

UNOFFICIAL COPY

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# Chicago Title Insurance Company

## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF COOK

} ss.

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

NADA ZIENTY

being duly sworn

states that she resides at 31 Tonset Lane in the City of Schaumburg, Illinois 60139.

That she was acquainted with FREDERICK M. ZIENTY deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

SEE ATTACHED LEGAL DESCRIPTION

Permanent Real Estate Index Number: 07-20-400-017-1116

That the deceased died February 20, 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 SIXTY FOUR THOUSAND 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

Nada Zienty

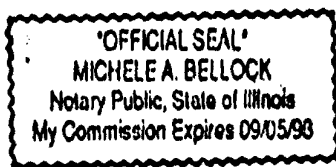
this 21 day of March, A.D. 19 91

Michele A. Bellock

Notary Public

Nada Zienty  
(affiant's signature)  
NADA ZIENTY

MAIL TO:  
RONALD WACHTEL  
HYATT LEGAL SERVICES  
322 WEST ROOSEVELT ROAD  
LOMBARD, ILLINOIS 60148



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Property of Cook County Clerk's Office

DEPT-01 RECORDING \$14.25  
1#0888 TRAN 3436 03/22/91 11 21 00  
#9815 # 11 \* 23 135098  
COOK COUNTY RECORDER

91138098

# UNOFFICIAL COPY

## Certified Copy of a Death Record

PERMANENT CERTIFICATE  
 TEMPORARY CERTIFICATE

REGISTRATION DISTRICT NO **16.9N**  
 REGISTERED NUMBER **276**

### MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

# 372 FEB 90

Types to Print in PERMANENT INK See Coroner's or Funeral Director's Handbook for INSTRUCTIONS

1 DECEASED NAME <b>FREDERICK M. ZIENTY</b>		SEX <b>MALE</b>		DATE OF DEATH <b>February 20, 1990</b>	
2 COUNTY OF DEATH <b>COOK</b>		AGE LAST BIRTHDAY <b>50</b>		DATE OF BIRTH (MONTH DAY YEAR) <b>Aug 18, 1939</b>	
3 CITY TOWN TWY OR ROAD DISTRICT NUMBER <b>Maywood Proviso Twp.</b>		HOSPITAL OR OTHER INSTITUTION NAME OF FIRST MEDICAL CARE CENTER (LAST NAME) <b>LOYOLA Medical Center</b>		ICD-9 CODE (NATURE OF DEATH) <b>DISEASE</b>	
4 MARITAL STATUS (MARRIED, SINGLE, DIVORCED, WIDOWED) <b>UNMARRIED</b>		NAME OF SURVIVING SPOUSE (LAST NAME & INITIAL) <b>NADA IVANCEVICH</b>		WAS HE/ SHE EVER MARRIED? <b>YES</b>	
5 SOCIAL SECURITY NUMBER <b>346-32-4969</b>		OCCUPATION (BUSINESS OR INDUSTRY) <b>TECH REPRESENTATIVE XEROX</b>		EDUCATION (SCHOOL GRADE) <b>12</b>	
6 HOME ADDRESS (CITY, TOWN, ROAD) <b>1416 PORTSMOUTH</b>		CITY TOWN OR ROAD DISTRICT NO <b>WESTMESTER</b>		INSIDE CITY? <b>YES</b>	
7 STATE <b>IL</b>		ZIP CODE <b>60154</b>		RACE <b>WHITE</b>	
8 FATHER NAME FIRST MIDDLE LAST <b>ALEXANDER ZIENTY</b>		MOTHER NAME FIRST MIDDLE LAST <b>THERESA - NIA</b>		14b YES 14c YES SPECIFY	
9 DECEASED'S MARITAL STATUS (MARRIED, SINGLE, DIVORCED, WIDOWED) <b>UNMARRIED</b>		RELATIONSHIP <b>WIFE</b>		MAILING ADDRESS (CITY, TOWN, ROAD, STATE, ZIP) <b>575 PLUM GROVE RD ROSSELLE, IL</b>	

