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Prepared By and Return To:

Bruce N. Tinkoff
413 East Main Street
Barrington, IL 60010



Doc# 1913749096 Fee \$42.00

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

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 05/17/2019 02:23 PM PG: 1 OF 3

(For Re: _____)

DECEASED JOINT TENANCY AFFIDAVIT

LEATRICE M. MARYNOWSKI, a widow, being first duly sworn, states that she resides at: 197 Marie Drive, Inverness, Illinois.

That she was married to ROBERT W. MARYNOWSKI, who at the time of his death was a joint tenancy owner of land in Cook County, Illinois, described as follows:

LOT 13 IN CEDAR KNOLLS, BEING A SUBDIVISION OF PART OF THE NORTHWEST 1/4 AND PART OF THE SOUTHWEST 1/4 OF SECTION 8, TOWNSHIP 42 NORTH, RANGE 10, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED JULY 16, 1970 AS DOCUMENT 21211550 AND FILED JULY 16, 1970 AS DOCUMENT LR2512056 IN COOK COUNTY, ILLINOIS.

Permanent Index Number (PIN): 02-08-107-013-0000

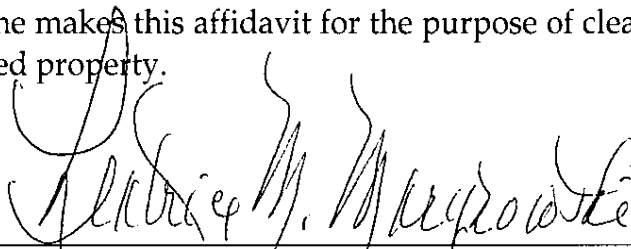
Address(es) of Real Estate: 197 Marie Drive, Inverness, Illinois 60010

That the deceased, ROBERT W. MARYNOWSKI, died on August 6, 2014, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the total value of the estate of said deceased, whether passing under joint tenancy conveyances or owned by such persons individually, including both real and personal property, does not exceed the sum of \$100,000.00 dollars, pursuant to the laws of the State of Illinois of which ROBERT W. MARYNOWSKI was domiciled.

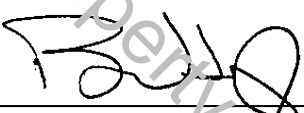
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Affiant further states that she makes this affidavit for the purpose of clearing the chain of title of the above mentioned property.

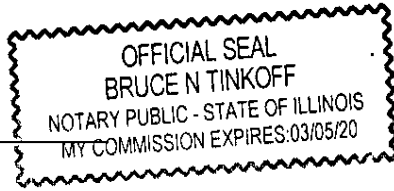


Leatrice M. Marynowski

SUBSCRIBED AND SWORN TO before
me this 21 day of April, 2019.



Notary Public



Property of Cook County Clerk's Office

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

STATE FILE NUMBER 2014 0059493

DATE ISSUED 8/11/2014

DECEDENT'S LEGAL NAME ROBERT W MARYNOWSKI		SEX MALE	DATE OF DEATH AUGUST 06, 2014	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 71 YEARS	DATE OF BIRTH OCTOBER 30, 1942		
CITY OR TOWN INVERNESS		HOSPITAL OR OTHER INSTITUTION NAME 197 MARIE DRIVE		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE CHICAGO IL	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME LEATRICE BECKWITH	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 197 MARIE DRIVE	APT. NO.	CITY OR TOWN INVERNESS	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60010	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION FLORIAN A MARYNOWSKI	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ESTELLE T SZOT
INFORMANT'S NAME LEATRICE MARYNOWSKI		RELATIONSHIP WIFE	MAILING ADDRESS 197 MARIE DRIVE, INVERNESS, IL, 60010	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION SMITH FAMILY CREMATION SERVICE	LOCATION - CITY OR TOWN AND STATE SKOKIE, IL	DATE OF DISPOSITION AUGUST 08, 2014	
FUNERAL HOME SMITH-CORCORAN FUNERAL HOME - PALATINE 185 E NORTHWEST HWY, PALATINE, IL, 60067				
FUNERAL DIRECTOR'S NAME KAREN F KNOWLAND			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015931	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR AUGUST 7, 2014	
CAUSE OF DEATH PART I: CARDIO RESPIRATORY ARREST				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	5 MINUTES	
		b.	9 MONTHS	
		c.		
Due to (or as a consequence of):				
PART II. Enter other significant conditions contributing to death 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? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 05:35 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED AUGUST 07, 2014	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH ROSADO, MANUEL, 2000 GOLF ROAD, ROLLING MEADOWS, ILLINOIS, 60008			PHYSICIAN'S LICENSE NUMBER 036-122699	

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