AFTER RECORDING, MAIL TUNOFFICIAL COPY

SATURN TITLE, LLC 1030 W. HIGGINS RD. SUITE 365

PARK RIDGE, IL 60068 2437842

This form is not required by law, nor is it it a requirement of the Cook Cook County Recorder of Deeds Office. CCROD employees CANNOT assist with the completion of this LEGAL form, or provide advice regarding it.

Doc#. 2411314182 Fee: \$107.00 KAREN A. YARBROUGH COOK COUNTY CLERK'S OFFICE Date 4/22/2024 10:04 AM Pg: 1 of 3

DECEASED JOINT TENANCY AFFIDAVIT

INSTRUMENT PREPARED BY:	
Beata Valente Attorney at Law	(NAME)
5911 W. Higgins Ave.	_ (ADDRESS)
Chicago, IL	_ (CITY/STATE)
60630-347	2 (ZIP CODE)

AFFIANT/SURVIVING TENANT SIGNATURE

C/x								
ANDRZEJ BURAK the surviving to	enant of the joint tena	ncy created by the deed with docu	ment number: 0810122065					
	ERESA BURAK	died on 02 12						
of his or her death certificate (see attached). I also	declare 'nat the aforer	mentioned named joint tenant was	an owner of the property with the legal description of:					
SEL (17) ACHED								
1 3 - 2 9	- 4 0	tiffication **:mber (PIN) of:	1 0 0 5					
	& the <u>Commo</u> 5755 W. Diversey	Ave Unit 203						
	Chicago, IL 6063	9	-					
	Furthermore, th	ne deceased tenant died:						
Х								
	11 "	WILL & TESTAMENT, which is	Leaving a LAST WIL & TESTAMENT, which is					
attached, and the ORIGINAL of the UNPROVEN attached, and the ORIGINAL of the Leaving NO LAST WILL & TESTAMENT WILL BE filed with the Clerk of the Probate HAS BEEN filed with up Clerk of the								
Leaving NO LAST WILL & TESTAMENT WILL BE filed with the Clerk of the Probate Division of the Circuit Court of			Division of the Circuit Court of					
County, in			County, in					
	Notary & Aff	fiant Signature Section						
Subscribed and sworn to me by: AFFIX NOTARY STAMP BELOW								
ANDRZEJ BURAK (Printed Name of Affiant)								
this: A day of April	, 20 ²⁴							
OFFICIAL SEAL								

ULYANA ANDREYEVA NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES: 2/8/2025

