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Doc# 2207734003 Fee \$82.00

Deceased Joint Tenant Affidavit

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 03/18/2022 09:43 AM PG: 1 OF 3

File Number 2022-1682
State of IL
County of COOK

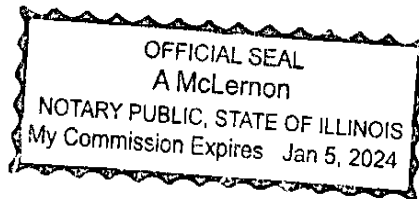
CHRISTINE FRYDRYCH being first duly sworn, for the purpose of inducing National Title Solutions, Inc. to issue it's title insurance policy covering the land described in the above captioned commitment, deposes and says;

1. That he/she resides at: 15368 MICHAEL DR OAK FOREST, IL 60452
2. That he/she was acquainted with GEORGE FRYDRYCH who died on 12/15/2018, as evidence by the attached copy of the death certificate.
3. That said decedent was one of the owners of the land described in the above captioned commitment.
4. The said decedent died:
 leaving no last will and testament
 leaving a last will and testament, a copy of which attached
5. That the total value of said decedent's estate for State of Illinois Inheritance Tax/Estate and Federal Estate Tax purposes does not exceed \$ 30,000.00.

Affiant's Signature

Subscribed and sworn to before me 10 day of March, 2022 by means of physical presence or online notarization.

Notary Public



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EXHIBIT " A " Property Description

Closing Date: March 10, 2022
Borrower(s): Chistine Frydrych
Property Address: 15368 Michaele Drive, Oak Forest, IL 60452

PROPERTY DESCRIPTION:

THE FOLLOWING DESCRIBED REAL ESTATE SITUATED IN THE COUNTY OF COOK
IN THE STATE OF ILLINOIS, TO WIT:

LOT 68 IN NATALIE SUBDIVISION UNIT NO. THREE, BEING A SUBDIVISION OF THE
SOUTHWEST QUARTER (SW 1/4) OF THE NORTHWEST QUARTER (NW 1/4) OF
SECTION 16, TOWNSHIP 36 NORTH RANGE 13 EAST OF THE THIRD PRINCIPAL
MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN: 28-16-107-020-0000

CERTIFICATION OF DEATH RECORD

UNOFFICIAL COPY

CITY OF HARVEY CITY CLERKS OFFICE

HARVEY, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2018 0105079

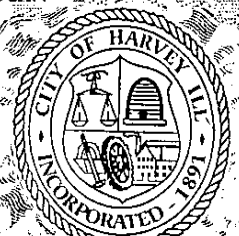
DATE ISSUED 1/3/2019

DECEDENT'S LEGAL NAME GEORGE FRYDRYCH		SEX MALE	DATE OF DEATH DECEMBER 15, 2018	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 72 YEARS	DATE OF BIRTH SEPTEMBER 21, 1946		
CITY OR TOWN HARVEY		HOSPITAL OR OTHER INSTITUTION NAME INGALLS MEMORIAL HOSPITAL		
PLACE OF DEATH INPATIENT				
BIRTHPLACE ARGENTINA	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME CHRISTINE STYSINSKI	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 15368 MICHAEL DRIVE	APT. NO.	CITY OR TOWN OAK FOREST	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60452	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION EDUARDO FRYDRYCH	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION WANDA MARKOWSKI
INFORMANT'S NAME CHRISTINE FRYDRYCH		RELATIONSHIP WIFE	MAILING ADDRESS 15368 MICHAEL DRIVE, OAK FOREST, IL, 60452	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION MARY HILL CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE NILES, IL	DATE OF DISPOSITION DECEMBER 28, 2018	
FUNERAL HOME MALEC & SONS FUNERAL HOME, 6000 N MILWAUKEE AVE, CHICAGO, IL, 60646				
FUNERAL DIRECTOR'S NAME THOMAS ADALBERT TURKOWSKI			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012271	
LOCAL REGISTRAR'S NAME NANCY L CLARK			DATE FILED WITH LOCAL REGISTRAR DECEMBER 31, 2018	
CAUSE OF DEATH PART I SEVERE ACUTE PANCREATITIS				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Due to (or as a consequence of):		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		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? YES	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? YES	
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 TRANSPORTED TO INJURY, SPECIFY	
ATTEND THE DECEASED? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 02:25 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED DECEMBER 27, 2018	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH BENJAMIN E MARGOLIS MD, 444 N MICHIGAN AVENUE, SUITE 1200, CHICAGO, ILLINOIS, 60611			PHYSICIAN'S LICENSE NUMBER 036093462	

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.

Nancy L. Clark

Nancy L. Clark
City Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

HOLD UP TO LIGHT TO VERIFY TRUE WATERMARK