

90529421

UNOFFICIAL COPY

JEFFREY T. SHERWIN

Notary Public

1127 S. ... Suite 308

P.O. Box 7187

Westchester, IL 60154-7187



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF Cook

} ss.

Order No. _____

Mary Grudecki being duly sworn
states that she resides at 48 E. Lyndale,
Northlake, Illinois

That she was acquainted with Eugene J. Grudecki
deceased who, at the time of his death, was one of the owners of the land in Cook
County, Illinois, described as:

Lot 19 in Block 3 in Midland Development Company's
Northlake Village Unit No. 7, being a Subdivision of
the Northwest 1/4 of the Northwest 1/4 of Section 32,
Township 40 North, Range 12, East of the Third Principal
Meridian, in Cook County, Illinois.

Permanent Index Number: 12-32-120-021

Commonly known as 48 E. Lyndale, Northlake;

REC-11 RECORDED
1988 NOV 30 11:30 AM
*90-529421
COOK COUNTY RECORDER

That the deceased died November 3, 1988, 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 Fifty thousand and 00/100s----- 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

Mary Grudecki

this 25th day of October, A.D. 1988

Notary Public

[Signature]
(affiant's signature)

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STATE OF ILLINOIS

STATE FILE NUMBER

CORONER'S CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO	22.0
REGISTERED NUMBER	

DECEASED NAME	FIRST	MIDDLE	LAST	SEX	DATE OF DEATH	MONTH	DAY	YEAR
EUGENE J. GRUDECKI				MALE	NOVEMBER 3, 1988			

1a RACE	1b WHITE	2a ORIGIN OR DESCENT	2b AMERICAN	3a AGE	3b 67	3c UNDER YEAR	3d UNDER DAY	4a DATE OF BIRTH	4b MONTH	4c DAY	4d YEAR	5a COUNTY OF DEATH	5b DU PAGE
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6a CITY TOWN VIL OR ROAD DISTRICT OR ZIP	6b ELMHURST	7a HOSPITAL OR OTHER INSTITUTION NAME IF NOT IN OTHER CITIES STREET AND NUMBER	7b ELMHURST MEMORIAL HOSPITAL	7c EMER. RM.
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8 STATE OF BIRTH (INDIAN OR NAT. ALIEN)	8a ILLINOIS	9 CITIZEN OF WHAT COUNTRY	9a U.S.A.	10 MARRIED NEVER MARRIED WIDOWED DIVORCED (SPECIFY)	10a MARRIED	11 NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)	11a MARY TATARYN
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12 SOCIAL SECURITY NUMBER	12a 335-12-3703	13a USUAL OCCUPATION	13b GENERAL CONTRACTOR BUILDING	13c WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	13d YES	13e WAR OR DATES OF SERVICE	13f WW II
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14a RESIDENCE STREET AND NUMBER	14b 48 E. LYNDALE	14c CITY TOWN VIL OR ROAD DISTRICT AND ZIP	14d NORTHLAKE	14e INSIDE CITY (YES/NO)	14f YES	14g COUNTY	14h COOK	14i STATE	14j ILLINOIS
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FATHER NAME	FIRST	MIDDLE	LAST	MOTHER NAME	FIRST	MIDDLE	LAST
JOSEPH GRUDECKI				ANNA MEGER			

17a INFORMANT'S NAME (IF DECEASED)	17b MARY GRUDECKI	17c RELATIONSHIP	17d WIFE	17e MAILING ADDRESS (STREET AND NO. OR R.F.D. CITY OR TOWN STATE ZIP)	17f 48 E. LYNDALE, NORTHLAKE, ILL.
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18 DEATH HAS BEEN CAUSED BY	18a MYOCARDIAL INFARCTION	18b APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	18c 60164
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PART I IMMEDIATE CAUSE	(a) MYOCARDIAL INFARCTION	(b) SUDDEN
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (STATE THE UNDERLYING CAUSE LAST)	(a) DUE TO OR AS A CONSEQUENCE OF	(b) YEARS
	(b) ARTERIOSCLEROTIC HEART DISEASE	(b) YEARS
	(c) DUE TO OR AS A CONSEQUENCE OF	

PART II OTHER SIGNIFICANT CONDITIONS (CONDITIONS CONTRIBUTING TO DEATH BUT NOT DIRECT CAUSE WHEN IN PART I)	19a AUTOPSY (YES/NO)	19b YES (IF FEMALE, STATE PREGNANCY IN PAST THREE MONTHS)
	19a NO	19b NO

20a ACCIDENT SUICIDE HOMICIDE OR UNDETERMINED (SPECIFY)	20b DATE OF INJURY (MONTH DAY YEAR)	20c HOUR	20d INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II)
20a NATURAL	20b	20c	20d

20e INJURY AT WORK (PLACE OF INJURY AT HOME FARM STREET FACTORY OFFICE BUILDING ETC (SPECIFY))	20f LOCATION (CITY VIL OR TOWN OR TRP OR RD OR ST NO COUNTY STATE)	20g IF FEMALE WAS THERE A PREGNANCY IN PAST THREE MONTHS (YES/NO)
20e 201	20f	20g

21a I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND ON THE INQUIRY THIS DEATH OCCURRED ON THE DATE AT THE PLACE AND DUE TO THE CAUSE(S) STATED AND THAT	21b THE DECEDENT WAS PROBABLY DEAD ON	21c AT
	21b NOVEMBER 3, 1988	21c 4:44 P. M.

22a CORONER'S SIGNATURE	22b DATE SIGNED
RICHARD R. BALLINGER DEPUTY	NOVEMBER 3, 1988

23a CORONER'S PHYSICIAN'S SIGNATURE	23b DATE SIGNED

24a BURIAL CREMATION REMOVAL (SPECIFY)	24b CEMETERY OR CREMATORY NAME	24c LOCATION	24d CITY OR TOWN	24e STATE	24f DATE
24a BURIAL	24b ST. NICHOLAS UKRAINIAN	24c CHICAGO	24d ILLINOIS	24e	24f NOV. 7, 1988

25a FUNERAL HOME	25b NAME	25c STREET AND NUMBER OR R.F.D.	25d CITY OR TOWN	25e STATE	25f ZIP
25a PEDERSEN-RYBERG MORTUARY	25b	25c 435 N. YORK ST.	25d ELMHURST	25e ILLINOIS	25f 60126

25b FUNERAL DIRECTOR'S SIGNATURE	25c FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
	25c 8121

26a LOCAL REGISTRAR'S SIGNATURE	26b DATE RECORDED
James P. Paulosen, MD. Dep. S. Corvicki	NOV 7 1988

VR202 (Rev. 11/82) Illinois Department of Public Health - Office of Vital Records (BASED ON 1978 U.S. STAT.)

It is to certify that the above information is true and correct as far as it goes.

James P. Paulosen, MD. Dep. S. Corvicki

Not valid without the embossed seal of DuPage County Health Department

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