

UNOFFICIAL COPY

SAFECO TITLE INSURANCE COMPANY 2 91027902

JOINT TENANCY AFFIDAVIT

ORDER NO.

DATE: December 30, 1990.....

DECEDENT: Lawrence Stasch.....

STATE OF ILLINOIS }
COUNTY OF COOK } SS

Diane W. Stasch
states that the affiant resides at 4662 Rose
Schiller Park, Illinois 60176

hereinafter referred to as the affiant deposes and
in the City of

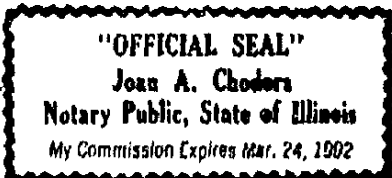
That the decedent at the time of his/h~~er~~ death was one of the owners of the property in Cook
County, Illinois, legally described as follows:

Lot 7 in Pekar's Forest View Subdivision of part of Cynthia Robinson's Tract
in the partition of the North Section of Robinson's Reservation in Township 40
North, Range 12, East of the Third Principal Meridian, as per Plat recorded
September 16, 1949 as Document Number 14633347, in Cook County, Illinois.

or described in above order number.

Permanent Real Estate Index Number: 12-13-111-007-0000 084 Vol.

That decedent died on November 20, 1990 leaving no last will and testament,
that the total value of the estate of said decedent including his/h~~er~~ taxable interest in the above real
estate is less than \$90,000 ;
That the Illinois inheritance tax and the Federal Estate tax, if any was due from the decedent's estate,
has been paid in full;
That the affiant makes this affidavit to induce SAFECO Title Insurance Company to issue its Policy of
Title Insurance on the above described property.



Signature Diane W. Stasch

Prepared By: Diane W. Stasch

Address: 4662 Rose
Schiller Park, Illinois 60176

SUBSCRIBED AND SWORN TO before me
this 30th day of December, 1990,
a Notary Public in and for said State and County.

Jean A. Chodora

NOTE: If the decedent left a will it will be necessary that the original or a certified copy thereof be presented
to us for inspection.

A death certificate together with evidence of payment of death taxes, if any, should accompany this
affidavit.

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Property of Cook County Clerk's Office

DEPT-01 RECORDING \$15.00
T#8888 TRAN 4758 01/17/91 13:51:00
#994 # H *-71-027902
COOK COUNTY RECORDER

2003790235

91027902

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Certified Copy of a Death Record