CENTIAGATION OF MENTH AFORD

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

exhibit A

TATE FILE NOWIDER 2024 OUT	2.50.	- 불팅 보기 - 배스티 - 하다				
DECEDENT'S LEGAL NAME TERESA CECYLIA BURAH				 (2) (2) (2) (3) (3) (4) (4) (4) (3) (4) (4) (4) (4) (4) (4) 	TE OF DEATH EBRUARY 12, 2024	
COUNTY OF DEATH GOOK	AGE AT LAST BI 65 YEARS			/IBER 24, 1958		
CITY OR TOWN CHICAGO		HOSPITAL OR OTH 5755 W DIVE	ER INSTITUTION I	NAME		
PLACE OF DEATH DECEDENT'S HOME						
BIRTHPLAGE POLAND		US AT TIME OF DEATH DROED FROM MARRIAGE	SURVIVING SPOUSE	E/CIVIL UNION PARTNÉR'S (MAIDEN NAME EVER IN U. FORCES?	
RESIDENCE 5755 W DIVERSEY AV.5		1.77	Y OR TOWN CHICAGO		INSIDE CITÝ L YES	IMITS?
COUNTY STATE COOK	ZIP CODE FATHER/CO-PAREN 6 3639 ROMAN SL	ITS NAME PRIOR TO FIRST MARRIA IWA	GE/CIVIL UNION	MOTHER/CO-PARENT'S NA CECYLIA: CZUBA	ME PRIOR TO FIRST MARRIAGE	CIVIL UNION
INFORMANT'S NAME MARCELINA KOROL	RELATION DAUG	SHIP SHTER	MAILING ADDRE	SS YN LN, SCHAUMB	URG, IL, 60194	
METHOD OF DISPOSITION CREMATION	PLAGE OF DISPOSITION HEICHTS CREM		LOCATION - CITY CHICAGO HE	OR TOWN AND STATE	DATE OF DISPOSITION FEBRUARY 14, 2	*
FUNERAL HOME PIETRYKA FUNERAL HOI	ME, 5734 W DIVER SENAME	, CHICAGO, IL, 60639				
FUNERAL DIRECTOR'S NAME NINA Y ROSARIO				FUNERAL DIRECTOR'S 034016939	S ILLINOIS LICENSE NUMBE	R
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH				DATE FILED WITH LOC FEBRUARY 14		
CAUSE OF DEATH PART I. IMMEDIATE CAUSE 4	METASTATIC LUNG CANCER				ATT ATT	MONTHS
(Final disease or condition resulting in death) b		Due to (or as a cc isequence of):			COXIMA AL BETT AND DE	
		Due to (or as a consequence of).			APPR INTERVA ONSET	
c					4 ∪ 1	
		Due to (or as a consequence of):				an managaran Sasaran Tanasa
PART II, Enter other significant conc	ditions contributing to death but not	resulting in the underlying cause	given in PART		NUTOPSÝ PERFORMED? N	新新時間
				COMPLET	TOPSY FINDINGS USED TO E CAUSE OF DEATH? N//	
FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN	A STATE OF THE STA			NA FUE	3 <u>1886.45</u>	
DATÉ OF INJURY	TIME OF INJURY	PLACE OF INJURY			INJURY A	T WORK?
EOCATION OF INJURY						
DESCRIBE HOW INJURY OCCURRE					TRANSHUP, 41 ON INJUR	
ATTEND THE DECEASED? D	・ 株成的で は、これの関係でします。特殊は利用しますが、	S MEDICAL: EXAMINER OR RONER CONTACTED? NO	DATE P	RONOUNCED	TIME OF DI 05:00 A	
CERTIFIER PHYSICIAN					DATE CERTIFIED FEBRUARY 13, 202	
I Debite Grad Debite Control	FPERSON COMPLETING CAUSE OF VICERMAKIRD, SUITE 3D, C	(a) 43(4) (43) (7) (1) (8)	316		PHYSICIAN'S LICENSE N 036140988	(UMBER

STATE ON THE STATE OF THE STATE

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.

Karen A. Yarbrough Cook County Clerk



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UNOFFICIAL COPY

Legal Description:

PARCEL 1:

UNIT 203 IN THE 5755 W. DIVERSEY CONDOMINIUM, AS DELINEATED ON THE PLAT OF SURVEY OF THE FOLLOWING DESCRIBED TRACT OF LAND:

LOT 7 (EXCEPT THE EAST 7.17 FEET THEREOF), ALL OF LOT 8 AND LOT 9 (EXCEPT THEWEST 10.66 FEET) 'N BLOCK 4 IN DIVERSEY HIGHLANDS, BEING A SUBDIVISION OF THE NORTH 1/4 OF THE NORTH 1/2 OF THE EAST 1/2 OF THE SOUTHEAST 1/4 OF SECTION 29, TOWNSHIP 40 NORTH, RANGE 13, FACT OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, WHICH SURVEY IS ATTACHED AS AN EXHIBIT TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT NUP ICER 0534745018, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS, IN COOK COUNTY, ILLINOIS.

PARCEL 2:

THE EXCLUSIVE RIGHT TO USE OF PARKING SPACE P-5 AND STORAGE SPACE NUMBER S-6, LIMITED COMMON ELEMENTS, AS SET FORTH IN THE AFORESAID DECLARATION OF CONDOMINIUM.

SOM CO

Commonly known address: 5755 W. Diversey Ave., Unit 203, Chicago, IL 60639

PIN #: 13-29-404-046-1005