## UNOFFICIAL GOPY

### JOINT TENANCY AFFIDAVITS

| STATE OF ILLINOIS  | ss.  | ORDER NO.  |
|--|--|--|
| County ofCook  | ,  | DATE:  |
| In the matter ofEDWIN_SIROKY, SR   | •  | , decedent, <u>MAE SIROKY</u><br>, hereinafter referred to as the affiant deposes                            |
| Orland Park, IL.   | 19 Gargen  | in the City of   |
| That the decedent at the time of his/he County, Illinois, legally described as follows:  |  | e owners of the property in <u>COOK</u>  |
| BUILDING 3, UNIT 1A, GARAGE BUILDING 3, UNIT 1A, GARAGE BUILDING B | UILDING 3, GAR<br>ON SURVEY OF                                       | AGE UNIT G1A IN CLEARVIEW THE FOLLOWING DESCRIBED REAL   |
| LOTS 2 AND 6 IN CLEAUVIEW GARDERST 1/4 OF THE SOUTH FAST 1/4 12 EAST OF THE THIRD PRINCIPAL SURVEY IS ATTACHED AS EXHILIT CLEARVIEW CONSTRUCTION CORPORT DOCUMENT 85183857 TOGETHER WITH COMMON ELEMENTS.  | 4 OF SECTION 1<br>L MERIDIAN, IN<br>"A" TO DECLAR<br>RATION. A CORPO | 3, TOWNSHIP 36 NORTH, RANGE COOK COUNTY, ILLINOIS WHICH ATION OF CONDOMINIUM MADE BY ORATION OF ILLINOIS, AS |
| Permanent Index NO. 27-13-401-   | -007-0000 M/   |  |
|  |  |  |
| Property Address: Unit 1A, 156   | 619 Gardenview   | Court, Orland Park, Ill.   |
| That said decedent died onFebru  | pary 13, 1987  | reaving and last will and testament;   |
| that the total value of the estate of sestate is \$;   | said decedent includi  | ing his/her taxally interest in the above real   |
| that the Illinois Inheritance Tax and thas been paid in full;  | he Federal Estate Tax  | k, if any was due from the decedent's estate,  |
| that the affiant makes this affidavit to in to issue its Policy of Title Insurance on the ab   |  | INSURANCE COMPANY OF CALIFORNIA  |
|  | Signature  | ae Siroky  |
| • •  | SUBSCRIBED A   | AND SWORN TO before me this 130 day  |
|  | in and for said S  |  |
|  |  |  |

NOTE: If the decedent left a will it will be necessary that the original or a certified copy thereof be presented to us for inspection.

A death certificate together with evidence of payment of death taxes, if any, should accompany this affidavit.

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#### - HOWARD HARM & DEFENSE OF PROPERTY

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## JNOFFICI

DOCAL WOMEN'S SIGNATURED

VR200 REV. 5/82

Illings Department of Public Health - Office of Vital Records

DATE BEC D'BY IOCUL BECISTENS HOME

CASED ON 1978 U.S. STANDARD CERTIFICATE

FURNITAL DRECTOR'S RUNOIS LICENSE NUMBER

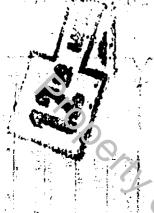
17, 1987

**▼ REGISTRAH** 

FUNERAL DIRECTOR'S SIGNATURE

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item I and that this record was established and filed in my office in accordance with the provisions of the Illinois relating to the registration of births, SIGNED DATE FEB. 17, 1987 At Cook County Department of Public Realth Official Title Chief Deputy Registrar 60153 S. Naybrook Drive, Maywood, Illinois OTAL CHEMATION. SOCIAL SECURITY NUMBER profest cause (a) states and and angula-White Bohemian S. REGISTRATION DISTRICT NO. RESIDENCE STREET AND NUMBER ZMVN-GESYZDED TO THE BEST OF MY KHOW SS INDIAN EACT (182 CCIA) THOUSE ON DESCENT PRESENT THOUSE TAXAS THOUSE TOWN REGISTERED ZZA SIGNATURE TO CERTIFIER AND LAST SAW HIMMED ALIVALY
THE DECEMBED THE õ INFORMANT NAME (TYPE OR PRINT) FATHER-NAME ママカルユロルに出る場が多くまで MAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) PART II. OTHER SIGNIFICANT CONDITIONS, COMPTIONS CONTINUED TO DEATH BUT HOT RELATED TO CAUSE GRIDE IN PART I SHE AUTOPSY DATE OF OPERATION, IF ANY TANJOS JINDINGS OF OPERATION FUNERAL HOME 346-05-7004 Illinois 15619 Garden View Patts Osorio MD 17244S. Oak PArk Ave. Palos Heights White Lawn Funeral Home, Ltd. 7732 W. DEATH WAS CAUSED BY. Siroky Vincent OUT TO OR AS A CONSCOUL CE O DUE TO DM AS A CONSEQUENCE OF MINITURE CAUSE GE, GEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. Z 2 3 % 24b. CEMETERY OR CREMATORY-NAME Edwin CITIZEN OF WHAT COUNTRY USUAL OCCUPATION Chapel Hill Gar. Som Cardio-Respiratory Failure Acute Ayecardial Infarction Mechanic Chronic Arteriosclerotic Cardio Vascular Disease U.S.A. MEDICAL CERTIFICATE OF DEATH February 2, 1987 CITY, TOWN, TWW. OR HOMO DESSRICT NO. (SCALOS) TY mage STREET AND MUMBER OR R. F. D. HOSPITAL OR OTHER INSTITUTION-HONELY AROLIN SELVER. GIVE Siroky 3 FIGORE Palos Community Hospital | 74. D.O.A. MONTH DAY, YEAR) Orland Park [ Ent. duce Ohe gasse rengine con Top top came en RELATIONASHIM 176 Wije Siroky (LNIES NO BALL) American A. c. KIND OF BUSINESS OR INDUSTRY JALE STATE OF ILLINOIS NOCYTION 1,59th Street Orland Park, Illinois 60462 MO, YEN -MAIDEN NAME Worth, Illinois hat 15619 Garden View Orland Park, president Shinning WAS CONONER OR MEDICAL EXAMINER HOTIFIEDS (SPECIFY YES OR NOT YES) Sr. Tinley Park, C117 Of 10mm 2 Male DATE OF BIRTHMO.. DAY, YEARS Yes Frances CATE OF TOWN s. August 8, MOTE: IF AM INJURY WAS INVOLVED IN THIS DEATH THE CONDIEN ON MEDICAL EXAMINER MUST BE NOTIFIED. ANAS DECEASED EVER IN U.S. WAR OR DATES OF SCHUCE THE DESCRIPTION NO. 13d. COURTY (STREET AND NO. OF B. F D., CITY OF TOWN, STATE, DW) DATE OF DEATH Illinois 224 Cook 121c. HOUR OF DEATH February 13, 1987 1913 7. 30L YES [] NO [] DATE SIGNED (MO., DAY, YA.) IF FEMALE, WAS THERE A PREG-NAMEY IN PAST THREE MONTHS? W.87140543 BIATE STATE Pecinovsky No ILLINOIS LICENSE NUMBER Famera February 14, THE DOLD AT THE PROPERTY OF THE PARTY OF THE COUNTY OF DEATH 3:52 P.M. DATE (month, par, read) 35640 MAYNG Gur 135m0 w27m459 STATE CHONTH-DAY, YEAR) Feb. S 50 Minutes Minutes Illinois

### **UNOFFICIAL COPY**



COOK CODINTY RECORDER 00:20:E1 18/91/20 06/2 NHU1 1113#1 DEPT-OL RECORDING

Coop County Clarks

12400 S. Flar Lew Palas Heights, IL. 60463