

UNOFFICIAL COPY

Affidavit by Surviving Joint Tenant

L. R.9.04.9.....

Doc. No.1.368045.....

Certificate No.586788.....

State of Illinois
County of Cook 38

92265564 11-19-1986 10:45 AM 5-22-92 101-3609
5-22-92-365564
RECEIVED - 10-12-86 10:45 AM 5-22-92 101-3609

..... Marcella M. Svec being first

duly sworn, upon oath deposes and says:

That she resides at 2126 S. Home Avenue.....in the City of.....Berwyn.....
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.586788.... situated in said Cook County, Illinois,
described as follows:

92265564

Lot Two Hundred Eighty-Four (284) in Berwyn Gardens
a Subdivision of the South 1271.3 feet of the South-
west Quarter (1/4) of Section 19, Town 39 North,
Range 13, East of the Third Principal Meridian,
in Cook County, Illinois.

P/A 2126 South Home Avenue, Berwyn, IL 60402 PIN: 16-19-327-021-0000

Affiant states that..... James F. Svecone of the said owners in joint
tenancy, died intestate, in the city of.....BERWYN.....in the State of.....ILLINOIS.....
as is confirmed by a Certificate of the health department of said municipality hereto attached.

Affiant states that the remaining joint tenant... has not changed.....AGE.....marital status since
the issuance of Certificate of Title Number.....586788.....(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.

..... Marcella M. Svec

Subscribed and sworn to before me

this 22 day of May 1986

NOTARY PUBLIC

RECEIVED
JULY 1 1986
CLERK OF COOK COUNTY

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UNOFFICIAL COPY

State of

STATE OF ILLINOIS

REGISTRATION
NUMBER
16-21
466
DISTRICT NO.

MEDICAL CERTIFICATE OF DEATH

DECEASED NUMBER		FIRST NAME	MIDDLE NAME	LAST NAME	SEX	DATE OF DEATH	Last Name, Day, Year
From or Prior to PERMANENT INK See Funeral Director Household or Physician Instructions INSTRUCTIONS		James	F.	Svec	2 MALE	JUNE 11, 1986	
						DATE OF BIRTH, MONTH, DAY	YEAR
7. STATE OR PLACE OF RESIDENCE (Specify)	8. SOCIAL SECURITY NUMBER	9. USUAL OCCUPATION	10. MARRIED	11. KIND OF BUSINESS OR INDUSTRY	12. MASSAGE, CLOTHING, HABITAT, ETC.	13. RELATIONSHIP	14. NAME OF SURNAMES, SPOUSE AND CHILDREN
White Czech	68	Cemetery Director Ret.	Married	Funeral Director		Wife	Marcella M. Sebek
15. HOME, NAME OR HOME DISTRICT NUMBER		16. CITY, TOWN, VILLAGE, etc., OF HOME	17. ZIP CODE	18. POSTAL DISTRICT NO.	19. COUNTY	20. POSTAL AREA NUMBER	21. NAME OF SURVIVING SPOUSE, WIDOWED NAME, IF WIFE
2125 South Home Avenue		Berwyn	60442	108	Burke	0442	Marcella M. Sebek
PARENTS		James J. Svec					
1. INFORMANT NAME, TYPE OF RELATION MARCELLA M. SVEC		2. DEATH WAS CAUSED BY Acute Myeloid Leukemia	3. CAUSES OF DEATH				
			One or more causes of death may be given. MARCELLA M. SVEC Acute Myeloid Leukemia				
4. DATE & SIGNIFICANT CONDITIONS PRE-DEATH		5. DATE OF OPERATION, IF ANY					
Conditions: In any condition, such as disease, accident, injury, mental disorder, including drug or alcohol abuse		If any operation was done, give date and name of surgeon. June 5, 1986					
6. PLACE WHERE ATTENDED OR RECEIVED CARE		7. PLACE OF DEATH, DATE AND PLACE DUE TO THE CAUSE OF DEATH					
Woodlawn		June 11, 1986 Forest Park, Illinois					
8. NAME AND ADDRESS OF CERTIFIER Dr. G. J. Svec, Vet. Adm. Hospital, Hines, Illinois		9. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)					
10. DISPOSITION Dr. G. J. Svec, Vet. Adm. Hospital, Hines, Illinois		11. DISPOSITION Dr. G. J. Svec, Vet. Adm. Hospital, Hines, Illinois					
<i>THIS CERTIFY THAT the foregoing is a true and correct copy of the death record for the deceased named in item 3 and that this record was established and filed in my office to accordance with the provisions of the Illinois Statutes relating to the registration of births, stillbirths and deaths.</i>							

ILLINOIS DEPARTMENT OF PUBLIC HEALTH - Bureau of Vital Statistics

This original record of the death is forwarded to the Illinois Department of Public Health. This summary record will be forwarded to the Illinois Department of Public Health. This summary record will be forwarded to the Illinois Department of Public Health. This summary record will be forwarded to the Illinois Department of Public Health. This summary record will be forwarded to the Illinois Department of Public Health.

At
Berwyn
June 12, 1986
Signed
B. J. Svec

ILLINOIS CERTIFY THAT the foregoing is a true and correct copy of the death record for the deceased named in item 3 and that this record was established and filed in my office to accordance with the provisions of the Illinois Statutes relating to the registration of births, stillbirths and deaths.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH - Bureau of Vital Statistics
VR 200 REV. 5/82
IL 1986 U.S. STANDARD CERTIFICATE
Bureau of Vital Statistics
Berwyn, IL 60402-0006
Date issued: June 12, 1986
Place issued: Berwyn, IL
Signature: G. J. Svec
Name: Dr. G. J. Svec
Title: Vet. Adm. Hospital, Hines, IL