

CHICAGO TITLE INSURANCE COMPANY

DECEASED JOINT TENANCY AFFIDAVIT

12.00

STATE OF ILLINOIS  
COUNTY OF Cook

ss.

Order No.

Sally Kozlowski

being duly sworn

states that she resides at 2239 West 21st Place in the City of Chicago

That she was acquainted with Walter Kozlowski

deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as

Lots sixty five (65) and sixty six (66) in Thomas and John D. Parker's Subdivision of Block fifty eight (58) in the Subdivision of Section nineteen (19), Township thirty nine (39) North Range fourteen (14), East of the Third Principal Meridian, in Cook County, Illinois

17-19-323-008-7665  
17-19-323-007-7666

COOK COUNTY, ILLINOIS  
1985 JAN 31 AM 11:52

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That the deceased died July 26, 1963, 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 \_\_\_\_\_ 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 Sixty Six Thousand and no/100 dollars.

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

Subscribed and sworn to before me by the said

SALLY KOZLOWSKI

this 19<sup>th</sup> day of February, A.D. 1985

Peter Kozanowski  
Notary Public

Sally Kozlowski  
(affiant's signature)  
Sally Kozlowski

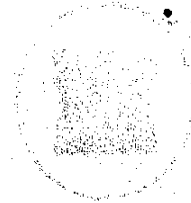
DA 601937

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Property of Cook County Clerk's Office

Return To:  
Mr. Barry E. Semer  
Cohen, Walford, Semer  
Leff & Rosenberg, Ltd.  
233 S. Wacker Dr., Suite 8042  
Chicago, Ill. 60606

BOX 333 - HV

DA

20010010

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REGISTRATION NO. 16.10  
DISTRICT NO.  
REGISTERED NUMBER

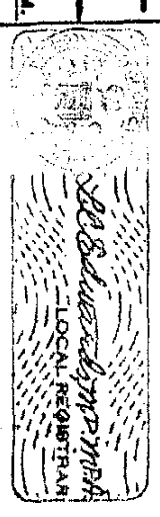
MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS  
STATE FILE NUMBER  
625103

Dec. 23, 1985.

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

1. LONNIE C. EDWARDS MD. M.P.A., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF THE CITY OF CHICAGO AND DEATHS OF THE CITY OF CHICAGO BY WRITING OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO. THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY AS A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SEAL AND BLUE SIGNATURE ARE AFFIXED

DECEASED - NAME: **SALLY** FIRST MIDDLE LAST  
 SEX: **Female** DATE OF BIRTH: **Nov. 17, 1897** DATE OF DEATH: **Dec. 21, 1985** (MONTH, DAY, YEAR)  
 COUNTY OF DEATH: **Cook**

1. NAME (LAST, FIRST, MIDDLE OR RECENT) AND PRESENT ADDRESS: **Sally Lithuanian**  
 2. CITY, TOWN, VILLAGE OR POST OFFICE NUMBER: **Chicago**  
 3. BALMORAL NURSING HOME

4. STATE OF BIRTH (NOT U.S.A.): **Lithuania**  
 5. CITIZEN OF WHAT COUNTRY: **USA**  
 6. USUAL OCCUPATION: **Homemaker**  
 7. SOCIAL SECURITY NUMBER: **348-14-9972A**

8. RESIDENCE STREET AND NUMBER: **2239 W. 21st Place**  
 9. CITY, TOWN, VILLAGE OR POST OFFICE NUMBER: **Chicago**

10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED: **Widowed**  
 11. NAME OF SURVIVING SPOUSE (LAST, FIRST, MIDDLE, INITIALS): **None**

12. OTHER NAME: **Ignatz Dragva**  
 13. RELATIONSHIP: **Records**  
 14. MOTHER - MOTHER'S NAME: **Petraneli**  
 15. MOTHER - MOTHER'S ADDRESS: **2055 W. 21st St. Chicago, IL 60625**

16. DEATH WAS CAUSED BY: **Cardiac Arrest**  
 17. DEATH WAS CAUSED BY: **Records**

18. PART I. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE OF DEATH (SEE INSTRUCTIONS ON REVERSE SIDE):  
 19. DATE OF OPERATION, IF ANY: **None**  
 20. MAJOR FINDINGS OF OPERATION: **None**

21. SIGNATURE: **Fred Tomera, MD**  
 22. NAME AND ADDRESS OF CERTIFIER: **Fred Tomera, MD 6447 W. Archer Ave. Chicago, IL**

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): **None**

24. FUNERAL HOME: **Zefran Funeral Home 1941 West Cermak Rd. Chicago, IL**

25. FUNERAL DIRECTOR'S SIGNATURE: **Louis R. Zefran**  
 26. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **6428**

27. DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **DEC 21 1985**

VR 200 REV. 5/82 Illinois Department of Public Health - Office of Vital Records (BASED ON 1978 U.S. STANDARD CERTIFICATE)

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2/10/1983





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