

# UNOFFICIAL COPY

Doc#. 1633715026 Fee: \$52.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 12/02/2016 09:44 AM Pg: 1 of 3

## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS        )  
  ) SS  
COUNTY OF DUPAGE     )

CT  
PA/16/STOLOPOULOS  
NSC

I, **MARIA HRYNEWYCZ**, being duly sworn, state that I reside at 1035 S. Brockway Street, in the City of Palatine, Cook County, Illinois:

That I am the spouse of **LEN HRYNEWYCZ**, deceased, who at the time of his death was one of the owners of the land in Cook County, Illinois, legally described as follows:

See Exhibit "A" attached hereto and made a part hereof.

Commonly Known As: 302-318 Roma Jean Parkway, Streamwood, IL 60420

PIN No.: 06-26-366-003-0000, 06-26-366-004-0000


That the deceased died on October 19, 2016, as evidenced by a certified copy of his death certificate attached hereto.

That the deceased died leaving no Last Will and Testament.

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 One Hundred Thousand and no/100 (\$100,000.00) Dollars.

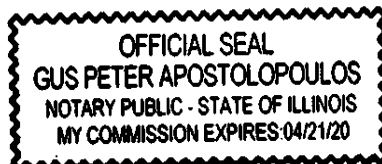
Affiant makes this affidavit for the purpose of inducing any title insurance company to issue its title insurance policy, describing the above-mentioned property.

AFFIANT FURTHER SAYETH NAUGHT.

  
**MARIA HRYNEWYCZ**

Subscribed and Sworn to before me  
this 30<sup>th</sup> day of November, 2016.

  
\_\_\_\_\_  
Notary Public



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## CERTIFICATION OF DEATH RECORD

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

EXHIBIT "A"

STATE FILE NUMBER **2016 0082769** DATE ISSUED **10/25/2016**

DECEDENT'S LEGAL NAME <b>LEN HRYNEWYCZ</b>		SEX <b>MALE</b>	DATE OF DEATH <b>OCTOBER 19, 2016</b>	
COUNTY OF DEATH <b>COOK</b>	AGE AT LAST BIRTHDAY <b>75 YEARS</b>	DATE OF BIRTH <b>JULY 13, 1941</b>		
CITY OR TOWN <b>CHICAGO</b>		HOSPITAL OR OTHER INSTITUTION NAME <b>NORTHWESTERN MEMORIAL HOSPITAL</b>		
PLACE OF DEATH <b>INPATIENT</b>				
BIRTHPLACE <b>UKRAINE</b>	SOCIAL SECURITY NUMBER <b>346-34-8709</b>	STATUS AT TIME OF DEATH <b>MARRIED</b>	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MARIEN NAME <b>MARIA WOJTOWYCZ</b>	EVER IN U.S. ARMED FORCES? <b>YES</b>
RESIDENCE <b>1036 S BROCKWAY STREET</b>	APT. NO.	CITY OR TOWN <b>PALATINE</b>	INSIDE CITY LIMITS? <b>YES</b>	
COUNTY <b>COOK</b>	STATE <b>IL</b>	FATHER'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION <b>JAROSLAW HRYNEWYCZ</b>	MOTHER'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION <b>IVANNA HALUSHCHYNSKA</b>	
INFORMANT'S NAME <b>MARIA HRYNEWYCZ</b>		RELATIONSHIP <b>WIFE</b>	MAILING ADDRESS <b>1036 S BROCKWAY STREET, PALATINE, IL 60067</b>	
METHOD OF DISPOSITION <b>BURIAL</b>	PLACE OF DISPOSITION <b>SAINT NICHOLAS CEMETERY</b>	LOCATION: CITY OR TOWN AND STATE <b>CHICAGO, IL</b>	DATE OF DISPOSITION <b>OCTOBER 25, 2016</b>	
FUNERAL HOME <b>MUZYKA FUNERAL HOME, 2157 W. CHICAGO AVENUE, CHICAGO, IL 60622</b>				
FUNERAL DIRECTOR'S NAME <b>MARGARET MARY MUZYKA</b>			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034011549</b>	
LOCAL REGISTRAR'S NAME <b>DAVID ORR</b>			DATE FILED WITH LOCAL REGISTRAR <b>OCTOBER 25, 2016</b>	
CAUSE OF DEATH				
PART I: METASTATIC CHOLANGIOCARCINOMA				
IMMEDIATE CAUSE (First disease or condition resulting in death)				
Due to (as a cause) of:				
Due to (as a consequence) of:				
Due to (as a consequence) of:				
PART II: Enter other significant conditions contributing to death, but not resulting in the underlying cause given in PART I				
FEMALE PREGNANCY STATUS <b>NOT APPLICABLE</b>			WAS AN AUTOPSY PERFORMED? <b>NO</b>	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <b>N/A</b>	
MANNER OF DEATH <b>NATURAL</b>				
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? <b>YES</b>	DATE LAST SEEN ALIVE <b>OCTOBER 19, 2016</b>	WAS MEDICAL EXAMINER OR CORONER CONTACTED? <b>NO</b>	DATE PRONOUNCED	TIME OF DEATH <b>04:21 PM</b>
CERTIFIER <b>PHYSICIAN</b>			DATE CERTIFIED <b>OCTOBER 19, 2016</b>	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH <b>SMITH, JENNIFER ANN, 251 EAST HURON STREET, CHICAGO, ILLINOIS 60611</b>			PHYSICIAN'S LICENSE NUMBER <b>125-068525</b>	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



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

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**CHICAGO TITLE  
COMPANY**

## **LEGAL DESCRIPTION**

**Order No.:** 16ST06039RM

Lots 3 and 4 in Streamwood Center for Industry Unit No. 1, being a Subdivision of Section 26, Township 41 North, Range 9 East of the Third Principal Meridian, according to the Plat thereof recorded August 21, 1978 as document 24593084, in Cook County, Illinois

Property of Cook County Clerk's Office