



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF Cook

} ss.

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

Andrew Kowalkowski, being duly sworn  
states that he resides at 4846 So. Marshfield Avenue,  
Chicago in the City of

That he was acquainted with Stanley Zolnierczyk  
deceased who, at the time of his death, was one of the owners of the land in Cook  
County, Illinois, described as:

Lot 42 in the Subdivision of Block 5 in Kay's Addition  
to Chicago a subdivision of the North West Quarter of  
the North West quarter of the North West quarter and  
South half of the North West Quarter of the North West  
Quarter of Section 8, Township 38 North, Range 14 East  
of the Third Principal Meridian, in Cook County Illinois.

P.I. #20 08 100 018 0000.

Commonly known as; #4718 South Justine St., Chicago IL. 60609.

That the deceased died May 1, 1955, 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 Ten thousand and no/100 - - - - - 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

Andrew Kowalkowski,

this 6<sup>TH</sup> day of SEPTEMBER, A.D. 19 90

[Signature]  
Notary Public

x [Signature]  
(affiant's signature)

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UNOFFICIAL COPY

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MAIL TO:  
S. J. MATELSKI  
1741 W. 47th St.  
Chicago IL 60609



Property of Cook County Clerk's Office  
90553393

DEPT-01 RECORDING  
#2345 #11 \* 90-595395  
TRAN 0655-12/07/90 08:58:00  
COOK COUNTY RECORDER

90553395



MAIL TO  
S. J. MATELSKI  
1741 W. 47 ST  
CHICAGO IL 60609

# UNOFFICIAL COPY

## CITY OF CHICAGO BOARD OF HEALTH

### OFFICE OF THE PRESIDENT



STATE OF ILLINOIS }  
 COUNTY OF COOK }  
 CITY OF CHICAGO }

I, Herman N. Bundesen, M. D.,  
 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 of a record  
 kept by me in pursuance of said  
 laws and ordinances.

This Certified Copy **VALID**  
 Only When Original **BLUE**  
**SEAL AND BLUE SIGNATURE**  
 Are Affixed.

MAY 25, 1955

VS&R 200  
 based on the 1949  
 Revision of the  
 U. S. Standard  
 Certificate of Death

ORIGINAL		MEDICAL CERTIFICATE OF DEATH		STATE FILE NO. <b>32123</b>
DECEDENT'S BIRTH NO.:		STATE OF ILLINOIS <b>61-792</b>		DIST. NO. <b>16.10</b> REG. NO.
1. PLACE OF DEATH a. COUNTY <b>COOK</b>		b. CITY (If outside corporate limits, write RURAL and give township or road dist.) <b>CHICAGO</b>		2. USUAL RESIDENCE (Where deceased lived. If (restriction: residence before admission). a. STATE <b>ILLINOIS</b> b. COUNTY <b>COOK</b>
3. CITY (If outside corporate limits, write RURAL and give township or road dist.) <b>CHICAGO</b>		4. LENGTH OF STAY (In this place) <b>40 YRS</b>		5. CITY (If outside corporate limits, write RURAL and give township or road dist.) <b>CHICAGO</b>
6. FULL NAME OF HOSPITAL OR INSTITUTION <b>4718 SO. JUSTINE ST.</b>		7. STREET ADDRESS (If rural, give location) <b>4718 SO. JUSTINE STREET</b>		
8. NAME OF DECEASED (Type or Print) <b>STANLEY</b>		9. DATE OF DEATH (Month) (Day) (Year) <b>MAY 1, 1955</b>		
10. SEX <b>MALE</b>		11. COLOR OR RACE <b>WHITE</b>		12. MARRIAGE STATUS <b>MARRIED</b>
13. DATE OF BIRTH <b>AUG 18, 1892</b>		14. AGE (In years) (last birthday) <b>62</b>		15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>
16. FATHER'S NAME <b>JOHN ZOLNIERCZYK</b>		17. MOTHER'S MAIDEN NAME <b>ANNA LESA</b>		18. BIRTHPLACE (State or foreign country) <b>POLAND</b>
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		20. SOCIAL SECURITY NO. <b>322-09-1683</b>		21. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
22. CAUSE OF DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury or complication which caused death. ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c). Direct cause (a) <b>CHRONIC MYOCARDITIS</b>		23. INTERVAL BETWEEN ONSET AND DEATH <b>2 YEARS</b>		
24. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. due to (b) <b>NONE</b> due to (c) <b>NONE</b>		25. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death, but not related to the disease or condition causing death <b>ESSENTIAL HYPERTENSION 2 YEARS</b>		
26. DATE OF OPERATION		27. MAJOR FINDINGS OF OPERATION		28. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
29. ACCIDENT (specify) <b>SUICIDE</b>		30. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		31. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
32. TIME OF INJURY (Month) (Day) (Year) (Hour)		33. INJURY OCCURRED While at work <input type="checkbox"/> Not at work <input checked="" type="checkbox"/>		34. HOW DID INJURY OCCUR
35. I hereby certify that I attended the deceased from <b>MARCH 1, 1955</b> to <b>MAY 1, 1955</b> that I last saw the deceased alive on <b>APRIL 22, 1955</b> and that death occurred at <b>5:15 PM</b> from the causes and on the date stated above.				
36. SIGNATURE <b>Stanley W. Bundesen M.D.</b>		37. ADDRESS AND PHONE NO. <b>1745 W. 147th STREET</b>		38. DATE SIGNED <b>MAY 1, 1955</b>
39. BURIAL - REMOVAL (date) <b>MAY 5, 1955</b>		40. RECEIVED FOR FILING ON: <b>1955 MAY 3 PM 3 52</b>		
41. PLACE Cemetery: <b>RESURRECTION</b> Location: <b>JUSTICE, 166</b>		42. LOCAL REGISTRAR: Name: <b>Herman N. Bundesen</b> Address: <b>CHICAGO</b>		43. SUB REGISTRAR DEPUTY REGISTRAR
44. FUNERAL DIRECTOR Firm Name: <b>STANLEY W. BAEIA &amp; SON</b> Address: <b>1745 W. 147th STREET</b>		45. LOCAL REGISTRAR: Name: <b>Herman N. Bundesen</b> Address: <b>CHICAGO</b>		46. ILLINOIS

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