



COMMONWEALTH LAND
TITLE INSURANCE COMPANY
A Reliance Group Holdings Company

UNOFFICIAL COPY

-85-230013
8 5 2

Issued By
Greater Illinois
Title Company

ONE NORTH LA SALLE STREET
SUITE 2405
CHICAGO, ILLINOIS 60602
(312) 238-2885

810 WEST ROOSEVELT ROAD
SUITE A-2
WHEATON, ILLINOIS 60187
(312) 462-7800

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

} ss.

Order No. _____

ADELINE F. WILLEM being duly sworn
states that she resides at 3836 South Lombard in the City of
Berwyn, Illinois 60402.

That she was acquainted with EDWARD WILLEM
deceased who, at the time of his death, was one of the owners of the land in Cook
County, Illinois, described as:

*Lot 6 in Walter G. Orszula's Subdivision No. 5 Resubdivision of Lot 44 in Subdi-
vision of the South East quarter of the South West quarter and the South half of
the South West quarter of the South West quarter of Section 32, Township 39 North,
Range 13, East of the Third Principal Meridian, according to the plat recorded
June 10, 1955 as document 16265074 in Cook County, Illinois*

16-32-327-041-0000
ML.

That the deceased died September 17, 1975, 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 the Clerk of the Probate Division of the Circuit Court of Cook County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, Illinois about 10-10-85

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 FIFTEEN THOUSAND (\$15,000.00) dollars.

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

Subscribed and sworn to before me by the said

ADELINE F. WILLEM

this 3rd day of October, A.D. 1978

[Signature]
Notary Public

[Signature]
(Affiant's Signature)

Box 432

-85-230013

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Property of Cook County Clerk's Office

-22-890071

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

UNOFFICIAL COPY

DATE SEPTEMBER 19 1985 SIGNED [Signature]

AT Berwyn, Illinois OFFICIAL TITLE DEPUTY REGISTRAR

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health or the local registrar or the county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

VSAR 201.1 DEPARTMENT OF PUBLIC HEALTH—Bureau of Statistics. Printed by the Authority of the State of Illinois.

10032-58 - VR 200 REV. 5/82

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS
STATE PUBLIC NUMBER

REGISTRATION NO. 16-21
REGISTERED NUMBER 7725

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH

Edward William William Male September 17, 1985 Cook

1. RACE—WHITE, BLACK, AMERICAN INDIAN, ETC. (Specify City) Male Slovak 2. HIGHER YEAR SCHOOL ATTENDED 68 3. DATE OF BIRTH (MONTH, DAY, YEAR) May 3, 1917 4. CITY, TOWN, VILLAGE OR ROAD DISTRICT NUMBER Berwyn 5. HOSPITAL OR OTHER INSTITUTION—GIVE NAME, ADDRESS AND CITY, STATE, AND ZIP CODE MacNeal Hospital 6. GIVE NAME, ADDRESS AND CITY, STATE, AND ZIP CODE OF SURVIVING SPOUSE (MARRIED NAME, IF WIFE) Adeline Stipek 7. GIVE NAME, ADDRESS AND CITY, STATE, AND ZIP CODE OF DECEASED SPOUSE (MARRIED NAME, IF WIFE) Stipek 8. ILLINOIS DEPARTMENT OF PUBLIC HEALTH PATIENT ID NUMBER Ill Patient

9. CITIZEN OF WHAT COUNTRY United States 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married 11. NAME OF SURVIVING SPOUSE (MARRIED NAME, IF WIFE) Adeline Stipek 12. SOCIAL SECURITY NUMBER 335032922 13. USUAL OCCUPATION Postal Worker 14. KIND OF BUSINESS OR INDUSTRY Post Office 15. POSTAL OFFICE Post Office 16. WAS DECEASED EVER IN U.S. ARMY OR NAVY (SPECIFY YES OR NO) Yes 17. WAR OR DATES OF SERVICE WWII 18. RESIDENCE 3836 S Lombard 19. CITY, TOWN, VILLAGE OR ROAD DISTRICT NO. Berwyn 20. RESIDE IN CITY Yes 21. COUNTY Cook 22. STATE Illinois 23. FATHER—NAME FIRST MIDDLE LAST Wendell William Maria 24. MOTHER—MAIDEN NAME FIRST MIDDLE LAST Maria Slama Slama

25. INFORMANT NAME (TYPE ON PRINT) Mary E. Spetter 26. RELATIONSHIP Sp 27. MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP) 3249 Oak Park, Berwyn, Illinois 60402 28. DEATH WAS CAUSED BY: (WRITE ON ONE CASE PER LINE FOR (a), (b), AND (c)) Adenovirus Encephalitis 29. IMMEDIATE CAUSE (a) Adenovirus Encephalitis 30. INTERMEDIATE CAUSE (b) Adenovirus Encephalitis 31. STARTING THE UNDERLYING CAUSE (c) Adenovirus Encephalitis 32. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 5 mos

33. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) Adenovirus Encephalitis 34. IMMEDIATE CAUSE (b) Adenovirus Encephalitis 35. STARTING THE UNDERLYING CAUSE (c) Adenovirus Encephalitis 36. DUE TO OR AS A CONSEQUENCE OF: (a) Adenovirus Encephalitis (b) Adenovirus Encephalitis (c) Adenovirus Encephalitis

37. DATE OF OPERATION, IF ANY 5/85 38. MAJOR FINDINGS OF OPERATION Adenovirus Encephalitis 39. AUTOPSY (YES OR NO) NO 40. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? NO

41. (a) DID NOT ATTEMPT TO OBTAIN DEED AS TO ANY REAL ESTATE INTEREST ALIVE ON DATE OF DEATH NO 42. (b) MONTH, DAY, YEAR 9/17/85 43. HOUR OF DEATH 12:30 P 44. DATE SIGNED (M.D., DAY, YR.) 9-18-85 45. ILLINOIS LICENSE NUMBER 36-56721

46. NAME AND ADDRESS OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) I. J. Stowman M.D. 5213 W. 28th Ave 47. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) I. J. Stowman M.D. 48. ILLINOIS LICENSE NUMBER 36-56721

49. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) I. J. Stowman M.D. 50. ILLINOIS LICENSE NUMBER 36-56721

51. BUREL CREATION, REMOVAL (SPECIFY) Burial 52. CEMETERY OR CREMATORY—NAME Evergreen 53. LOCATION Evergreen Park, Illinois 54. CITY OR TOWN Evergreen 55. STATE Illinois 56. DATE (MONTH, DAY, YEAR) Sep. 20, 1985

57. FUNERAL HOME SVBC & SONS FUNERAL HOME 58. STREET AND NUMBER OR R. F. D. 6227 West Cermak Road, 59. CITY OR TOWN Berwyn, Illinois 60. STATE Illinois 61. ZIP 60402

62. FUNERAL DIRECTOR'S SIGNATURE [Signature] 63. ILLINOIS LICENSE NUMBER 60402

64. LOCAL REGISTRAR'S SIGNATURE [Signature] 65. DATE (M.D., DAY, YR.) September 19, 1985

66. LOCAL REGISTRAR'S SIGNATURE [Signature] 67. DATE (M.D., DAY, YR.) September 19, 1985

68. LOCAL REGISTRAR'S SIGNATURE [Signature] 69. DATE (M.D., DAY, YR.) September 19, 1985

70. LOCAL REGISTRAR'S SIGNATURE [Signature] 71. DATE (M.D., DAY, YR.) September 19, 1985

72. LOCAL REGISTRAR'S SIGNATURE [Signature] 73. DATE (M.D., DAY, YR.) September 19, 1985

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10/10/85

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