



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF

} ss.

Order No. _____

MARIA CHLEBEK being duly sworn
states that SHE resides at 3730 W. 57th Place in the City of
CHICAGO.

That SHE was acquainted with MACIEJ CHLEBEK
deceased who, at the time of _____ death, was one of the owners of the land in COOK
County, Illinois, described as:

LOT 36 IN BLOCK 18 IN JAMES H. CAMPBELL'S ADDITION TO
CHICAGO, BEING A SUBDIVISION OF THE NORTH WEST 1/4 (EXCEPT
THE EAST 50 FEET THEREOF), IN SECTION 14, TOWNSHIP 38 NORTH,
RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK,
COUNTY, ILLINOIS.

COMMON ADDRESS: 3730 W. 57th PLACE, CHICAGO, IL 60629
PTN: 19-14-118-034-000

That the deceased died JUNE 25, 1985, 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 _____ 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

MARIA CHLEBEK

this 5th day of December, A.D. 19 88

Helena Dude (my comm. expires 9-19-88)
Notary Public

Maria Chlebek
(affiant's signature)

88551000

UNOFFICIAL COPY

89561300
009T9588

Property of Cook County Clerk's Office

DEPT-01 RECORDING
1#2222 TRAN 6989 12/06/88 12:23:00
#2324 # B *-88-561800
COOK COUNTY RECORDER
\$13.25

CHICAGO, IL 60629

Mrs. MARIA CHLEBER
3730 W. 57th PL

453 JUN 85 STATE OF ILLINOIS

612569

REGISTRATION DISTRICT NO. 16.10
 DECEASED - NAME: **WACIEJ CHLEBEK**
 REGISTERED NUMBER: **16.10**
 SEX: **MALE**
 DATE OF BIRTH: **JUNE 21 1985**
 COUNTY OF BIRTH: **COOK**

RACE: **WHITE**
 ETHNIC ORIGIN: **Polish**
 AGE: **49** MONTHS: **49** DAYS: **1**
 DATE OF DEATH: **Dec 3, 1985**
 COUNTY OF DEATH: **COOK**

CITY OF BIRTH: **CHICAGO**
 POLAND
 POLAND
 POLAND
 POLAND
 POLAND

RESIDENCE STREET AND NUMBER: **3730 W. 57th Place**
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **CHICAGO**
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **CHICAGO**
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **CHICAGO**
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **CHICAGO**

FATHER - NAME: **Ludwik Chlebek**
 MOTHER - MAIDEN NAME: **Maria Toczek**
 DEATH WAS CAUSED BY: **ATHEROSCLEROTIC CARDIOVASCULAR DISEASE**

DEATH WAS CAUSED BY: **ATHEROSCLEROTIC CARDIOVASCULAR DISEASE**
 IMMEDIATE CAUSE: **ATHEROSCLEROTIC CARDIOVASCULAR DISEASE**
 (a) **ATHEROSCLEROTIC CARDIOVASCULAR DISEASE**
 DUE TO, OR AS A CONSEQUENCE OF:
 (b) **ATHEROSCLEROTIC CARDIOVASCULAR DISEASE**
 DUE TO, OR AS A CONSEQUENCE OF:
 (c) **ATHEROSCLEROTIC CARDIOVASCULAR DISEASE**
 DUE TO, OR AS A CONSEQUENCE OF:

PART II. OTHER SIGNIFICANT CONDITIONS: **ATHEROSCLEROTIC CARDIOVASCULAR DISEASE**

20a. OCCURRENCE OF INJURY: **Actual**
 DATE OF INJURY: **JUNE 21 1985**
 TIME OF INJURY: **7:02 P.M.**
 PLACE OF INJURY: **Home**
 TYPE OF INJURY: **Heart Attack**
 I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INDICATIONS, THE DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT:

21a. MEDICAL EXAMINER'S SIGNATURE: **BARRY D. SCHULTZ, M.D.**
 21b. **JUNE 21 1985**
 21c. **7:02 P.M.**
 21d. **JUNE 22, 1985**
 21e. **7:02 P.M.**

22. BURIAL, CREMATION, REDEMPTION, INTERMENT: **Resurrection**
 FUNERAL HOME: **Funeral Home**
 STREET AND NUMBER: **4401 So. Kedzie Av. Chicago, Ill 60632**
 CITY AND STATE: **Chicago, Ill**

25a. FUNERAL DIRECTOR'S SIGNATURE: **Barry D. Schultz**
 25b. **JUNE 25 1985**
 25c. **6290**
 25d. **JUNE 25 1985**
 25e. **6290**
 25f. **JUNE 25 1985**
 25g. **6290**
 25h. **JUNE 25 1985**
 25i. **6290**
 25j. **JUNE 25 1985**
 25k. **6290**
 25l. **JUNE 25 1985**
 25m. **6290**
 25n. **JUNE 25 1985**
 25o. **6290**
 25p. **JUNE 25 1985**
 25q. **6290**
 25r. **JUNE 25 1985**
 25s. **6290**
 25t. **JUNE 25 1985**
 25u. **6290**
 25v. **JUNE 25 1985**
 25w. **6290**
 25x. **JUNE 25 1985**
 25y. **6290**
 25z. **JUNE 25 1985**

STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO

SS
 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.

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

UNOFFICIAL COPY

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Property of Cook County Clerk's Office

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