**A** DECEASED  
**B**  
**C**  
**D**  
**E**

**PARENTS**

**CAUSE**

15 FATHER NAME FIRST MIDDLE LAST <b>ALEXANDER ZIENTY</b>		16 MOTHER NAME FIRST MIDDLE LAST <b>THERESA - NIA</b>	
17a DECEASED'S MARITAL STATUS (MARRIED, SINGLE, DIVORCED, WIDOWED) <b>UNMARRIED</b>		17b RELATIONSHIP <b>WIFE</b>	
17c MAILING ADDRESS (CITY, TOWN, ROAD, STATE, ZIP) <b>575 PLUM GROVE RD ROSSELLE, IL</b>			

18 IMMEDIATE CAUSE (Final disease or condition resulting in death)  
**(a) CHRONIC ALCOHOLISM**  
 (b) DUE TO OR AS A CONSEQUENCE OF  
 (c) DUE TO OR AS A CONSEQUENCE OF

**N**  
**P**  
**HQ**  
**HIF**  
**UNK**

19 NATURAL, ACCIDENT, HOMICIDE, SUICIDE (INDICATE BY CHECKING) <b>20b SUICIDE</b>		DATE OF INJURY (MONTH DAY YEAR) <b>20a</b>		HOW INJURY OCCURRED (ENTER INFORMATION OF INJURY MENTIONED IN PART I OR PART II ITEM 18) <b>20c</b>	
20a PLACE OF INJURY (CITY, TOWN, ROAD, STREET, FACILITY OR OTHER BUILDING, ETC.) <b>20a</b>		20b LOCATION (CITY, TOWN, ROAD, DISTRICT NO, COUNTY, STATE) <b>20b</b>		20c FEMALE? (YES/NO) <b>20c YES/NO</b>	

**CERTIFIER**

21 I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND ON THE INFORMATION THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT

21a CORONER'S / MEDICAL EXAMINER'S SIGNATURE <i>[Signature]</i>	DATE SIGNED <b>February 20, 1990</b>
22a CORONER'S / MEDICAL EXAMINER'S SIGNATURE <i>[Signature]</i>	DATE SIGNED <b>February 20, 1990</b>

**DISPOSITION**

24a FUNERAL HOME NAME <b>PERMIA</b>	24b STREET AND ROAD DISTRICT NO <b>ST ADAMBERT</b>	24c CITY TOWN STATE <b>NIUS ILL</b>	24d DATE (MONTH DAY YEAR) <b>FEB 22 1990</b>
25a FUNERAL HOME (JOB'S SIGNATURE) <i>[Signature]</i>		25c FURNITURE (JOB'S SIGNATURE) <i>[Signature]</i>	
26a LOCAL HEALTH DEPARTMENT (SIGNATURE) <b>Richard J. Bellis</b>		DATE FILED BY LOCAL HEALTH DEPARTMENT (MONTH DAY YEAR) <b>February 21, 1990</b>	

VI1202 (Rev. 1-89) Illinois Department of Public Health - Office of Vital Records (NAME OF COUNTY CLERK) (OFFICIAL TITLE)

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 **FEB 21 1990** SIGNED *[Signature]*

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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## LEGAL DESCRIPTION

Unit 294, as delineated on plat of survey of the North 159.00 feet (except the West 227.44 feet thereof) and the South 194.00 feet of the North 353.00 feet (excepting the West 262.44 feet of said South 194.00 feet) all being as measured at right angles to the North line and the West line of Lot 2 in Weathersfield Commons Park, being a Subdivision in the South East quarter of Section 20, Township 41 North, Range 10, East of the Third Principal Meridian, according to the plat thereof recorded April 8, 1972 as document No. 21129674 in Cook County, Illinois, which survey is attached as Exhibit "A" to Declaration establishing a plan for Condominium Ownership made by Campanelli, Incorporated recorded in the Office of the Recorder of Deeds of Cook County, Illinois, as document No. 21854990 and as amended together with a percentage of the common elements appurtenant to said unit as set forth in said Declaration, as amended from time to time, which percentage shall automatically change in accordance with amended Declarations as same are filed of record pursuant to said Declaration, and together with additional common elements as such amended Declarations are filed for record in the percentages set forth in such amended Declarations, which percentages shall automatically be deemed to be conveyed effective on the recording of such amended Declaration as though conveyed hereby, in Cook County, Illinois.

P.I.N. 07-20-400-017-1116