

UNOFFICIAL COPY

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Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

ss.

Order No. 126209-2

GEORGIA KOBESKE being duly sworn
states that she resides at 5835 South Merrimac in the City of
Chicago, Illinois

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

LOT 590 IN ZELOSZY'S COLONIAL GARDENS, A SUBDIVISION
OF THE WEST FRACTIONAL HALF OF THE SOUTH EAST FRACTIONAL
QUARTER OF FRACTIONAL SECTION 8, TOWNSHIP 40 NORTH,
RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN
COOK COUNTY, ILLINOIS.

P.I.N. 13-08-426-003-^{pp} 0000

That the deceased died October 15, 1976 as evidenced by
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 _____ 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 One Hundred 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

this 14th day of April, A.D. 1976

Joann T. Hall
Notary Public

[Signature]
(affiant's signature)

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86-166537

Property of Cook County Clerk's Office

MISS A D # 86-166537

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DEPT-91 RECORDING

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REGISTRATION DISTRICT NO 16.10
REGISTERED NUMBER

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

86166537

October 17, 1985

1. DECEASED - NAME **Cene** FIRST **W.** MIDDLE **Kobeske** LAST **Male** SEX **October 15 1985** MONTH, DAY, YEAR

2. DATE OF BIRTH **October 26 1917** MONTH, DAY, YEAR **Cook** COUNTY OF BIRTH

3. RACE **White** POLISH OR DESCENT **Polish** HUSBAND **W. Kobeske** WIFE **Josephine Polinski** MARRIAGE YEAR **1944** YEAR MARRIED

4. PLACE OF BIRTH **Chicago** HOSPITAL OR OTHER INSTITUTION **5835 S. Merrimac** CITY, STATE, ZIP OR ZIP+4 **Chicago** STATE **Illinois** COUNTY **Cook**

5. CITIZEN OF WHAT COUNTRY **U.S.A.** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)

6. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) **(Gloria) Salmon**

7. USUAL OCCUPATION **Messenger** KIND OF BUSINESS OR INDUSTRY **Recycled** WAS DECEASED OVER IN U.S. **None** WAR OR DATES OF SERVICE (SPECIFY YEAR OR NO) **134**

8. RESIDENCE STREET AND NUMBER **5835 S Merrimac** CITY, STATE, ZIP OR ZIP+4 **Chicago** STATE **Illinois** COUNTY **Cook**

9. FATHER NAME **William Kobeske** MOTHER - MAIDEN NAME **Josephine Polinski**

10. INFORMANT NAME (TYPE OR PRINT) **PATRICIA NATCIKE** RELATIONSHIP **Medical** MAILING ADDRESS **2160 S 1st Ave, Maywood Illinois 60153** (STREET AND NO OR P.O. BOX, CITY OR TOWNSHIP, STATE, ZIP)

11. DEATH WAS CAUSED BY (SPECIFY ONLY ONE CAUSE PER LINE AND PLACE AND DATE OF THE CAUSE(S) STATED.)

12. **Colon cancer metastatic**

13. DATE OF OPERATION, IF ANY (MAJOR FINDINGS OF OPERATION)

14. (INDIVIDUAL NOT ATEND THE OPERABLE) **10/11/85** MONTH, DAY, YEAR **4:53pm** HOUR OF DEATH

15. NAME AND ADDRESS OF CERTIFIER **DR. S. GREGG MOORE** (TYPE OR PRINT) **10/16/85** DATE SIGNED (MONTH, DAY, YEAR)

16. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

17. SURVIVAL CHANCE (ESTIMATE AT THE TIME, DATE AND PLACE AND HOW THE CAUSE(S) STATED.)

18. NAME OF REMOVAL **BUPYRI** CITY OR TOWNSHIP **Niles, Illinois** STATE **Illinois** DATE **Oct. 18, 1985**

19. FUNERAL HOME **Ridge Funeral Home** STREET AND NUMBER **6620 W. Archer Ave., Chicago, Illinois** CITY OR TOWNSHIP **Chicago** STATE **Illinois** ZIP **60638**

20. FUNERAL DIRECTOR'S SIGNATURE **Kenneth J. C... (Signature)** FUNERAL DIRECTOR'S LICENSE NUMBER **7134**

21. LOCAL REGISTRATION OFFICE'S SIGNATURE **James C. Edwards (Signature)** DATE REC'D BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **OCT 17 1985**

22. ILLINOIS LICENSE NUMBER **036-064158**

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

I, LONNIE C. EDWARDS M.D. 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 BIRTHS, STILLBIRTHS AND DEATHS OF THE CITY OF CHICAGO BY VIRTUE 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.

LOCAL REGISTRAR

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