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AFFIDAVIT OF SURVIVING JOINT TENANT

87592191

Robert V. Fintak, being first duly sworn, states as follows:

1. He resides at 1895 Birch Street, DesPlaines, Illinois. He is the son of Sophia G. Fintak, who died at Chicago, Illinois on August 2, 1987. A copy of her death certificate is attached to this Affidavit.

2. The decedent, Sophia G. Fintak, at the time of her death was owner in joint tenancy with this Affiant of the following described real estate:

Lot Two Hundred Twenty-Six (226) in Schorsch Villa Fourth Addition, a resubdivision in the South East Quarter of the South West Quarter of Section nineteen (19), Township Forty (40) North, Range thirteen (13) East of the Third Principal Meridian, according to the plat thereof recorded November 19, 1940 as Document 12586204 in Cook County, Illinois.

P. I. N. 13-19-324-057-0000 *FLO #*

Street Address: 3327 N. New England Avenue
Chicago, Illinois

The Affiant makes this Affidavit for the purpose of attesting to the death of the decedent, Sophia G. Fintak, and affirming that this affiant is the sole owner of said real estate as surviving joint tenant.

Robert V. Fintak
ROBERT V. FINTAK

Subscribed and sworn to before me this 23 day of October, 1987.

John M. Duffy
Notary Public

THIS INSTRUMENT PREPARED BY:

John M. Duffy
180 N. LaSalle Street #1400
Chicago, Illinois 60601

Recorder: Please return to
Box 444

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CITY STATION NO 16.10
DISTRICT NO
REGISTERED NUMBER

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH
STATE PAID NUMBER
614911

DECEASED NAME: SOPHIA PINYAK LAST NAME: PINTAK SEX: FEMALE DATE OF BIRTH: AUGUST 2, 1987

RACE: WHITE POLISH ETHNICITY: POLISH HIGHER YEARS SCHOOLING: 83 DATE OF BIRTH (MONTH, DAY, YEAR): AUG. 9 1903 COUNTY OF BIRTH: COOK

CITY, TOWN, VILLAGE OR NEARBY STRAIGHT POWER: Chicago HOSPITAL OR OTHER INSTITUTION: JOHN F. KENNEDY MEDICAL CENTER

CITIZEN OF WHAT COUNTRY: U.S.A. MARRIAGE STATUS: MARRIED (Specify date of marriage)

USUAL OCCUPATION: HOMEMAKER KIND OF BUSINESS OR INDUSTRY: AT HOME

RESIDENCE STREET AND NUMBER: 320-56-1880 CITY, TOWN, VILLAGE OR NEARBY STRAIGHT POWER: CHICAGO

FATHER - NAME: MARTIN PIERKARZ (UNAVAILABLE)

MOTHER - MAIDEN NAME: COOK

DEATH WAS CAUSED BY: CORONARY REPER. ARTERY DISEASE

CONDITIONS, IF ANY, WHICH GIVE RISE TO UNUSUAL CAUSE (AS STATED IN THE UNDER-LINE CASE LIST):

PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE OF DEATH:

DATE OF OPERATION, IF ANY: NONE

LOCAL REGISTRAR AT TIME OF DEATH: NONE

NAME AND ADDRESS OF CERTIFIER: Dr. Lewis 3419 N. PENTON CHICAGO ILL

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

BURIAL CEMETERY OF CHICAGO: BELMONT FUNERAL HOME

LOCAL REGISTRAR SIGNATURE: L. Edwards, M.D.

DATE REC'D BY LOCAL REGISTRAR: AUG 4 1987

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

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

LOUISE 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 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 SIGNATURE: L. Edwards, M.D.

DATE: AUG 4 1987

DEPARTMENT OF HEALTH CITY OF CHICAGO



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