



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF COOK

ss. Order No. \_\_\_\_\_

CHARLES DVORAK being duly sworn  
states that he resides at 5205 South Meade Avenue in the City of  
Chicago, Illinois, 60638

That he was acquainted with ADELE M. DVORAK,  
deceased who, at the time of her death, was one of the owners of the land in COOK  
County, Illinois, described as:

THE NORTH FORTY (40) FEET OF THE SOUTH EIGHTY (80) FEET  
OF LOT TEN (10) IN BLOCK THREE (3) IN F.H. BARTLETT'S  
EIGHTH ADDITION TO BARTLETT HIGHLANDS, BEING A SUBDIVISION  
OF THE EAST HALF OF THE EAST HALF OF THE SOUTH WEST QUARTER  
OF SECTION EIGHT (8), TOWNSHIP THIRTY-EIGHT (38) NORTH,  
RANGE THIRTEEN (13), EAST OF THE THIRD PRINCIPAL MERIDIAN,  
IN COOK COUNTY, ILLINOIS.

That the deceased died on April 16, 1987, 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 COOK County, Illinois about March 1, 1988

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 Twenty-five thousand (\$25,000.00) 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

*Charles Dvorak*

this day of MAR 23 1988, A.D. 19

*James M. Tourek*

Notary Public

**"Official Seal"**  
JAMES M. TOUREK  
NOTARY PUBLIC, STATE OF ILLINOIS  
My Commission Expires Dec. 10, 1990

*Charles Dvorak*

(affiant's signature)

89131778

UNOFFICIAL COPY

April 16, 1987.

STATE OF ILLINOIS  
COUNTY OF COOK SS  
CITY OF CHICAGO

I, LORNE 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

89121778

STATE FILE  
NUMBER  
607353

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

REGISTRATION  
DISTRICT NO. 16.10  
REGISTERED  
NUMBER

1. DECEASED - NAME FIRST MIDDLE LAST Adele M. Dvorak	SEX 2 Female	DATE OF DEATH 3 April 16, 1987	STATE FILE NUMBER 607353
2. PLACE AND DATE OF BIRTH PLACE YEAR MONTH DAY YEAR White Bohemian 70	DATE OF BIRTH MO. DAY YEAR 9 Aug. 17, 1916	COUNTY OF BIRTH 74 Cook	
3. HOSPITAL OR OTHER INSTITUTION CITY, TOWN, VILL. OR ROAD DISTRICT NUMBER	NAME OF SURVIVING SPOUSE LAST NAME, FIRST NAME, INITIALS Rush-Pres-St. Luke's Medical Center	IF HUSBAND, MARITAL STATUS IF WIFE, MARITAL STATUS Inpatient	
4. CITIZENSHIP CITY, TOWN, VILL. OR ROAD DISTRICT NUMBER	10. MARRIAGE MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	11. CHARLES DVORAK WAS DECEASED EVER IN U.S. ARMY OR NAVY (SPECIFY YES OR NO)	
5. U.S.A. CITIZENSHIP CITY, TOWN, VILL. OR ROAD DISTRICT NUMBER	11. Natl. Can Co. CITY, TOWN, VILL. OR ROAD DISTRICT NUMBER	12. Cook CITY, TOWN, VILL. OR ROAD DISTRICT NUMBER	
6. SOCIAL SECURITY NUMBER 320-10-6016 A	12a. Chicago CITY, TOWN, VILL. OR ROAD DISTRICT NUMBER	12b. Cook CITY, TOWN, VILL. OR ROAD DISTRICT NUMBER	
7. RESIDENCE STREET AND NUMBER 5205 S. Meade	13. FATHER - NAME FIRST MIDDLE LAST Thomas Vosejka	14. MOTHER - MAIDEN NAME FIRST MIDDLE LAST Lillian David	
8. INDEMNITY NUMBER 126 Noby Humphrey	15. RELATIONSHIP 12b. Clerk	16. MAILING ADDRESS 17c. 1653 W. Congress Pkwy Chgo Ill 60612	
9. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiogenic Shock (b) Ventricular Tachycardia (c) Dilated Cardiomyopathy	18. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiogenic Shock (b) Ventricular Tachycardia (c) Dilated Cardiomyopathy	19. 24 Hours	
20. DATE OF OPERATION, IF ANY 20b. April 15, 1987	21. MAJOR FINDINGS OF OPERATION 20b. April 15, 1987	22. DATE OF DEATH 21c. 7:00	
21. SIGNATURE NAME AND ADDRESS OF CERTIFIER Dr. Marilyn Ezri 1653 W. Congress Pkwy Chgo Ill 60612	22. SIGNATURE NAME AND ADDRESS OF CERTIFIER Marilyn E. Ezri M.D.	23. DATE SIGNED 4/16/87	
22. BURIAL CREMATION REMOVAL (SPECIFY)	24. BUIAL	25. FUNERAL HOME Ridge Funeral Home 6620 W. Archer Ave, Chicago, Illinois 60638	
23. FUNERAL DIRECTOR'S SIGNATURE Funeral Director's Name Kenneth J. Openedek	24. BUIAL 24b. Woodlawn	25. FUNERAL HOME Ridge Funeral Home 6620 W. Archer Ave, Chicago, Illinois 60638	
24. LOCAL REGISTRAR'S SIGNATURE 24a. Lorne C. Edwards M.D.	25. DATE RECD. BY LOCAL REGISTRAR APR 16 1987	26. DATE SIGNED APR 16 1987	

# UNOFFICIAL COPY

Property of Cook County Clerk's Office

DEPT-01 \$13.00  
T#5555 TRAN 1645 03/27/89 15:14:00  
#2517 E \*-89-131778  
COOK COUNTY RECORDER

89131778

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