



Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF Cook

ss.

Order No. _____

Stanley Mika _____ being duly sworn

states that he resides at 3621 S. Ridgeland Avenue in the City of Berwyn

That he was acquainted with Walter Mika _____

deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

The South 30 feet of the West half of that part of Lot 9 lying West of the East 33 feet of said lot in the Subdivision of the South West quarter of the North West quarter of the South West quarter of Section 32, Township 39 North, Range 13 East of the Third Principal Meridian in Cook County, Illinois.

Commonly Known As: 3621 So. Ridgeland Ave., Berwyn, IL, 60402
FIN: 16-32-308-048

DEPT-01 RECORDING \$23.50
T#1111 TRAN 1882 12/08/92 12:43:00
#4086 : A * -92-919427
COOK COUNTY RECORDER

That the deceased died February 17, 1992, 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 _____ dollars.

Affiant makes this affidavit for that purpose of inducing the _____ Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

Stanley E. Mika
this _____ day of _____, A.D. 1992

Stanley E. Mika
(affiant's signature)

Notary Public
FREDERICK C. NIEMI
NOTARY PUBLIC STATE OF ILLINOIS
MY COMMISSION EXP. SEPT. 19, 1993

3621 S. RIDGELAND
BERWYN 60402
FORM 3703

23.50

UNOFFICIAL COPY

92919427

Property of Cook County Clerk's Office

RECEIVED
JAN 10 1994
CLERK OF COURT
COURT HOUSE
JAN 10 1994

UNOFFICIAL COPY

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: FEB 18 1992 SIGNED: Robert A. Richman

AT: BERWYN, ILLINOIS OFFICIAL TITLE: DEPUTY REGISTRAR

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.

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DECEASED'S BIRTH NO. REGISTRATION DISTRICT NO. 11 21 REGISTERED NUMBER 1522 STATE FILE NUMBER 92919127 STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

DECEASED: NAME: WALTER MIRA, FIRST MIDDLE LAST, SEX: Male, DATE OF BIRTH: 3 February 17, 1992, AGE AT LAST BIRTHDAY: 73, MONTH DAY YEAR, DATE OF DEATH: August 6, 1918, MONTH DAY YEAR, COUNTY OF DEATH: Cook, CITY/TOWN/TWP./OR ROAD/DISTRICT NUMBER: 11a. Electrician, HOSPITAL OR OTHER INSTITUTION: MacNeil Hospital, NAME OF HOSPITAL: MacNeil Hospital, CITY/TOWN/TWP./OR ROAD/DISTRICT NO.: 30, BERYN, ILLINOIS, OF HISPANIC ORIGIN? YES, INSIDE CITY? YES, COUNTY: Cook

DECEASED: BIRTH PLACE (CITY AND STATE OR FEDERAL TERRITORY): Chicago, Ill., MARRIED, NEVER MARRIED, DIVORCED, (SPECIFY): Never Married, SOCIAL SECURITY NUMBER: 321-05-4444, USUAL OCCUPATION: 11a. Electrician, HUSBAND, WIFE, OR SPOUSE (MARRIAGE DATE, IF WIFE): NONE, NAME OF SPOUSE: NONE, EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): 12, COUNTY: Cook

DECEASED: RESIDENCE (STREET AND NUMBER): 3621 S. Ridgeland, CITY/TOWN/TWP./OR ROAD/DISTRICT NO.: Beryn, STATE: Illinois, ZIP CODE: 60459, RACE (WHITE, BLACK, AMERICAN INDIAN, ASIAN, HAWAIIAN, OTHER): White, OF HISPANIC ORIGIN? YES, SPECIFY: Cuban, MEXICAN, PUERTO RICAN, (NO) 14b. SEX: Male, SPECIFY: Male, 14c. YES, 14d. Cook

PARENTS: FATHER: NAME: John, MIDDLE: MIKA, LAST: TILLIE, MARRIAGE ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE ZIP): 173621 S. Ridgeland, Beryn, IL. 60459, MOTHER: NAME: MIKA, MIDDLE: TILLIE, LAST: BUBULKA

17a. STANLEY E. MIKA, RELATIONSHIP: Brother, MARRIAGE ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE ZIP): 173621 S. Ridgeland, Beryn, IL. 60459, 18. PART I: Congestive Heart Failure, 1 day

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE OF DEATH: Congestive Heart Failure, 1 day, STATE THE NUMBER, IN THIS CASE LAST, (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)

CAUSE: CONGESTIVE HEART FAILURE, 1 DAY, DATE OF OPERATION: 2. 3 92, MAJOR FINDINGS OF OPERATION: CONGESTIVE HEART FAILURE, DATE OF OPERATION, IF ANY: 2. 3 92, HOURS OF DEATH: 6:20 a. M., DATE SIGNED: 2. 17 92, ILLINOIS LICENSE NUMBER: 036044121

21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 21b. WAS CORNER OR MEDICAL EXAMINER HONORED? YES, 21c. HOUR OF DEATH: 6:20 a. M., 21d. DATE SIGNED: 2. 17 92, 21e. ILLINOIS LICENSE NUMBER: 036044121

22a. SIGNATURE: [Signature], (TYPE OR PRINT) NAME AND ADDRESS OF CERTIFIER: T. S. Johnson, 6901 W. Cicero Ave., Chicago, Ill., (TYPE OR PRINT) NAME OF ATTENDING PHYSICIAN OR OTHER THAN CERTIFIER: [Signature], (TYPE OR PRINT)

23. FUNERAL CREATION: RESURRECTION, 24a. NAME: Resurrection, 24b. STREET AND NUMBER OR R.F.D.: JUSTICE, 24c. CITY/TOWN: Illinois, 24d. STATE: Illinois, 24e. DATE: Feb. 20, 1992, 24f. CITY OR TOWN: Illinois, 24g. STATE: Illinois, 24h. ZIP: 60632

25a. ZARZYCKI MANOR CHAPELS, 5088 S. Archer Ave., Chicago, Illinois, 60632, FUNERAL DIRECTOR'S SIGNATURE: [Signature], 25b. NAME: Charmaine Zarzycki, 25c. STREET AND NUMBER OR R.F.D.: 034-010968, 25d. CITY OR TOWN: Chicago, 25e. STATE: Illinois, 25f. ZIP: 60632, 26a. LOCAL REGISTRY SIGNATURE: [Signature], 26b. NAME: Thomas H. Phanghinsky, Deq. of Health, 26c. STREET AND NUMBER OR R.F.D.: 280, 26d. CITY OR TOWN: Chicago, 26e. STATE: Illinois, 26f. ZIP: 60632, DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): FEB 18 1992

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