

UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

PROPERTY ADDRESS:
8972 S. Main Street
Hometown, Illinois 60456

PIN: 24-03-202-043-0000



Doc# 1923146133 Fee \$88.00

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

EDWARD H. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 08/19/2019 10:25 AM PG: 1 OF 2

The undersigned affiant being first duly sworn and under penalty of perjury on oath states that she resides at the address below.

That she was acquainted with **ROBERT P. BOLEK**, deceased who, at the time of his death, was one of the owners of the land described as:

LOT 361 IN J.E. MERRION AND CO.'S HOMETOWN UNIT NO. 1, A SUBDIVISION OF THAT PART OF THE NORTHEAST 1/4 OF SECTION 3, LYING SOUTHEASTERLY OF AND ADJOINING THE 66 FEET RIGHT OF WAY OF THE WABASH RAILROAD, IN TOWNSHIP 37 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

That the deceased died Dec. 3, 2014 as evidenced by a certified copy of the death certificate of the deceased attached hereto.

That from the Estate of the deceased:

No State Inheritance and /or Federal Estate Taxes were due.

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 **(\$100,000.00) ONE HUNDRED THOUSAND** dollars.

State of Illinois
County Cook

Dated: 8-13-19

Lorelei G. Bolek by Deborah A. Ryzner as agent
LORELEI G. BOLEK by DEBORAH A. RYZNER as Agent
8972 S. Main Street
Hometown, Illinois 60456

Subscribed and sworn to before me by the said **LORELEI G. BOLEK** by **DEBORAH A. RYZNER** as Agent
this 13 day of August, 2019

Christine M. Caddy
Notary Public



Prepared by:

The Law Offices of Eileen Kerlin Walsh, P.C., 11301 South Harlem Avenue, Worth, Illinois 60482

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COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2014 0092628

DATE ISSUED 12/8/2014

DECEDENT'S LEGAL NAME ROBERT PETER BOLEK SR			SEX MALE	DATE OF DEATH DECEMBER 03, 2014	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 73 YEARS	DATE OF BIRTH MAY 16, 1941		
CITY OR TOWN CHICAGO RIDGE			HOSPITAL OR OTHER INSTITUTION NAME LEXINGTON OF CHICAGO RIDGE		
PLACE OF DEATH NURSING HOME / LONG TERM CARE FACILITY					
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER 338-32-3974	STATUS AT TIME OF DEATH MARRIED		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME LORELEI MIELKE	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 8972 S MAIN STREET		APT. NO.	CITY OR TOWN HOMETOWN		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60456	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION PETER S BOLEK		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION VIRGINIA NIELSON
INFORMANT'S NAME LORELEI BOLEK		RELATIONSHIP WIFE		MAILING ADDRESS 8972 S MAIN STREET, HOMETOWN, IL, 60456	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION TRIGONS CREMATORY		LOCATION - CITY OR TOWN AND STATE LOMBARD, IL	DATE OF DISPOSITION DECEMBER 08, 2014
FUNERAL HOME THOMPSON AND KUENSTER FUNERAL HOME 6570 W. 95TH STREET, OAK LAWN, IL, 60453					
FUNERAL DIRECTOR'S NAME ROBERT BERNARD KUENSTER				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011257	
LOCAL REGISTRAR'S NAME DAVID ORR				DATE FILED WITH LOCAL REGISTRAR DECEMBER 8, 2014	
CAUSE OF DEATH PART I COLON CANCER					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		b. Due to (or as a consequence of)			
		c. Due to (or as a consequence of)			
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? YES	DATE LAST SEEN ALIVE DECEMBER 01, 2014	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO		DATE PRONOUNCED	TIME OF DEATH 03:20 PM
CERTIFIER PHYSICIAN				DATE CERTIFIED DECEMBER 08, 2014	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH VIRENDRA MATHUR, MD, 4901 W 79TH STREET, SUITE 5, BURBANK, ILLINOIS, 60459				PHYSICIAN'S LICENSE NUMBER: 036075691	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOT REEMBOSSED STATE AND COUNTY SEALS ARE 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