

# UNOFFICIAL COPY

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## Chicago Title Insurance Company

### DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF COOK

} ss.

Order No. N/A

WANDA C. BANIS

being duly sworn

states that she resides at 6601 South Kilpatrick in the City of Chicago

That she was acquainted with ALPHONSE BANIS

deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

Lot Thirty Eight (38) in Block Fifteen (15) in Marquette Ridge, being a Subdivision in the South Half (S $\frac{1}{2}$ ) of the West Half (W $\frac{1}{2}$ ) of the North West Quarter (NW $\frac{1}{4}$ ) and the North Half (N $\frac{1}{2}$ ) of the West Half (W $\frac{1}{2}$ ) of the North West Quarter (NW $\frac{1}{4}$ ) of Section Twenty Two (22), Township Thirty Eight (38) North, Range Thirteen (13), East of the Third Principal Meridian, in Cook County, Illinois, commonly known as 6601 South Kilpatrick Avenue, Chicago, Illinois.

\$13.25

T#3333 TRAN 9191 06/11/90 10:47:00

#0798 ÷ C \* -90-272637

Permanent Index Number: 19-22-118-001-0000

COOK COUNTY RECORDER

Common Address: 6601 South Kilpatrick, Chicago, Illinois.

That the deceased died May 21, 1990, 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 \$200,000.00 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

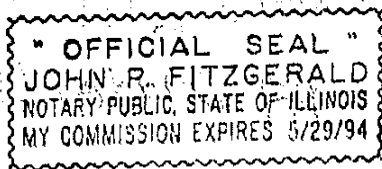
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WANDA C. BANIS

this 8th day of June, A.D. 19 90

[Signature]  
Notary Public

Wanda C. Banis  
(affiant's signature)



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Property of Cook County Clerk's Office

Mail to  
J.P. Fitzgibbon, Ltd  
3201 W. 111th Street  
Chicago IL 60655

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## Certified Copy of a Death Record <sup>37</sup>

<b>DECEDENT'S BIRTH NO.</b>	REGISTRATION DISTRICT NO. <b>16.92</b>	STATE OF ILLINOIS		STATE FILE NUMBER
	REGISTERED NUMBER <b>767</b>	<b>MEDICAL CERTIFICATE OF DEATH</b>		
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	1. DECEASED—NAME FIRST MIDDLE LAST <b>Alphonse Banis</b>		2. SEX <b>Male</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>May 21, 1990</b>
	4. COUNTY OF DEATH <b>COOK</b>		AGE—LAST BIRTHDAY (YRS) 5a. <b>68</b>	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. <b>September 7, 1921</b>
	CITY, TOWN, TWP. OR ROAD DISTRICT NO. (NUMBER) <b>PROVISO TOWNSHIP</b>		HOSPITAL, OR OTHER INSTITUTION, NAME IF NOT IN (LOCAL) ONE STREET AND NUMBER (IF APPLICABLE) (CITY OR TOWN) (STATE) (ZIP) <b>VETERANS ADM. HINES, IL 60141</b>	
	7. Chicago, IL. SOCIAL SECURITY NUMBER <b>10 336-16-0704</b>		8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>	8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <b>Wanda Dziuba</b>
	11a. Tool & Die		11b. Cont. Can Co.	12. EDUCATION? (SPECIFY OR A THROUGH GRADE COMPLETED) <b>11</b>
13a. 6601 So. Kilpatrick STATE <b>Illinois</b>		13b. Chicago	13c. INSIDE CITY (YES/NO) <b>Yes</b>	13d. COUNTY <b>COOK</b>
14a. White		14b. OF HISPANIC ORIGIN? (SPECIFY) (YES/NO) <b>NO</b>		
15. Anthony Banis		16. Mary Vitkus		
17a. Irene Stovall, M.A.A.		17c. VETERANS ADM. HINES, IL 60141		
18. PART I. Immediate Cause (Final disease or condition resulting in death) <b>Bilateral bronchopneumonia, with Right Parapneumonic Pleural Effusion.</b>		19. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION		20c. IF FEMALE, WAS THERE A PREGNANCY IN PART OF THESE MONTHS? <b>NO</b>
21a. SIGNATURE <i>Humayan</i>		21b. NAME AND ADDRESS OF CERTIFIER <b>HUMAYAN M.D. VETERANS ADM. HINES, IL 60141</b>		21c. HOUR OF DEATH <b>10:15 P.M.</b>
22a. SIGNATURE <i>Richard J. Modleski</i>		22b. NAME AND ADDRESS OF CERTIFIER <b>Richard J. Modleski BROADVIEW, ILLINOIS 60153</b>		22c. ILLINOIS LICENSE NUMBER <b>8237</b>
23a. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>		23b. CEMETERY OR CREMATORY—NAME <b>St. Casimir</b>		23c. LOCATION CITY OR TOWN STATE <b>Chicago, Illinois</b>
24a. FUNERAL HOME <b>Modell Funeral Home</b>		24b. NAME STREET AND NUMBER OR P.O. CITY OR TOWN STATE ZIP <b>5725 S. Pulaski Road Chicago, Illinois 60629</b>		24c. DATE (MONTH, DAY, YEAR) <b>May 25, 1990</b>
25a. LOCAL REGISTRAR'S SIGNATURE <i>Richard J. Bullis</i>		25b. LOCAL REGISTRAR'S SIGNATURE <i>Richard J. Bullis</i>		25c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>May 23, 1990</b>

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at Item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE **MAY 23 1990** SIGNED *Richard J. Bullis*

AT **Broadview, 60153 Illinois** OFFICIAL TITLE **Local Registrar of Vital Statistics**

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence of the facts therein stated.

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