

# UNOFFICIAL COPY



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EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 12/17/2019 09:49 AM PG: 1 OF 3

## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF COOK

**DOLORES A. OLBRISCH**, being duly sworn states that she resides at 8160 W. Davis St., in the Village of Niles, State of Illinois. That she was acquainted with **JAMES C. OLBRISCH**,

deceased, who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as: (attached legal description & PIN#)

That the deceased die

  X   Leaving no Last Will & Testament.

       Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of        County, Illinois.

       Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Division of the Circuit Court of       , County, Illinois about       .

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 deceased, does not exceed the sum of \$50,000 (Fifty Thousand) Dollars.

Subscribed and sworn to before me by the said DOLORES A. OLBRISCH.

*Dolores A. Olbrisch*  
(affiant's signature)

this 26 day of November, A.D 2019.

*Laurie Strzalka*  
NOTARY PUBLIC



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PARCEL NUMBER AND LEGAL DESCRIPTION:  
PIN 09-14-411-013-0000

LOT TWENTY TWO (22) IN BLOCK 2 IN PATER'S MILWAUKEE AVENUE HEIGHTS, A SUBDIVISION OF THE SOUTHEAST QUARTER (1/4) OF THE SOUTHEAST QUARTER (1/4) OF SECTION 14, TOWN 41 NORTH, RANGE 12, LYING WEST OF MILWAUKEE AVENUE, ALSO THE NORTH HALF (1/2) OF THE SOUTHWEST QUARTER (1/4) OF THE SOUTHEAST QUARTER (1/4) OF SECTION 14, TOWN 41 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, (EXCEPTING THEREFORM) A TRACT DESCRIBED AS FOLLOWS: COMMENCING AT A POINT ON THE CENTER LINE OF MILWAUKEE AVENUE, 203 FEET SOUTHEASTERLY OF THE INTERSECTION OF THE CENTER LINE OF MILWAUKEE AVENUE AND THE NORTH LINE OF SAID SOUTHEAST QUARTER (1/4) THENCE SOUTHWESTERLY AT RIGHT ANGLES TO THE CENTER LINE OF MILWAUKEE AVENUE, 150 FEET, THENCE SOUTHEASTERLY PARALLEL TO THE CENTER LINE OF MILWAUKEE AVE., 275 FEET, THENCE NORTHEASTERLY 150 FEET TO THE CENTER LINE OF MILWAUKEE AVENUE, THENCE NORTHWESTERLY ALONG THE CENTER LINE OF MILWAUKEE AVENUE, 275 FEET TO THE PLACE OF BEGINNING.

Property address: 8160 W DAVIS STREET, NILES, IL 60714

PROPERTY OF COOK COUNTY CLERK'S OFFICE

**UNOFFICIAL COPY**

FEB 21 2007

I, David 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 THEREOF, 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 Orr*  
COUNTY CLERK

CEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <b>16.0</b>		STATE OF ILLINOIS		STATE FILE NUMBER	
		REGISTERED NUMBER		<b>MEDICAL CERTIFICATE OF DEATH</b>			
<b>DECEASED</b>		DECEASED—NAME FIRST MIDDLE LAST 1. <b>James C. Olbrisch</b>			SEX 2. <b>Male</b>	DATE OF DEATH (MONTH, DAY, YEAR) 3. <b>February 15, 2007</b>	
<b>CAUSE</b>		COUNTY OF DEATH 4. <b>Cook</b>	AGE—LAST BIRTHDAY (YRS) 5a. <b>75</b>	UNDER 1 YEAR MOS. DAYS 5b.	UNDER 1 DAY HOURS MIN. 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. <b>December 20, 1931</b>	
<b>PARENTS</b>		CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6a. <b>Niles</b>		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. <b>8160 W. Davis</b>		IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY) 6c.	
<b>INFORMANT</b>		BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. <b>Chicago, IL</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. <b>Married</b>	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. <b>Dolores Cina</b>		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. <b>Yes</b>	
<b>DISPOSITION</b>		SOCIAL SECURITY NUMBER 10. <b>336-24-3276</b>	USUAL OCCUPATION 11a. <b>Police Officer</b>	KIND OF BUSINESS OR INDUSTRY 11b. <b>Department</b>	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) College (1-4 or 5+) 12. <b>12</b>		
<b>CERTIFIER</b>		RESIDENCE (STREET AND NUMBER) 13a. <b>8160 W. Davis</b>		CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13b. <b>Niles</b>	INSIDE CITY (YES/NO) 13c. <b>Yes</b>	COUNTY 13d. <b>Cook</b>	
<b>DISPOSITION</b>		STATE 13a. <b>Illinois</b>	ZIP CODE 13f. <b>60714-</b>	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. <b>White</b>	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
<b>DISPOSITION</b>		FATHER—NAME FIRST MIDDLE LAST 15. <b>William Olbrisch</b>	MOTHER—NAME FIRST MIDDLE LAST (MAIDEN) LAST 16. <b>Pauline Staniewicz</b>	INFORMANT'S NAME (TYPE OR PRINT) 17a. <b>Dolores Olbrisch</b>		RELATIONSHIP 17b. <b>Wife</b>	
<b>DISPOSITION</b>		MOTHER—NAME FIRST MIDDLE LAST (MAIDEN) LAST 16. <b>Pauline Staniewicz</b>		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. <b>Niles, IL 60714-</b>			
<b>DISPOSITION</b>		18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.					
<b>DISPOSITION</b>		IMMEDIATE CAUSE (Final disease or condition resulting in death)	(a) <b>Cutaneous T-cell Lymphoma (metastatic)</b>				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
<b>DISPOSITION</b>		CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	(b)				
<b>DISPOSITION</b>			(c)				
<b>DISPOSITION</b>		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
<b>DISPOSITION</b>		<b>HTN, CAD, PVD, CHF, Diabetes</b>				AUTOPSY (YES/NO) 19a. <b>No</b>	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b. <b>No</b>
<b>DISPOSITION</b>		DATE OF OPERATION, IF ANY 20a.	MAJOR FINDINGS OF OPERATION 20b.			IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>DISPOSITION</b>		1 (DID) (CHECK ONE) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON 21a. <b>1/29/2007</b>			WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. <b>No</b>	HOUR OF DEATH 21c. <b>11:50 PM</b>	
<b>DISPOSITION</b>		TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.					
<b>DISPOSITION</b>		22a. SIGNATURE <i>Mark Drexler</i>	NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. <b>2550 Compass Drive Glenview, IL 60026</b>			DATE SIGNED (MONTH, DAY, YEAR) 22b. <b>2/16/2007</b>	
<b>DISPOSITION</b>		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23.				ILLINOIS LICENSE NUMBER 22d. <b>036-093384</b>	
<b>DISPOSITION</b>		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.					
<b>DISPOSITION</b>		BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. <b>Burial</b>	CEMETERY OR CREMATORY—NAME 24b. <b>Maryhill Cemetery</b>	LOCATION CITY OR TOWN STATE 24c. <b>Niles IL</b>	DATE (MONTH, DAY, YEAR) 24d. <b>02/20/2007</b>		
<b>DISPOSITION</b>		FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. <b>Skaja Terrace Funeral Home 7812 N. Milwaukee Avenue Niles, IL 60714</b>					
<b>DISPOSITION</b>		FUNERAL DIRECTOR'S SIGNATURE 25b. <i>Joseph Ciolek</i>				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. <b>034-012344</b>	
<b>DISPOSITION</b>		LOCAL REGISTRAR'S SIGNATURE 26a. <i>David Orr</i>				DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. <b>FEB 20 2007</b>	