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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 09/29/2022 11:41 AM PG: 1 OF 3

DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois)
) SS.
County of WILL)

JULIE CWIK being duly sworn states that she resides at
11117 WISCONSIN CT., APT. 2B, ORLAND PARK, IL 60467

That she was acquainted with EDWIN CWIK deceased who, at the time
of death, was one of the owners of the land in COOK County,
Illinois, described as:

UNIT NO. 2B AND GARAGE UNIT NO: G2B, IN BUILDING NO. 8, TOGETHER WITH
ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN EAGLE RIDGE
II CONDOMINIUM, AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED
AS DOCUMENT NO. 94869881, AS AMENDED FROM TIME TO TIME, IN THE
NORTHWEST QUARTER OF SECTION 32, TOWNSHIP 36 NORTH, RANGE 12, EAST OF
THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Commonly known as: 11117 WISCONSIN CT., APT. 2B, ORLAND PARK, IL
60467

PIN: 27-32-101-007-1017

That the deceased died NOVEMBER 22, 2016, as
evidenced by a certified copy of death certificate of the deceased
attached hereto.

That the deceased died:

- 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

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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 Circuit Court of _____ County, Illinois about _____.

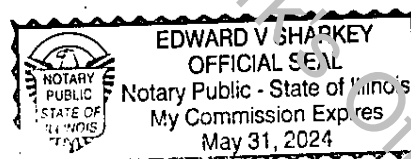
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of _____ dollars.

Affiant makes this affidavit for the purpose of inducing _____ Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Julie Clark

(Affiant's Signature)

Subscribed and sworn to before me this 22nd day of AUGUST, 2022.



Edward V. Sharkey
Notary Public

This instrument prepared by:

ATTY. EDWARD V. SHARKEY
9991 - 191ST ST.
MOKENA, IL 60448

After recording mail to:

EDWARD V. SHARKEY, ATTY.
9991 - 191ST ST.
MOKENA, IL 60448

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**COOK COUNTY CLERK VITAL RECORDS
CHICAGO, ILLINOIS
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2016 0092875

DATE ISSUED 12/1/2016

DECEDENT'S LEGAL NAME EDWIN CWIK		SEX MALE	DATE OF DEATH NOVEMBER 22, 2016		
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 58 YEARS	DATE OF BIRTH MARCH 03, 1958			
CITY OR TOWN ORLAND PARK		HOSPITAL OR OTHER INSTITUTION NAME 11117 WISCONSIN CT			
PLACE OF DEATH DECEDENT'S HOME					
BIRTHPLACE EVERGREEN PARK, IL	SOCIAL SECURITY NUMBER 341-50-3776	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME JULIE NOLEN	EVER IN U.S. ARMED FORCES? NO	
RESIDENCE 11117 WISCONSIN CT	APT. NO. UNIT 2B	CITY OR TOWN ORLAND PARK	INSIDE CITY LIMITS? YES		
COUNTY COOK	STATE IL	ZIP CODE 60467	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION EDWIN CWIK SR	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JULIA OSINSKI	
INFORMANT'S NAME JULIE CWIK		RELATIONSHIP WIFE	MAILING ADDRESS 11117 WISCONSIN CT UNIT 2B, ORLAND PARK, IL, 60467		
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION SKYLINE MEMORIAL PARK	LOCATION - CITY OR TOWN AND STATE MONEE, IL	DATE OF DISPOSITION NOVEMBER 26, 2016		
FUNERAL HOME LAWN FUNERAL HOME, 17909 SOUTH 94TH AVENUE, TINLEY PARK, IL, 60487					
FUNERAL DIRECTOR'S NAME DANIEL E JARKA			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031009714		
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR NOVEMBER 30, 2016		
CAUSE OF DEATH	PART I: END STAGE ESOPHAGEAL CANCER			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a				UNKNOWN
	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? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 12:37 AM	
CERTIFIER PHYSICIAN			DATE CERTIFIED NOVEMBER 27, 2016		
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH VILLAFLO, VICTORIA, 676 N ST. CLAIR ST, CHICAGO, ILLINOIS, 60611			PHYSICIAN'S LICENSE NUMBER 036105287		



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

