



JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
COUNTY OF COOK) SS

Doc# 1815641023 Fee \$42.00

RHSP FEE:\$9.00 RPRF FEE: \$1.00
KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS
DATE: 06/05/2018 09:33 AM PG: 1 OF 3

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 Stella 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:

180322665504

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.

3/6

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 February 20, 1961, leaving no/a last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was \$ 70,000.00, 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)

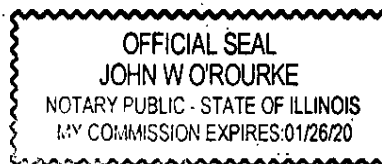
The affiant hereby covenants and agrees, individually, and for the affiants, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold ATG harmless and to reimburse ATG for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature 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 Stella 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)

CITY OF CHICAGO - BOARD OF HEALTH

UNOFFICIAL COPY



838

ORIGINAL

STATE OF ILLINOIS

10142

FEBRUARY 22, 1961

STATE OF ILLINOIS }
COUNTY OF COOK } SS
CITY OF CHICAGO }

I, Samuel L. Andelman, M.D., Local Registrar of Vital Statistics of the City of Chicago, do hereby certify that I am the keeper of the records of births, stillbirths and deaths of the City of Chicago by virtue of the laws of the State of Illinois and the ordinances of the City of Chicago; that the accompanying certificate on this sheet is a true copy of a record kept by me in pursuance of said laws and ordinances.

This Certified Copy VALID
Only When Original BLUE
SEAL AND BLUE SIGNATURE
Are Affixed.

S. L. Andelman M.D.
LOCAL REGISTRAR

DECEDENT'S BIRTH NO. _____		MEDICAL CERTIFICATE OF DEATH		STATE FILE NUMBER 10142		REGISTRATION DISTRICT NO. 16.10		REGISTERED NUMBER _____			
1. PLACE OF DEATH a. COUNTY COOK		2. USUAL RESIDENCE (where deceased lived, if institution, residence before admission.) a. STATE ILLINOIS		b. COUNTY COOK		3. USUAL RESIDENCE (where deceased lived, if institution, residence before admission.) a. STATE ILLINOIS		b. COUNTY COOK			
b. Death took place <input checked="" type="checkbox"/> OUTSIDE city limits and in the city, village, or town named at 1c. <input type="checkbox"/> INSIDE city limits and in the city, village, or town named at 2d.		c. RESIDENCE WAS <input checked="" type="checkbox"/> OUTSIDE city limits and in the city, village, or town named at 2d. <input type="checkbox"/> INSIDE city limits and in the city, village, or town named at 2d.		d. CITY, VILLAGE, OR TOWN CHICAGO		e. LENGTH OF RESIDENCE AT 2c or 2d 40 YRS		TOWNSHIP _____			
e. NAME OF HOSPITAL OR INSTITUTION 4239 W. 55th St.		f. LENGTH OF STAY IN HOSPITAL OR INSTITUTION 1 YR		g. STREET ADDRESS 4239 W. 55th St.		h. DATE OF DEATH FEB 20 1961		i. LENGTH OF RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED STELLA		a. (FIRST)		b. (MIDDLE) JARZYNSKI		c. (LAST) FEB 20 1961		9. Did decedent reside on a farm? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
5. SEX FEMALE		6. RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH APRIL 25 1900		9. AGE (in years, months, days) under 1 year: _____ 1 year to under 24 hrs: _____ 24 hrs to under 1 year: _____			
10a. USUAL OCCUPATION (Give kind of work, if any, or giving most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (City and state or foreign country) POLAND		12. Citizen of what country? U.S.A		13. FATHER'S FULL NAME STANLEY NOWAK			
15. Was deceased ever in U.S. Armed Forces? (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NUMBER NONE		17. INFORMANT NAME MARY BIEVICK		18. ADDRESS 4239 W. 55th St.		19. RELATIONSHIP TO DECEASED HUSBAND			
18. CAUSE OF DEATH		PART I. DEATH WAS CAUSED BY: [Enter only one code per line for (A), (B), and (C).] IMMEDIATE CAUSE (A) Acute myocardial infarction due to (B) _____ due to (C) _____		19. INTERVAL BETWEEN ONSET AND DEATH 10 min		20. DESCRIBE CIRCUMSTANCES OF INJURY, IF ANY, WHOSE NATURE IS MENTIONED IN PART I OR PART II ABOVE.		19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21. I hereby certify that I have had the deceased from _____ on _____ 1961, (and death occurred at _____ M., from the causes and on the date stated above.) DATE FEB 20 1961 SIGNED <i>Samuel L. Andelman</i> M.D. ADDRESS 54 West Hubbard Street, Chicago 10		22. DISPOSITION, BURIAL, REMOVAL, CREMATION, DATE, 2/24/61 CEMETERY, RESURRECTION CEMETERY LOCATION, JUSTICE ILLINOIS		23. FIRM NAME WOLWIAK FUNERAL HOME ADDRESS 5700 S. PULASKI, CHICAGO, ILLINOIS SIGNATURE Leonard Wolwiak LICENSE NUMBER 64226		24. Received for filing on FEB 22 1961 Samuel L. Andelman, M.D. LOCAL REGISTRAR VS & R 200--BUREAU OF STATISTICS--ILLINOIS DEPARTMENT OF PUBLIC HEALTH--SPRINGFIELD		25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART I(A).		26. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART I(A).	

VS & R 200 (1955 revision) based on the U.S. Standard Certificate of Death.

ILLINOIS