

UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois)
) SS
 County of Cook)



Rose Marie Fairman, being duly sworn states that she resides at 10016 S. Komensky Avenue, Oak Lawn, Illinois 60453. That she was acquainted with Rose M. Powers, deceased, who, at the time of her death, was one of the owners of the land in Cook County, Illinois described as follows:

Doc# 1705946038 Fee \$42.00
 RHSP FEE:\$9.00 RPRF FEE: \$1.00
 KAREN A. YARBROUGH
 COOK COUNTY RECORDER OF DEEDS
 DATE: 02/28/2017 04:05 PM PG: 1 OF 3

(See Attached Legal Description Rider)

That the deceased died on June 28, 2009, as evidenced by a certified copy of the death certificate of said deceased attached hereto.

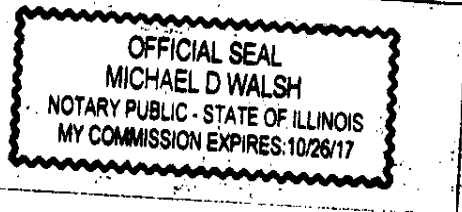
That the deceased died:

- Leaving no Last Will & Testament
- Leaving a Last Will & 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 County, 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.

(SEAL) *Rose M. Fairman*
 Rose M. Fairman

SUBSCRIBED and SWORN to before me this 10th day of February, 2017.



Michael D Walsh
 NOTARY PUBLIC

Prepared by Michael P. Walsh
 70730 S. Cicero Ave., Oak Lawn, IL. 60453

UNOFFICIAL COPY

LEGAL DESCRIPTION RIDER

For the premises commonly known as: 10016 S. Komensky Avenue, Oak Lawn, Illinois 60453.

Permanent Index Number: 24-10-406-057-0000

LOT 8 (EXCEPT THE NORTH 1 FOOT 8 INCHES THEREOF) AND THE NORTH 16 FEET 8 INCHES OF LOT 9 IN BLOCK 2 IN THE CHARLES WADSWORTH SUBDIVISION OF THE EAST 661.05 FEET OF THE SOUTH 120 ACRES OF THE SOUTH EAST QUARTER OF SECTION 10, TOWNSHIP 37 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office

UNOFFICIAL COPY

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

STATE FILE NUMBER 2009 0042768

DATE ISSUED 2/6/2017


DECEDENT'S LEGAL NAME ROSE POWERS			SEX FEMALE	DATE OF DEATH JUNE 28, 2009
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 100 YEARS		DATE OF BIRTH MARCH 12, 1909	
CITY OR TOWN PALOS PARK		HOSPITAL OR OTHER INSTITUTION NAME HOLY FAMILY VILLA		
PLACE OF DEATH NURSING HOME / LONG TERM CARE FACILITY				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED] 6119	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 10016 S KOMENSKY	APT. NO.	CITY OR TOWN OAK LAWN	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60453	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION FRANK KLUK	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION THERESA STANEK
INFORMANT'S NAME ROSE MARIE FAIRMAN		RELATIONSHIP DAUGHTER	MAILING ADDRESS 10016 S KOMENSKY, OAK LAWN, IL, 60453	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION SAINT MARY CATHOLIC CEMETERY	LOCATION CITY OR TOWN AND STATE EVERGREEN PARK, IL	DATE OF DISPOSITION JULY 02, 2009	
FUNERAL HOME BEVERLY RIDGE FUNERAL HOME, 10415 S KEDZIE AVENUE, CHICAGO, IL, 60655				
FUNERAL DIRECTOR'S NAME JAMES R TROLIA			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011898	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR JUNE 30, 2009	
CAUSE OF DEATH PART I. ATHEROSCLEROTIC HEART DISEASE				
IMMEDIATE CAUSE (Final disease or condition resulting in death)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	YEARS
Due to (or as a consequence of):				
Due to (or as a consequence of):				
Due to (or as a consequence of):				
PART II: Enter other <i>significant conditions contributing to death</i> 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? YES	DATE LAST SEEN ALIVE JUNE 27, 2009	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 11:45 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED JUNE 29, 2009	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH JOSEPH KOWALCZYK M D, 10837 S CIGERO AVENUE, OAK LAWN, ILLINOIS, 60453			PHYSICIAN'S LICENSE NUMBER 036-094203	

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
 Cook County Clerk


ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE