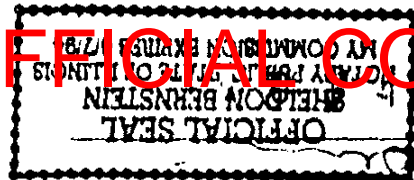


UNOFFICIAL COPY



[Signature]
(Affiant's signature)

this 5 day of July, A.D. 1990

90346241

1990 JUL 19 11:03

Gene J. Bryja

Subscribed and sworn to before me by the said

FILED FOR RECORD

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, 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 100,000.00 dollars.

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 100,000.00 dollars.

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

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 Cook County, Illinois.

Leaving no Last Will & Testament.

That the deceased died:

certified copy of death certificate of the deceased attached hereto, as evidenced by a June 15, 1990

That the deceased died

Lot 7 (except the east 20 feet thereof) and all of lot 8 in Block 16 in F. H. Bartlett's Garfield Ridge being a subdivision of all that part of the west half of the west half of Section 17, Township 38 North, Range 13 East of the Third Principal Meridian lying North of the Indiana Harbor Belt Railroad except the North west quarter of the North west quarter of the North west quarter of said Section 17 in Cook County, Illinois

ADDRESS OF PROPERTY: 6319 West 59th Street, Chicago, Illinois PIN: 19-17-301-020

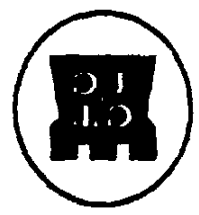
deceased who, at the time of her death, was one of the owners of the land in Cook County, Illinois, described as: Gene J. Bryja states that he resides at 339 W. 59th Street in the City of Chicago, Ill. That Gene J. Bryja was acquainted with Gene J. Bryja being duly sworn

STATE OF ILLINOIS
COUNTY OF COOK

DECEASED JOINT TENANCY AFFIDAVIT

1300

CHICAGO TITLE INSURANCE COMPANY



90346241

90346241

PA81155 2.4

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO 16-21
 REGISTERED NUMBER 488

DECEASED-NAME Joan C. Cook	FIRST Joan	MIDDLE C	LAST Cook	SEX 2 Female	DATE OF DEATH June 1 1990
CITY TOWN TWP OR ROAD DISTRICT NUMBER Cook	AGE-LAST BIRTHDAY (MOS) 54	UNDER-YEAR (DAYS) 50	UNDER-DAY (HOURS) 50	DATE OF BIRTH (MO-DAY-YEAR) September 20 1935	MONTH DAY YEAR
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Chicago Illinois	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SPECIFY	NAME OF HUSBAND, WIFE, GIRL OR BOY (Maiden Name & Wife)			
SOCIAL SECURITY NUMBER 318-28-7875	USUAL OCCUPATION Machine Operator	KIND OF BUSINESS OR INDUSTRY (Employer, Secretary, etc.)			
RESIDENCE (STREET AND NUMBER) 6319 W 59th St	CITY, TOWN, TWP, ROAD, DISTRICT, COUNTY	CITY, TOWN, TWP, ROAD, DISTRICT, COUNTY			
STATE Illinois	ZIP CODE 60638	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) White	EDUCATION (Specify years)	EDUCATION (Specify years)	EDUCATION (Specify years)
FATHER-NAME Felix Cwikiecki Sr	FIRST Felix	MIDDLE Cwikiecki	LAST Sr	RELATIONSHIP 17b Sister	MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP)
INFORMANT'S NAME (TYPE OR PRINT) Christine Kocanda					
17a. Christine Kocanda					
18. PART I. Enter the immediate, obvious, or contributory cause of death. Do not write the results of autopsy, such as "conclusion of respiratory arrest, shock, or heart failure." Use only one cause for each line. (a) Hepatic coma (b) CONSEQUENCE OF DUE TO OR AS A CONSEQUENCE OF (c) CONSEQUENCE OF DUE TO OR AS A CONSEQUENCE OF CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
DATE OF OPERATION, IF ANY 20b.					
1100 (DO NOT ATTEND THE DECEASED AND LIVE WITH HIM) - ALIVE ON 5-29-90					
21b. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND (DUE TO THE CAUSE(S) STATED)					
22a. SIGNATURE Barbara Zabella					
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 6613 W. Archer Chicago - 60638					
22c. NAME OF ATTENDING PHYSICIAN (OTHER THAN CERTIFIER) (TYPE OR PRINT):					
23.					
BURIAL CREMATION, REMOVAL (SPECIFY)					
24a. Burial					
24b. Resurrection					
24c. JUSTICE					
24d. ILLINOIS					
25a. Ridge Funeral Home 4860 W 31st Cicero Illinois 60650					
25b. SIGNATURE OF LOCAL REGISTRAR James J. Stambrowski					
25c. LOCAL REGISTRAR'S SIGNATURE					
26a. SIGNATURE OF DEPUTY REGISTRAR Robert C. Beckman					
26b. DATE JUN 4 1990					
26c. LOCAL REGISTRAR'S SIGNATURE					
26d. DATE OF LOCAL REGISTRATION (MONTH, DAY, YEAR) June 4, 1990					

UNOFFICIAL COPY

DECEASED

PARENTS

CAUSE

CERTIFIER

DISPOSITION

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the record for the person named and that this record was established and filed in my office in accordance with the provisions of the Illinois Statutes relating to the registration of births, stillbirths, and deaths.

DATE: JUN 4 1990
 SIGNED: Robert C. Beckman
 OFFICIAL TITLE: DEPUTY REGISTRAR
 AT: BERYN, ILLINOIS

The original record is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. Local registrars are authorized to make certifications from copies of the original record. The Illinois Statutes provide that the certification of this record by the Department of Public Health or the local registrar shall be prima facie evidence in all courts and places of the facts therein.

90346241