

UNOFFICIAL COPY



DECEASED JOINT
TENANCY AFFIDAVIT

Doc# 2234915033 Fee \$88.00

State of Illinois)
) ss
County of Cook)

RHSP FEE:\$9.00 RPRF FEE: \$1.00
KAREN A. YARBROUGH
COOK COUNTY CLERK
DATE: 12/15/2022 11:50 AM PG: 1 OF 3

Karen F. Rafacz
being duly sworn states that she resides at
7425 W. Hawthorne Ln.,
Frankfort, IL 60423

That she was the wife of Jerry T. Rafacz also known as Gerald T. Rafacz, deceased, who at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

UNIT NUMBER 8G and G74 IN THE 450 BRIAR PLACE CONDOMINIUM, AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED TRACT OF LAND:

THE EAST 8 FEET OF LOT 1 AND ALL OF LOTS 2, 3, AND 4 IN BLOCK 2 IN OWNER'S DIVISION OF BRAUCKMAN'S AND GEHRKE'S SUBDIVISION IN THE EAST 1/2 OF THE NORTHWEST 1/4 AND THE NORTHEAST FRACTIONAL QUARTER OF SECTION 28, TOWNSHIP 40 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

Permanent Real Estate Index Number: 14-28-103-065-1071; 14-28-103-065-1215;
(misidentified in the warranty deed as 14-28-103-035-0000; 14-28-103-036-0000; and 14-28-103-037-0000)

Address of Real Estate: 450 W. Briar Place, Unit 8G and G74, Chicago, IL 60657

That the deceased died on September 22, 2022, 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. The original of the proven will should be filed with the Clerk of the Probate Division of the Circuit Court of Will County, Illinois.
- Leaving a Last Will & Testament which was filed in the unproven Will Box of the Probate Division of the _____, _____ County, Illinois about _____, 20__.

UNOFFICIAL COPY

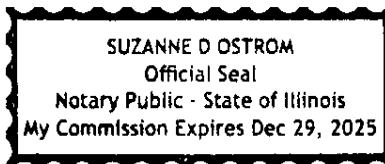
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of \$100,000.00 dollars.

Karen F. Rafacz

KAREN F. RAFACZ

Subscribed and sworn to before me this 29th day of November, 2022.

Suzanne D Ostrom
Notary Public



This instrument was prepared by and mail to:
M. W. Brady Law Firm, P.C.
20950 S. Frankfort Sq. Rd.,
Suite B
Frankfort, Illinois 60423

Property of Cook County Clerk's Office

CERTIFICATION OF DEATH RECORD

UNOFFICIAL COPY

WILL COUNTY LOCAL REGISTRAR
JOLIET, ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2022 0085104

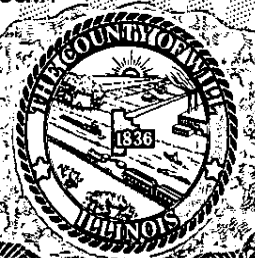
DATE ISSUED 9/27/2022

DECEDENT'S LEGAL NAME GERALD THOMAS RAFACZ		SEX MALE	DATE OF DEATH SEPTEMBER 22, 2022	
COUNTY OF DEATH WILL	AGE AT LAST BIRTHDAY 79 YEARS	DATE OF BIRTH SEPTEMBER 01, 1943		
CITY OR TOWN JOLIET	HOSPITAL OR OTHER INSTITUTION NAME LIGHTWAYS HOSPICE & SERIOUS ILLNESS CARE			
PLACE OF DEATH HOSPICE FACILITY				
BIRTHPLACE CHICAGO, IL	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME KAREN YOURISON		EVER IN U.S. ARMED FORCES? NO
RESIDENCE 7425 WEST HAWTHORNE LANE	APT. NO.	CITY OR TOWN FRANKFORT	INSIDE CITY LIMITS? YES	
COUNTY WILL	STATE IL	ZIP CODE 60423	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ALBERT RAFACZ	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ANGELINE WYROSTEK
INFORMANT'S NAME KAREN RAFACZ		RELATIONSHIP WIFE	MAILING ADDRESS 7425 WEST HAWTHORNE LANE, FRANKFORT, IL, 60423	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION HEARTLAND CREMATION SERVICES	LOCATION - CITY OR TOWN AND STATE ROMEOVILLE, IL	DATE OF DISPOSITION SEPTEMBER 27, 2022	
FUNERAL HOME KURTZ MEMORIAL CHAPEL, 65 OLD FRANKFORT WAY, FRANKFORT, IL, 60423				
FUNERAL DIRECTOR'S NAME MATTHEW RAYMOND BECKER			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015685	
LOCAL REGISTRAR'S NAME SUSAN OLENEK			DATE FILED WITH LOCAL REGISTRAR SEPTEMBER 26, 2022	
CAUSE OF DEATH - PART I: ACUTE RESPIRATORY FAILURE				
IMMEDIATE CAUSE (Final disease or condition resulting in death)				
a. _____ Due to (or as a consequence of):				
b. CONGESTIVE HEART FAILURE				
_____ Due to (or as a consequence of):				
c. ACUTE MYOCARDIAL INFARCTION				
_____ 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 AORTIC STENOSIS			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? YES	DATE PRONOUNCED	TIME OF DEATH 08:07 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED SEPTEMBER 23, 2022	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH KRAD, MUHAMAD, 250 WATER STONE CIRCLE, JOLIET, ILLINOIS, 60431			PHYSICIAN'S LICENSE NUMBER 036-128267	

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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.

Susan Olenek
Susan Olenek
Executive Director and Local Registrar
Will County Health Department



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THIS WORD/ID APPEARS WHEN PHOTOCOPIED

HOLD UP TO LIGHT TO VIEW IF NEAR WATER MARK