

# UNOFFICIAL COPY



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KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 01/04/2023 09:38 AM PG: 1 OF 3

Property of Cook County Clerk's Office

## Affidavit of Death of Joint Tenant

LOT 16 IN WESTGATE GARDEN SUBDIVISION BEING A SUBDIVISION OF PART OF THE NORTHEAST QUARTER (1/4) OF THE SOUTHWEST QUARTER (1/4) OF SECTION 35 TOWNSHIP 42 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF REGISTERED IN THE OFFICE OF THE REGISTRAR OF TITLES OF COOK COUNTY, ILLINOIS.

PIN 03-35-308-016-0000

# UNOFFICIAL COPY

## AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF ILLINOIS        )  
COUNTY OF COOK        )

Before me, the undersigned authority, on this day personally appeared WLADYSLAWA ZIOLO ("Affiant"), of legal age, who, being first duly sworn, under the penalty of perjury, upon his oath states:

1. My name is WLADYSLAWA ZIOLO, and I live at 1204 Ardyce, Mount Prospect, Illinois 60056.
2. I was acquainted with FLORIAN ZIOLO, my husband, who died on October 20, 2008, as evidenced by the attached certified copy of the death certificate.
3. At the time of decedent's death, decedent's residence was 1204 Ardyce, Mount Prospect, Illinois 60056.
4. Decedent owned an interest in the following real property as joint tenant with me:  
1204 Ardyce, Mount Prospect, Illinois 60056.
5. Decedent died without leaving a written will.

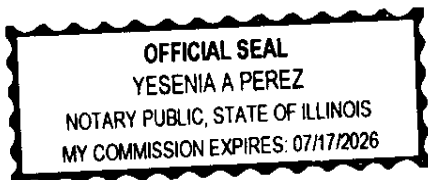
Signed this 1<sup>st</sup> day of December 2022

Wladyslaw Ziolo  
WLADYSLAWA ZIOLO

I, the undersigned, a Notary Public in and for said County, in the State of Illinois DO HEREBY CERTIFY that WLADYSLAWA ZIOLO personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he signed, sealed and delivered the said instrument as his free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and official seal, this 1<sup>st</sup> day of December 2022

Yesenia A. Perez  
Notary Public



# UNOFFICIAL COPY

## STATE OF ILLINOIS CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. <b>16.0</b>		STATE FILE NUMBER	
LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last) <b>Florian Ziolo</b>		2. SEX <b>Male</b>	3. DATE OF DEATH (Month/Day/Year) (Spell Month) <b>October 20, 2008</b>
4. COUNTY OF DEATH <b>Cook</b>	5a. AGE AT LAST BIRTHDAY (Years) <b>71</b>	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____
6. DATE OF BIRTH (Month/Day/Year) <b>December 13, 1936</b>		7a. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) <b>1204 Ardyce Lane</b>	
7b. CITY OR TOWN <b>Mount Prospect</b>		7c. PLACE OF DEATH (Check only one; see instructions)	
8. BIRTHPLACE (City and State or Foreign Country) <b>Poland</b>		9. SOCIAL SECURITY NUMBER	
10. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) <b>Wladyslawa Noga</b>	
12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13a. RESIDENCE (Street and Number) <b>1204 Ardyce Lane</b>	
13b. APT. NO.		13c. CITY OR TOWN <b>Mount Prospect</b>	13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13e. COUNTY <b>Cook</b>	13f. STATE <b>IL</b>	13g. ZIP CODE <b>60056</b>	14. FATHER'S NAME (First, Middle, Last) <b>Piotr Ziolo</b>
15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>Antonina Koza</b>		16a. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) <b>1204 Ardyce Lane Mount Prospect IL 60056</b>	
16b. RELATIONSHIP <b>Wife</b>		16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code)	
17. METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify)		18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) <b>All Saints Cemetery</b>	
19. LOCATION - CITY, TOWN AND STATE <b>Des Plaines, IL</b>		20. DATE OF DISPOSITION (Month/Day/Year) <b>October 24, 2008</b>	
21a. FUNERAL HOME NAME <b>Skaja Terrace Funeral Home</b>		21b. FUNERAL DIRECTOR'S SIGNATURE <i>Joseph Ziolo</i>	
21c. FUNERAL HOME STREET AND NUMBER <b>7812 N. Milwaukee Avenue</b>		21d. FUNERAL HOME CITY OR TOWN <b>Niles</b>	
21e. FUNERAL HOME STATE <b>IL</b>		21f. FUNERAL HOME ZIP <b>60714</b>	
21g. FUNERAL HOME PHONE		21h. FUNERAL HOME FAX	
21i. FUNERAL HOME WEBSITE		21j. FUNERAL HOME EMAIL	
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