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2016347027

Doc# 2016347027 Fee \$88.00

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

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 06/11/2020 09:53 AM PG: 1 OF 3

Deceased Joint Tenancy Affidavit

Pin# 26-30-312-035-0000

Property Address:

2837 East 127th Street

Chicago, IL 60633

20 Bar 49010

Return To:

Barrister Title

15000 Cicero Avenue

Oak Forest, IL 60452

20 Bar 49010
Deceased Joint Tenancy Affidavit

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Acquest Title Services, LLC
File No. 20BAR49010

State of Illinois)
)
County of Cook)

James Renko (Affiant) being first duly sworn, states that he resides at 9778 Tulip Ln in the City of Saint John, IN 46373. That James Renko was acquainted with Edward A. Renko, Deceased, who at the time of his/her death, was one of the owners of the land in Cook County, Illinois, described as:

THE WEST 81/3 FEET OF LOT 8 AND LOT 9 IN BLOCK 4 IN FORD CITY SUBDIVISION OF NUMBER 5, BEING A SUBDIVISION OF BLOCKS 5,6,7 AND 8 (EXCEPT THE SOUTH 4 ACRES OF BLOCK 8) IN THE SUBDIVISION OF THE NORTHEAST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 30, TOWNSHIP 37 NORTH, RANGE 15 (EXCEPT THE RIGHT OF WAY OF THE CALUMET WESTERN RAILROAD COMPANY) IN COOK COUNTY, ILLINOIS.

That the deceased died on 05/13/2020 as evidenced by a certified copy of the death certificate of the deceased attached hereto.

That the deceased died:

Leaving no Last Will and Testament

Leaving a Last Will and Testament

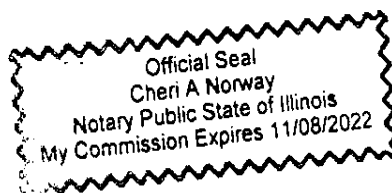
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of death of the deceased, does not exceed the sum of \$90,000.00. (Enter the value of the estate.)

Affiant makes this affidavit for the purpose of inducing Acquest Title Services, LLC/Chicago Title Insurance Company/Fidelity National Title Insurance Company to issue its policy describing the above mentioned property.

X James P. Renko by John D. Poulos et. POA.

Subscribed and sworn before me this 15th day of May, 2020.

Cheri A. Norway
Notary Public



Prepared by & Mail to:

**John J Poulos
1935 N Lincoln Avenue
Chicago, Illinois 60614**

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MEDICAL CERTIFICATE OF DEATH									
REGISTRATION DISTRICT NO. 16.10		STATE OF ILLINOIS						STATE TELEPHONE NUMBER	
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH						607040	
DECEASED - NAME		FIRST		MIDDLE		LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. Edward		A.		Renko		male		May 13, 2003	
COUNTY OF DEATH		AGE - LAST BIRTHDAY (YRS)		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (MONTH, DAY, YEAR)	
4. Cook		5a. 81		5b.		5c.		5d. June 1, 1921	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN OTHER, GIVE STREET AND NUMBER)						IF HOSP. OR INST. INDICATE O OR EMER. RM. INPATIENT, I, SPE	
6a. Chicago		6b. Northwestern Memorial						6c. Inpatient	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)					
7. Chicago, IL		8a. Married		8b. Bernice Wandel					
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)			
10. 326-12-3180		11a. Machinist		11b. US Steel Co. Southworks		12. 10		13. 10	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY			
13a. 2137 E. 127th St.		13b. Chicago		13c. Yes		13d. Cook			
STATE		ZIP CODE		RACE (WHITE, BLACK, AMERICAN INDIAN OR ALASKA NATIVE, HISPANIC OR LATINO)		14a. White			
13e. Illinois		13f. 60633		14b. White		14c. PURPOSES ONLY			
FATHER - NAME FIRST MIDDLE LAST		MOTHER - NAME FIRST MIDDLE (MAIDEN) LAST		15. Stanley Renko					
15. Stanley Renko		15. Angeline Grzebyta		16. Jackie Smith					
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY, TOWN, STATE, ZIP)					
17a. Jackie Smith		17b. Medical Records		251 E. Huron Chicago 60611					
18. PART I - Enter the disease(s) or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hemorrhage. List only one cause on each line.									
Immediate Cause (Final disease or condition resulting in death)		(a) Myocardial infarction							
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) Ventricular fibrillation							
		(c) anoxic encephalopathy							
PART II - Other significant conditions contributing to death but not resulting in the under-lying cause given in PART I.									
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION				AUTOPSY (YES/NO)		IF FEMALE, WAS THERE A PREGNANCY IN THREE MONTHS?	
20a.		20b.				19a. NO		19b. YES/NO	
I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER/LIVE ON		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH					
21a. I did attend May 13 2003		21b. no		21c. 2:33 P					
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		SIGNATURE		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		DATE SIGNED (MONTH, DAY, YEAR)		ILLINOIS LICENSE NUMBER	
22a. [Signature]		22b. May 13 2003		22c. A. S. Mohameduddin 251 E. Huron Chicago 60611		22d. 20025-4393		NOTE: IF AN ANATOMY WAS INVOLVED IN THE DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
23. GENEALOGY									
BURIAL CREMATION REMOVAL (SPECIFY)		CEMETERY OR CREMATORY - NAME		LOCATION CITY OR TOWN STATE		DATE (MONTH, DAY, YEAR)			
24a. Burial		24b. Holy Cross Cem.		24c. Calumet City, IL		24d. 5/17/03			
FUNERAL HOME (NAME)		STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE		25. Elmwood Chapel 11200 S. Ewing Ave. Chicago, Illinois 60617			
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER				25b. [Signature]			
25a. [Signature]		25c. 012040				25d. [Signature]			
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		26. [Signature]					
26a. [Signature]		26b. 051503		PURPOSES ONLY 1280053					

March 13, 2020

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.

Karen A. Yarbrough
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE