

UNOFFICIAL COPY

JOINT TENANCY AGREEMENT 91339580

STATE OF ILLINOIS }
COUNTY OF } SS

DATE: ... MAY 30, 1991
DECEDENT: ... Stanley Kulpa

ALEXANDER KULPA
states that the alliant resides at 5044 S. LA CROSSE
hereinafter referred to as the alliant deposes and
in the City of CHICAGO

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

Lot 15 in Bonfield's Subdivision of Lots 1 and 4
in Block 26 in Canal Trustees Subdivision of the
South Fraction of Section 29, Township 39 North,
Range 14, East of the Third Principal Meridian, in
Cook County, Illinois.

91339580

PI.N. 17-29-410-015-0000

Commonly Known As 2929 S Bonfield
Chicago, IL

91339580

DEPT-01 RECORDING \$14.29
T4444 TRAN 8963 07/09/91 14:23:00
48721 0 * - 91-339580
COOK COUNTY RECORDER

That decedent died on SEPTEMBER 15, 1989 leaving no last will and testament.
That the total value of the estate of said decedent including his/her taxable interest in the above real estate is \$ 15,000.00
That the Illinois Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

Signature x Alexander Kulpa.....

SUBSCRIBED AND SWORN TO before me
this 30th day of MAY, 1991,
a Notary Public in and for said State and County

[Signature]

" OFFICIAL SEAL "
DAVID M. VLCEK
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 6/26/95

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Mail to

DAVID VLCEK

7928 S. KEELER

CHICAGO, IL 60652

Property of Cook County Clerk's Office

91339580

COOK COUNTY CLERK'S OFFICE
111 N. LAUREL ST. CHICAGO, IL 60602
TEL: 312.603.1000 FAX: 312.603.1001
WWW.COOKCOUNTYCLERK.COM

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STATE F&F NUMBER

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **16.0**

REGISTERED NUMBER

DECEASED NAME: **Stanley Kulp** FIRST MIDDLE LAST

1. COUNTY OF DEATH: **Cook** SEX: **Male** DATE OF BIRTH: **April 28, 1894** DATE OF DEATH: **September 15, 1989**

2. CITY/TOWN/TWP OR ROAD DISTRICT NUMBER: **Oak Lawn** HOURS: **5:30** DAYS: **1** AM: **56**

3. AGE: **95** YEARS

4. HOSPITAL OR OTHER INSTITUTION: **Americana-Monticello Health Care Center**

5. MARITAL STATUS: **Widowed**

6. USUAL OCCUPATION: **Ret. Tailor**

7. SOCIAL SECURITY NUMBER: **342-10-4743A**

8. RACE: **White**

9. RESIDENCE: **2929 S. Bonfield St. Chicago, Ill. 60608**

10. FATHER'S NAME: **Not available**

11. MOTHER'S NAME: **Not available**

12. RELATIONSHIP: **Medical Records**

13. ADDRESS: **6300 W. 95th St. Oak Lawn, Ill. 60453**

14. CAUSE OF DEATH: **Bilateral Pneumonia**

15. MAJOR CAUSE OF DEATH: **arterioclerotic heart disease**

16. UNDERLYING CAUSE OF DEATH: **arterioclerotic heart disease**

17. DATE OF OPERATION: **August 26, 1989**

18. SURVIVAL: **8:30 P.**

19. SIGNATURE: **Robert L. Scott, M.D.**

20. ADDRESS: **4700 W. 95th St. Oak Lawn, Ill. 60453**

21. BUREAU OF VITAL RECORDS: **Chicago, Ill. 60608**

22. LOCAL REGISTRAR'S SIGNATURE: **Karen L. Scott, M.D.**

23. REGISTERED NUMBER: **7402**

24. DATE OF DEATH: **Sept 15, 1989**

I HEREBY CERTIFY THAT the foregoing is true and correct copy of the death record for the decedent named in item 1 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 birth, stillbirths and deaths.

DATE: **SEP 18 1989** SIGNED: *[Signature]*

At Cook County Department of Public Health 1500 S. Maybrook Drive - Maywood, Illinois 60154 Official Title Deputy Registrar

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