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Doc# 1815641024 Fee \$42.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 06/05/2018 09:34 AM PG: 1 OF 3

JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

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 Roman S. 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: 4/10 18032266504

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.

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 April 21, 2017, leaving no/a last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was \$ 200,000.00, and that the value of the above property individually was \$ 100,000.00

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

S Y
P 3
S N
SC Y
INT Y

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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:

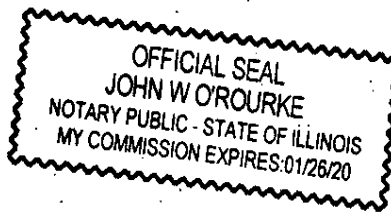
1. Claims against the estate of Roman S. Jarzynski, the decedent;
2. State Estate/Inheritance Tax and Federal Estate Tax that may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.

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)



Local No 000568

HAMILTON COUNTY
HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1815641024 Page: 3 of 3

This photocopy is a true copy of the record
of the with the Hamilton County Health Dept.

DATE APR 25 2017

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1. Decedent's Legal Name (First, Middle, Last) ROMAN S JARZYNSKI				1a. Maiden Name (If female)		2. Sex MALE		3. Time Of Death 03:30 AM		4. Date Of Death (Month/Day/Year) 04/21/2017	
5. Social Security Number		6a. Age - Yrs 89		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		6e. Under 1 Hour Minutes	
										7. Date of Birth (Month/Day/Year) 12/13/1927	
										8. Birthplace (City and State or Foreign Country) CHICAGO, IL	
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival				10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)					
11. Facility Name (If Not Institution, Give Street and Number) KINDRED HEALTHCARE-BRIDGEWATER											
12. City Or Town, State, And Zip Code CARMEL, IN, 46033						13. County Of Death HAMILTON			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name				15a. Last Name Before First Marriage				16. Decedent's Usual Occupation POSTMAN		17. Kind Of Business/Industry POST OFFICE	
18. Residence - State INDIANA			18a. County HAMILTON			18b. City Or Town CARMEL					
18c. Street And Number 13274 STAGG HILL DRIVE						18d. Apt. No.		18e. Zip Code 46033		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education SOME COLLEGE CREDIT, BUT NOT A DEGREE				20. Decedent Of Hispanic Origin NOT HISPANIC				21. Decedent's Race White			
22. Parent's Name (First, Middle, Last) WALTER JARZYNSKI				23. Parent's Name (First, Middle, Last) STANISLAWA JARZYNSKI				23a. Parent's Last Name Before First Marriage NOWAK			
24. Informant's Name JAMES J JARZYNSKI				24a. Relationship To Decedent NEPHEW		24b. Mailing Address (Street And Number, City, State, Zip Code) 13274 STAGG HILL DRIVE, CARMEL, IN 46033					
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):				25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) RESURRECTION CEMETERY				25c. Location - City, Town, And State JUSTICE, IL			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility FLANNER & BUCHANAN CARMEL, 325 E. CARMEL DR., CARMEL, IN 46032						27a. Funeral Home License Number: FB40600007			
27b. Signature Of Indiana Funeral Service Licensee: JAMIE S. GROSSMAN, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD20400075					
Cause Of Death (See Instructions And Examples)											
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.										Approximate Interval: Onset To Death	
Immediate Cause (Final Disease Or Condition Resulting In Death)				A. LUNG CANCER STAGE 4				Due to (Or As A Consequence Of):			
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last				B. _____				Due to (Or As A Consequence Of):			
				C. _____				Due to (Or As A Consequence Of):			
				D. _____							
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
						30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No					
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year				33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined					
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)				37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number				38c. Apt. No.		38d. Zip Code	
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)					
41. Signature, Of Person Certifying Cause Of Death: LEO SOLITO, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer					
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: LEO SOLITO, 5150 SHELBYVILLE RD., INDIANAPOLIS, IN 46217						44. License Number 01051385A		45. Date Certified 04/24/2017			
46. Additional Funeral Service Provider:						47. *Akas:					
48. Signature of Local Health Officer: CHARLES HARRIS, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): APR 25 2017					
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)											