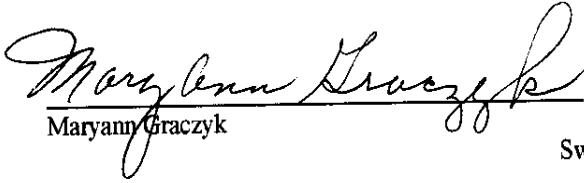
FOR REVIEW *RH*

16293-13

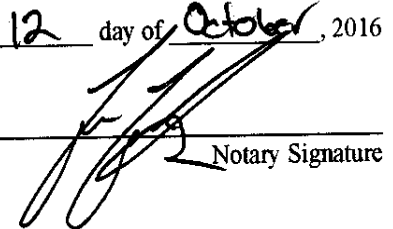
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Affiant makes this affidavit for that purpose of inducing O'Connor Title Guaranty, Inc. and its underwriter(s) to issue its Title Insurance Policy, describing the above mentioned property.


Maryann Graczyk

Sworn and subscribed this 12 day of October, 2016


Notary Signature



Property of Cook County Clerk's Office

EXHIBIT A

LOT 22 IN HARPER'S GROVE SUBDIVISION, BEING A RESUBDIVISION OF COUNTY CLERK'S DIVISION OF SECTION 32, TOWNSHIP 37 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED IN THE RECORDER'S OFFICE ON APRIL 30, 1880, AS DOCUMENT NUMBER 269447, IN COOK COUNTY, ILLINOIS.

PIN: 22-32-117-022

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DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 16.0	STATE OF ILLINOIS		STATE FILE NUMBER
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH		
Type of Print in PERMANENT BKG See General Director's, Hospitals, or Physicians Handbook for INSTRUCTIONS A..... DECEASED B..... C..... D..... E..... 1..... 2..... 3..... CAUSE 4..... 5..... 6..... P..... CERTIFIER DISPOSITION	DECEASED-NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
	1. Anthony J. Graczyk		2. Male	3. Nov. 19, 2000
	COUNTY OF DEATH		AGE-LAST BIRTHDAY (MOS. EB. 5a. 68)	DATE OF BIRTH (MONTH, DAY, YEAR)
	4. Cook		5b. 68	5d. June 14, 1932
	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
	6a. Lemont		6b. 1218 Arbor Drive	
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)
	7. Chicago, Ill.		8a. Married	8b. MaryAnn Buczkowski
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) (Elementary/Secondary (1-12) College (14-16))
	-3440		11a. Proprietor	12. 04
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	
13a. 1218 Arbor Drive		13b. Lemont	13c. Yes	
STATE		ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	
13a. Illinois		13d. 60439	14a. White	
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)	
15. Anthony Graczyk		16. Joan Gatowski	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)	
17a. MaryAnn Graczyk		17b. Wife	17c. 1218 Arbor Drive, Lemont, Il. 60439	
PART I.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
18. (a) <i>Dissected sarcoma</i>		12/99 - 1/00		
(b) <i>Sarcoma soft tissue @ leg</i>		5/99 - 1/00		
PART II. Other conditions contributing to death but not resulting in the underlying cause given in PART I.		AUTOPSY (YES/NO)		
19. <i>Diabetes mellitus 17 Feb 1989</i>		19a. No		
DATE OF OPERATION, IF ANY		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		
20a.		20c. YES <input type="checkbox"/> NO <input type="checkbox"/>		
(100) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	HOUR OF DEATH	
21a. 8-10-00		21b. No	21c. 9:20 A. M.	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.				
22a. SIGNATURE <i>William Hulesch</i>		111. 60515	DATE SIGNED (MONTH, DAY, YEAR)	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER	22b. 11/20/00	
22a. Dr. William Hulesch M.D., 400 Main Street, Downers Grove,		22d. 7647432		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN ALBERT WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		
23.				
BURIAL OR CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY-NAME	CITY OR TOWN	DATE (MONTH, DAY, YEAR)	
24a. Entombment	24b. Resurrection Mausoleum	Justice, Illinois	24c. Nov. 22, 2000	
FUNERAL HOME - STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP				
25a. Modell Funeral Home, 7710 South Cass Avenue, Marian, Illinois 60561				
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		
<i>Frank C. Modell</i>		25c. 034-010613		
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		
26a. <i>Karen L. Scott</i>		26b. November 21, 2000		
REGISTRAR				

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD FOR DECEDENT NAMED IN ITEM 1 AND THAT THIS RECORD WAS ESTABLISHED AND FILED IN MY OFFICE IN ACCORDANCE WITH THE PROVISIONS OF THE ILLINOIS STATUTES RELATING TO THE REGISTRATION OF BIRTHS STILL BIRTHS AND DEATHS.

DATE November 21, 2000 SIGNED Gloria Hulesch

AT COOK COUNTY DEPARTMENT OF PUBLIC HEALTH OFFICIAL TITLE CHIEF DEPUTY REGISTRAR
1010 LAKE STREET, SUITE 300, OAK PARK, ILLINOIS 60301