

UNOFFICIAL COPY

JOINT TENANCY AFFIDAVIT

Doc#: 2128528411 Fee: \$98.00
Karen A. Yarbrough
Cook County Clerk
Date: 10/12/2021 02:21 PM Pg: 1 of 2

PREPARED BY AND MAIL TO:
William F. Kelley
KELLEY, KELLEY & KELLEY
1535 W. Schaumburg Rd., Suite 204
Schaumburg, IL 60194

RECORDER'S STAMP

JOINT TENANCY AFFIDAVIT

DECEDENT: Thomas Wolinski

DATE: September 29, 2021

HELEN WOLINSKI, hereinafter referred to as the affiant deposes and states that the affiant resides at 726 Clarendon Springs Court in the Village of Schaumburg, State of Illinois;

That the decedent at the time of his death was one of the owners of the property in Cook County, Illinois, legally described as follows:

Lot 15 in Cutter's Mill Unit 1, being a Subdivision of part of the South West 1/4 of Section 17, Township 41 North, Range 10 East of the Third Principal Meridian, according to the Plat thereof recorded September 5, 1984 as Document 27242102, in Cook County, Illinois

PERMANENT TAX NUMBER: 07-17-312-015-0000

ADDRESS OF REAL ESTATE: 726 Clarendon Springs Court, Schaumburg, IL 60194

That said decedent died on June 3, 2016 leaving a last will and testament;

That the total value of the estate of said decedent including his taxable interest in the above real estate is less than \$4,000,000.

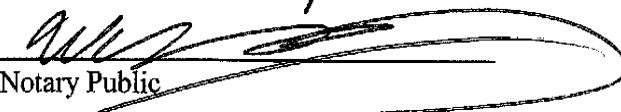
That the Illinois Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

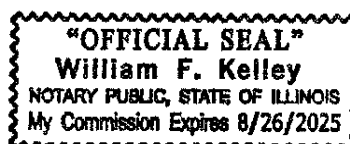
That if the decedent had a Will it was not a joint and mutual Will; nor was the survivor of the joint tenant allowed under said Will to elect to take any property in lieu of the joint tenancy.

That the affiant makes this Affidavit to induce the Cook County Recorder to file a Deed in Trust on the above described property.


HELEN WOLINSKI

SUBSCRIBED and SWORN to before me
this 29 day of Sept., 2021


Notary Public



CERTIFICATION OF DEATH RECORD

UNOFFICIAL COPY

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2016 0044723

DATE ISSUED 6/8/2016

DECEDENT'S LEGAL NAME THOMAS WOLINSKI		SEX MALE	DATE OF DEATH JUNE 03, 2016	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 85 YEARS	DATE OF BIRTH DECEMBER 29, 1930		
CITY OR TOWN SCHAUMBURG		HOSPITAL OR OTHER INSTITUTION NAME 726 CLARENDON SPRINGS COURT		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME HELEN PABISIAK	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 726 CLARENDON SPRINGS COURT		APT. NO.	CITY OR TOWN SCHAUMBURG	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60194	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JOSEPH WOLINSKI	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ROSE TAMULEWICZ
INFORMANT'S NAME HELEN WOLINSKI		RELATIONSHIP WIFE	MAILING ADDRESS 726 CLARENDON SPRINGS COURT, SCHAUMBURG, IL, 60194	
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION SAINT MICHAEL THE ARCHANGEL CEMETERY	LOCATION - CITY OR TOWN AND STATE PALATINE, IL	DATE OF DISPOSITION JUNE 08, 2016
FUNERAL HOME MICHAELS FUNERAL HOME, 800 S. ROSELIE RD., SCHAUMBURG, IL, 60193				
FUNERAL DIRECTOR'S NAME MICHAEL RICHARD DEMNICKI			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014765	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR JUNE 8, 2016	
CAUSE OF DEATH PART I. ISCHEMIC CARDIOMYOPATHY				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		b.		
		c.		
		Due to (or as a consequence of):		
PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I. ATRIAL FIBRILLATION, CHRONIC OBSTRUCTIVE PULMONARY DISEASE				
			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 JUNE 02, 2016	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 12:40 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED JUNE 06, 2016	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PAPPADOPOLI, MARK, 311 N WALNUT, WOOD DALE, ILLINOIS, 60191			PHYSICIAN'S LICENSE NUMBER 036067806	

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
David Orr
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE