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1815641021

Doc# 1815641021 Fee \$42.00

RHSP FEE:\$9.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 06/05/2018 09:32 AM PG: 1 OF 3

JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
COUNTY OF COOK) SS

Elaine M. Kocolowski,
hereby referred to as the affiant, states under
oath that the affiant resides at
10536 Kildare Avenue

In the City of Oak Lawn,
State of Illinois;

that the affiant was acquainted with
Walter Jarzynski,

the decedent; at the time of death, the
decedent was one of the owners of property,
by virtue of a properly recorded joint
tenancy deed, said property located in
Cook County, State of
Illinois, and legally
described as follows:

1803 226-00504

The West 10 feet of Lot 3 and Lot 4 (except the West 5 feet) in Block 2 in Egerton Adams Subdivision of the Northwest 1/4 of the Northeast 1/4 of Section 15, Township 38 North, Range 13 East of the Third Principal Meridian, in Cook County, Illinois.

ilc

The decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

The decedent died on March 10, 1961, leaving no/a last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was \$ 10,000.00, and that the value of the above property individually was \$ 20,000.00

The State and Estate/Inheritance Tax and the Federal Estate Tax, if any, that was due from the decedent's estate, has been paid in full;

The affiant makes this affidavit to induce Attorneys' Title Guaranty Fund, Inc. (ATG) to issue its policy of title insurance on the above described property.

Property Address: 4239 W. 55th Street
Chicago, Illinois 60632

Permanent Tax No: 19-15-202-059-0000

Attorney's Title Guaranty Fund, Inc.
1 S. Wacker Dr. Ste. 2400
Chicago, IL. 60606-4650
Recording Department

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JOINT TENANCY AFFIDAVIT (continued)

The affiant hereby covenants and agrees, individually, and for the affiants, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold ATG harmless and to reimburse ATG for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature that ATG may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

1. Claims against the estate of Walter Jarzynski, the decedent;
2. State Estate/Inheritance Tax and Federal Estate Tax that may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.

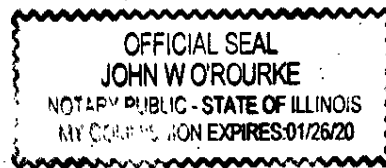
Elaine Kocolowski (Seal)

Elaine Kocolowski (Seal)

Subscribed and sworn to before me this

20th day of April, 2018
(Month) (Year)

[Signature]
(Notary Public)



Note: If the decedent left a will, it will be necessary that the original or certified copy thereof be presented to ATG for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

This instrument prepared by:

John O'Rourke
(Name)

4239 W. 63rd Street
(Address)

Chicago, IL 60629
(City, State, Zip)

Return to:

John O'Rourke
(Name)

4239 W. 63rd Street
(Address)

Chicago, IL 60629
(City, State, Zip)

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APR 18 1995

STATE OF ILLINOIS }
County of Cook, } ss. **DAVID D. ORR.** County Clerk

I, DAVID D. ORR, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David D. Orr
County Clerk

COUNTY RECORD

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO.

REGISTERED NUMBER

248

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE		b. COUNTY	
COUNTY, ILLINOIS		Illinois		Cook	
b. Death took place <input checked="" type="checkbox"/> OUTSIDE city limits and in TOWNSHIP. <input type="checkbox"/> INSIDE city limits and in the city, village, or town named at c.		c. Residence was <input type="checkbox"/> OUTSIDE city limits and in TOWNSHIP. <input checked="" type="checkbox"/> INSIDE city limits and in the city, village, or town named at 2d		TOWNSHIP.	
c. CITY, VILLAGE, OR TOWN		d. LENGTH OF STAY IN 1b or 1c		e. LENGTH OF RESIDENCE AT 2c or 2d	
		1 day		8 years	
d. CITY, VILLAGE, OR TOWN		f. STREET ADDRESS		g. Did decedent reside ON A FARM?	
Chicago		4239 West 55th Street		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
e. NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address)		f. LENGTH OF STAY IN 1e		3. NAME OF DECEASED	
		1 day		a. (FIRST) WALTER GEORGE	
3. NAME OF DECEASED		b. (MIDDLE)		c. (LAST)	
		GEORGE		JARZYNSKI (Known as)	
5. SEX		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		4. DATE OF BIRTH	
Male		Widowed		8-18-1922	
6. RACE		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (in years last birthday)	
White		Unknown		67	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (City and state or foreign country)		12. Citizen of what country?	
Tinsmith		Poland		U.S.	
13. FATHER'S FULL NAME		14. MOTHER'S FULL MAIDEN NAME		17. INFORMANT	
Stanley Jarzynski (dec.)		Agnes Franciszkiewicz (dec.)		a. SIGNATURE	
15. Was deceased ever in U. S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NUMBER		b. ADDRESS	
Yes World War I				4239 W. 55th Street	
18. CAUSE OF DEATH		19. AUTOPSY?		c. RELATIONSHIP TO DECEASED	
PART I. DEATH WAS CAUSED BY: [Enter only one cause per line for (A), (B), and (C).]		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		Son	
IMMEDIATE CAUSE (A)		INTERVAL BETWEEN ONSET AND DEATH			
Pylonephritis.		Unknown			
Conditions, if any, which gave rise to the above IMMEDIATE CAUSE (A), stating the UNDERLYING cause last.		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART (A).			
due to (B)		Pulmonary edema and congestion.-Unknown			
due to (C)					
20. DESCRIBE CIRCUMSTANCES OF INJURY, IF ANY, WHOSE NATURE IS MENTIONED IN PART I OR PART II ABOVE.					
21. I hereby certify that I attended the deceased from March 9, 1961, to March 10, 1961, that I last saw the deceased alive on March 10, 1961, and death occurred at 4:00 a. M., from the causes and on the date stated above.					
DATE SIGNED		ADDRESS		PHONE	
3-10-1961		ROBERT C. FRUIN		M.D.	
22. DISPOSITION: BURIAL DATE (DATE)		23. FIRM NAME		Wolniak Funeral Home	
Cemetery		ADDRESS		5700 S. Pulaski	
LOCATION		SIGNATURE		Chicago, 29, Illinois	
Resurrection		Leonard Wolniak		LICENSE NUMBER 6426	
Justice, Illinois					
24. Received for		(Signed)			

U. S. Standard Certificate of Death

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