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 1692	STATE OF ILLINOIS		STATE FILE NUMBER	
	REGISTERED NUMBER 1643	MEDICAL CERTIFICATE OF DEATH			
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS A B C D E F G H I J K L M N O P Q R S T U V W X Y Z AA AB AC AD AE AF AG AH AI AJ AK AL AM AN AO AP AQ AR AS AT AU AV AW AX AY AZ BA BB BC BD BE BF BG BH BI BJ BK BL BM BN BO BP BQ BR BS BT BU BV BW BX BY BZ CA CB CC CD CE CF CG CH CI CJ CK CL CM CN CO CP CQ CR CS CT CU CV CW CX CY CZ DA DB DC DD DE DF DG DH DI DJ DK DL DM DN DO DP DQ DR DS DT DU DV DW DX DY DZ EA EB EC ED EE EF EG EH EI EJ EK EL EM EN EO EP EQ ER ES ET EU EV EW EX EY EZ FA FB FC FD FE FF FG FH FI FJ FK FL FM FN FO FP FQ FR FS FT FU FV FW FX FY FZ GA GB GC GD GE GF GG GH GI GJ GK GL GM GN GO GP GQ GR GS GT GU GV GW GX GY GZ HA HB HC HD HE HF HG HH HI HJ HK HL HM HN HO HP HQ HR HS HT HU HV HW HX HY HZ IA IB IC ID IE IF IG IH II IJ IK IL IM IN IO IP IQ IR IS IT IU IV IW IX IY IZ JA JB JC JD JE JF JG JH JI JJ JK JL JM JN JO JP JQ JR JS JT JU JV JW JX JY JZ KA KB KC KD KE KF KG KH KI KJ KK KL KM KN KO KP KQ KR KS KT KU KV KW KX KY KZ LA LB LC LD LE LF LG LH LI LJ LK LL LM LN LO LP LQ LR LS LT LU LV LW LX LY LZ MA MB MC MD ME MF MG MH MI MJ MK ML MM MN MO MP MQ MR MS MT MU MV MW MX MY MZ NA NB NC ND NE NF NG NH NI NJ NK NL NM NN NO NP NQ NR NS NT NU NV NW NX NY NZ OA OB OC OD OE OF OG OH OI OJ OK OL OM ON OO OP OQ OR OS OT OU OV OW OX OY OZ PA PB PC PD PE PF PG PH PI PJ PK PL PM PN PO PP PQ PR PS PT PU PV PW PX PY PZ QA QB QC QD QE QF QG QH QI QJ QK QL QM QN QO QP QQ QR QS QT QU QV QW QX QY QZ RA RB RC RD RE RF RG RH RI RJ RK RL RM RN RO RP RQ RR RS RT RU RV RW RX RY RZ SA SB SC SD SE SF SG SH SI SJ SK SL SM SN SO SP SQ SR SS ST SU SV SW SX SY SZ TA TB TC TD TE TF TG TH TI TJ TK TL TM TN TO TP TQ TR TS TT TU TV TW TX TY TZ UA UB UC UD UE UF UG UH UI UJ UK UL UM UN UO UP UQ UR US UT UY UZ VA VB VC VD VE VF VG VH VI VJ VK VL VM VN VO VP VQ VR VS VT VU VV VW VX VY VZ WA WB WC WD WE WF WG WH WI WJ WK WL WM WN WO WP WQ WR WS WT WU WV WW WX WY WZ XA XB XC XD XE XF XG XH XI XJ XK XL XM XN XO XP XQ XR XS XT XU XV XW XX XY XZ YA YB YC YD YE YF YG YH YI YJ YK YL YM YN YO YP YQ YR YS YT YU YV YW YX YZ ZA ZB ZC ZD ZE ZF ZG ZH ZI ZJ ZK ZL ZM ZN ZO ZP ZQ ZR ZS ZT ZU ZV ZW ZX ZY ZZ	1. DECEASED-NAME FIRST MIDDLE LAST LAURENCE C. STASCH	2. SEX MALE	3. DATE OF DEATH (MONTH DAY YEAR) NOVEMBER 20, 1990		
	4. COUNTY OF DEATH COOK	5a. AGE - LAST BIRTHDAY (YRS) MOY DAY 59	5b. UNDER 1 YEAR MOY DAYS	5c. UNDER 1 DAY HOURS MIN	5d. DATE OF BIRTH (MONTH DAY YEAR) JULY 27, 1931
	6a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER PROVISO TOWNSHIP	6b. HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) FOSTER G MCGAW HOSPITAL		6c. IF HOSP. OR INST. INDICATE D.O.A. (OR OTHER RM. PATIENT) (SPECIFY) INPATIENT	
	7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) CHICAGO ILLINOIS	8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (OR OTHER) MARRIED	9. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) DIANE KATOWICZ		9b. WARDEN (AGE AND SEX) (NAME) (ADDRESS BY CITY AND STATE) YES
	10. SOCIAL SECURITY NUMBER 320-26-4492	11a. OCCUPATION DRIVER	11b. KIND OF BUSINESS OR INDUSTRY TRUCKING	12. EDUCATION (SPELTY HIGH SCHOOL, COLLEGE, ETC.) (Specify Secondary (0-12) (College) (4-6) (1)) 12	
	13a. RESIDENCE (STREET AND NUMBER) 4662 ROSE ST	13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. SCHILLER PARK		13c. INDIAN CITY (YES/NO) YES	13d. COUNTY COOK
	13e. STATE ILLINOIS	13f. ZIP CODE 60176	14a. RACE (WHITE, BLACK, AMERICAN INDIAN, OR SPECIFY) WHITE	14b. OF HISPANIC ORIGIN? (SPECIFY) (NO) (YES) (IF YES, SPECIFY COUNTRY OR LOCAL JURISDICTION) NO	
	15. FATHER - NAME FIRST MIDDLE LAST THEODORE STASCH	16. MOTHER - NAME FIRST MIDDLE (MAIDEN) LAST PEARL N/A		17. INFORMANT'S NAME (IF OTHER THAN DECEASED) PRISCILLA MARSHALL	
	17a. HOSPITAL RECORDS		17c. MAILING ADDRESS (STREET AND NO. (IF D. O. C. OR OTHER STATE, IND.)) 2160 SOUTH FIRST AVE MAYWOOD ILL		
	18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) (a) Respiratory failure (b) Lung Cancer (c) 1 1/2 yrs CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.				APPROXIMATE INTERVAL IN THE UNDERLYING CAUSE
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				19. AUTOPSY (YES/NO) NO	
20a. DATE OF OPERATION, IF ANY	20b. MAJOR FINDINGS OF OPERATION		20c. IF MALE, WAS THIS THE AFFECTED ORGAN? (SPECIFY) NO		
21a. VOID (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH DAY YEAR) 11/20/90	21b. WAS COP, NURSE OR MEDICAL EXAMINER NOTIFIED (YES/NO) NO	21c. HOUR OF DEATH 1:39 AM 11/20/90			
22a. SIGNATURE Ajay Labrud			22b. DATE SIGNED (MONTH DAY YEAR) 11/20/90		
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) AJAY LABRUD MD 2160 S. 1st AVE. MAYWOOD, ILLINOIS 60153			22d. ILLINOIS LICENSE NUMBER (IF ANY) 125-024-939		
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) DR. ALEX HANTEL			NOTE: IF AN INJURY WAS INVOLVED IN THE DEATH, THE OFFICER OR MEDICAL EXAMINER MUST BE NOTIFIED		
24a. BURIAL, CREMATION, REMOVAL (SPECIFY) CREMATION	24b. CEMETERY OR CREMATORY - NAME CREMATION SERVICE INC	24c. LOCATION CITY OR TOWN STATE ROSEMONT, ILLINOIS	24d. DATE (MONTH DAY YEAR) NOV. 21, 1990		
25a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP SAX-TIEDEMANN FUNERAL HOME 9568 BELMONT AVE. FRANKLIN PARK, ILLINOIS 60131					
25b. FUNERAL DIRECTOR'S SIGNATURE Stephen C. ...			25c. FUNERAL DIRECTOR'S IDENTIFICATION NUMBER 8929		
26a. LOCAL REGISTRAR'S SIGNATURE Richard J. Billik			26b. DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR) November 20, 1990		

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 **NOV 20 1990** SIGNED **Richard J. Billik**
 AT **Broadview, IL 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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