



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 Ave., in the City of
Chicago

That he was acquainted with John S. Stock
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 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 Illinois 60609.

That the deceased died February 25, 1974, 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 6TH day of SEPTEMBER, A.D. 19 90

Stephen M. Matlock
Notary Public

Andrew Kowalkowski
(affiant's signature)

90595396

UNOFFICIAL COPY

5871

0055395

PROPERTY OF COOK COUNTY CLERK'S OFFICE



RECORDING DEPARTMENT

TO: _____
FROM: _____
DATE: _____
BY: _____

Property of Cook County Clerk's Office

COOK COUNTY RECORDER

#2346 # * -90-555395

#2222 TRAN 0655 12/07/90 08:58:00

DEPT-01 RECORDING

\$19.25

013300

90595395

MAIL TO -
S.J. MATELSKI
1741 West 47 St
CHICAGO IL 60609



UNOFFICIAL COPY

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.10

DECEASED NAME FIRST MIDDLE LAST

1. NAME (LAST, FIRST, MIDDLE OR DESCENT) MARIA AKA STOCK STOCH

2. SEX 2 FEMALE

3. DATE OF BIRTH (MONTH, DAY, YEAR) JULY 27, 1988

4. RACE 89 POLISH

5. DATE OF DEATH (MONTH, DAY, YEAR) JULY 27, 1988

6. COUNTY OF DEATH COOK

7. CITY, TOWNSHIP OR VILLAGE (MAY BE LEFT BLANK) CHICAGO

8. STATE OF BIRTH ILLINOIS

9. U.S.A. YES

10. WIDOWED, DIVORCED, SEPARATED, OR NEVER MARRIED NONE

11. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) NONE

12. SOCIAL SECURITY NUMBER 349-07-4420

13. USUAL OCCUPATION CASING

14. KIND OF BUSINESS OR INDUSTRY MANUFACTURING

15. NAME OF BUSINESS OR INDUSTRY (SPECIFY) W I D O W E D

16. CITY, TOWNSHIP OR VILLAGE (MAY BE LEFT BLANK) CHICAGO

17. STATE OF BUSINESS OR INDUSTRY ILLINOIS

18. CITY, TOWNSHIP OR VILLAGE (MAY BE LEFT BLANK) CHICAGO

19. COUNTY OF BUSINESS OR INDUSTRY COOK

20. MOTHER-MAIDEN NAME VICTORIA

21. CITY, TOWNSHIP OR VILLAGE (MAY BE LEFT BLANK) CHICAGO

22. STATE OF MOTHER-MAIDEN NAME ILLINOIS

23. FATHER'S NAME MACIEJ

24. CITY, TOWNSHIP OR VILLAGE (MAY BE LEFT BLANK) CHICAGO

25. STATE OF FATHER'S NAME ILLINOIS

26. INFORMANT NAME (TYPE OR PRINT) DOLORES GORSKI

27. RELATIONSHIP TO DECEASED (MAY BE LEFT BLANK) SISTER

28. MAILING ADDRESS 17c 2701 W 68TH ST CHICAGO IL 60629

29. CITY, TOWNSHIP OR VILLAGE (MAY BE LEFT BLANK) CHICAGO

30. STATE OF MAILING ADDRESS ILLINOIS

31. DEATH CAUSED BY (1) SEPTIC SHOCK

(2) GANGRENE OF RIGHT LOWER EXTREMITY

(3) RENEAL FAILURE. DISSEMINATED INTRAVASCULAR COAGULATION

32. MAJOR FINDINGS OF OPERATION

33. DATE OF OPERATION, IF ANY 7-27-88

34. HOUR OF DEATH 1:30 P. M.

35. SIGNATURE OF CERTIFIER (Name of Certifier) 7-28-88

36. NAME AND ADDRESS OF CERTIFIER 20114 R. BYLEWSKI NO. 4900 S. ARCADE, CHICAGO, IL 60632

37. CITY, TOWNSHIP OR VILLAGE (MAY BE LEFT BLANK) CHICAGO

38. STATE OF CERTIFIER ILLINOIS

39. ILLINOIS LICENSE NUMBER 036-070127

40. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

41. CITY, TOWNSHIP OR VILLAGE (MAY BE LEFT BLANK)

42. STATE OF ATTENDING PHYSICIAN

43. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

44. CITY, TOWNSHIP OR VILLAGE (MAY BE LEFT BLANK)

45. STATE OF ATTENDING PHYSICIAN

46. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

47. CITY, TOWNSHIP OR VILLAGE (MAY BE LEFT BLANK)

48. STATE OF ATTENDING PHYSICIAN

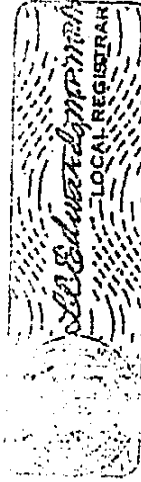
49. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

50. CITY, TOWNSHIP OR VILLAGE (MAY BE LEFT BLANK)

July 29, 1988.

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

I, 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

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Successors

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