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92603102

(FORM 302)

DEPT-11 RECORD - T \$23.50
T#8888 TRAN 2859 08/13/92 15:57:00
#8650 + E *-92-603102
COOK COUNTY RECORDER

Affidavit by Surviving Joint Tenant

L. R. Doc. No. Certificate No. 1122142

State of Illinois }
County of Cook } ss.

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Emilia Kabat

duly sworn, upon oath deposes and says:

That she resides at 500 N. Avers in the City of Chicago
and that she is one of the parties who took title, not in tenancy in common, but in joint tenancy,
to real estate shown in Certificate of Title No. 1122142 situated in said Cook County, Illinois,
described as follows:

Lot 28 (except the North 15 feet thereof) in Block 22 in Pennock,
being a Subdivision of the West 1/2 of the Northeast 1/4 of the
Southwest 1/4 of Section 26, Township 40 North, Range 13, East of
the Third Principal Meridian, in Cook County, Illinois.

P.I. No. 13-26-317-039

Property Address: 2500 N. Avers, Chicago, Illinois 60647

Alliant states that Chester Kabat one of the said owners in joint
tenancy, died intestate, in the city (Village) of Chicago in the State of Illinois
as is confirmed by a Certificate of the health department of said municipality hereto attached.

Alliant states that the remaining joint tenant has not changed her marital status since
the issuance of Certificate of Title Number 1122142 (except who
has been married but once since acquiring said real estate and then to).

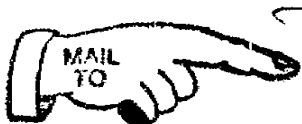
Further, that the affiant makes this affidavit for the purpose of inducing the Registrar of Titles
of Cook County, Illinois, to issue a certificate of title to the surviving Joint Tenant to said above
described premises, relying on this statement as true, and in consideration thereof affiant guarantees
the truth of the statements herein contained.

x Emilia Kabat
Emilia Kabat

Subscribed and sworn to before me
this 12th day of August 1992

Rosemary Matkowsky
NOTARY PUBLIC

OFFICIAL SEAL
ROSEMARY MATKOWSKY
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXP: 12/21/94



PAUL J. KUVAS
2324 W CHICAGO
CHICAGO, IL 60628

23.50

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Property of Cook County Clerk's Office

9240-001



MEDICAL CERTIFICATE OF DEATH

DISTRICT NO. **10410**
 REGISTERED NUMBER

DECEASED-NAME **Chester** FIRST **Kabat** LAST **EMILIA** SEX **Female** DATE OF BIRTH **SEPTEMBER 2, 1923** MONTH DAY YEAR

CITY/TOWN/TWP. OR ROAD DISTRICT NUMBER **Chicago** AGE LAST BIRTHDAY (MOS) **68** UNDER 1 YEAR **0** UNDER 1 DAY **0** DATE OF DEATH **JULY 2, 1992** MONTH DAY YEAR

HOSPITAL OR OTHER INSTITUTION (NAME OF NOT NEEDED) **Push-Pres-St. Luke's Medical Center** PLACE OF BIRTH **Poland** COUNTY **COOK**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **Poland** MARRIED (NEVER MARRIED, MARRIED (PREVIOUSLY MARRIED) (SPECIFY)) **MARRIED** NAME OF SURVIVING SPOUSE (MAIDEN NAME & WIFE) **EMILIA PUDLO** PLACE OF BIRTH **Poland** COUNTY **COOK**

SOCIAL SECURITY NUMBER **331-38-5665** USUAL OCCUPATION **MEAT CUTTER** KIND OF BUSINESS OR INDUSTRY **MEAT CO.** EDUCATION (SCHOOL GRADE COMPLETED) **8** COUNTY **COOK**

RESIDENCE (STREET AND NUMBER) **2500 N. AVERS** CITY/TOWN/TWP. OR ROAD DISTRICT NO. **Chicago** INSIDE CITY **YES** COUNTY **COOK**

STATE **Illinois** ZIP CODE **60647** PLACE (RACE, COLOR, NATIONALITY) **WHITE** OF HISPANIC ORIGIN? (SPECIFY AND CHECK YES SPECIFIC ORIGIN) **NO** COUNTY **COOK**

FATHER-NAME **KAROL** LAST **KABAT** MOTHER-NAME **KATARZYNA** MARRIAGE ADDRESS (STREET AND NUMBER) **2500 N. AVERS AVENUE CHICAGO, ILLINOIS 60647**

DECEASED'S NAME (TYPE OR PRINT) **EMILIA KABAT** RELATIONSHIP **WIFE** MARRIAGE ADDRESS (STREET AND NUMBER) **2500 N. AVERS AVENUE CHICAGO, ILLINOIS 60647**

18. PART I. Enter the date and place of death. Do not enter the mode of dying, such as cardiac or respiratory, or any other cause of death. (Type or print.)

DATE OF DEATH **JULY 2, 1992** PLACE OF DEATH **Home** TIME OF DEATH **10:11 P.M.** MONTH DAY YEAR

19. PART II. Enter the date and place of death. Do not enter the mode of dying, such as cardiac or respiratory, or any other cause of death. (Type or print.)

DATE OF DEATH **JULY 2, 1992** PLACE OF DEATH **Home** TIME OF DEATH **10:11 P.M.** MONTH DAY YEAR

20. Enter the date and place of death. Do not enter the mode of dying, such as cardiac or respiratory, or any other cause of death. (Type or print.)

DATE OF DEATH **JULY 2, 1992** PLACE OF DEATH **Home** TIME OF DEATH **10:11 P.M.** MONTH DAY YEAR

21. Enter the date and place of death. Do not enter the mode of dying, such as cardiac or respiratory, or any other cause of death. (Type or print.)

DATE OF DEATH **JULY 2, 1992** PLACE OF DEATH **Home** TIME OF DEATH **10:11 P.M.** MONTH DAY YEAR

22. Enter the date and place of death. Do not enter the mode of dying, such as cardiac or respiratory, or any other cause of death. (Type or print.)

DATE OF DEATH **JULY 2, 1992** PLACE OF DEATH **Home** TIME OF DEATH **10:11 P.M.** MONTH DAY YEAR

23. Enter the date and place of death. Do not enter the mode of dying, such as cardiac or respiratory, or any other cause of death. (Type or print.)

DATE OF DEATH **JULY 2, 1992** PLACE OF DEATH **Home** TIME OF DEATH **10:11 P.M.** MONTH DAY YEAR

24. Enter the date and place of death. Do not enter the mode of dying, such as cardiac or respiratory, or any other cause of death. (Type or print.)

DATE OF DEATH **JULY 2, 1992** PLACE OF DEATH **Home** TIME OF DEATH **10:11 P.M.** MONTH DAY YEAR

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Jul 06 1992
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I, VIRGINIA L. PARKER, M.P.A. ACTING LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

DEPARTMENT OF HEALTH CITY OF CHICAGO

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