

UNOFFICIAL COPY



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

} ss.

Order No. _____

Leopold Belek

being duly sworn

states that he resides at 1907 South Maple in the City of Berwyn, Illinois

That he was acquainted with Anna M. Belek

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

Lot Four Hundred and Fifty-one (451) (except the South Three (3) feet thereof) in Berwyn Gardens, a Subdivision of the South $\frac{1}{4}$ 271.3 feet of the Southwest Quarter ($\frac{1}{4}$) of Section 19, Town 39 North, Range 13, East of the Third Principal Meridian.

16-19-317-003

DEPT-01 RECORDING \$23.50
T42222 TRAN 1402 06/07/93 0915&100
#1436 # *-93-425854
COOK COUNTY RECORDER

That the deceased died April 6, 1993, 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 \$300,000.00 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

93425854

Leopold Belek

this 17th day of May, A.D. 1993

North Star

Leo Belek

(affiant's signature)

OFFICIAL NOTARY PUBLIC
Notary Public, State of Illinois
My Commission Expires 1/15/94

MAIL TO

M. DIMITRI
6924 W. CERMAK
BERWYN IL 60402

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: APR 12 1993

SIGNED: Robert C. Rechner

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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REGISTRAR'S BIRTH NO.

REGISTRATION DISTRICT NO. 16.21
REGISTERED NUMBER 355

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH
STATE FILE 93425854

DECEASED NAME: Anna M. Belek
FIRST MIDDLE LAST

DATE OF BIRTH: 01-29-1908
SEX: Female
DATE OF DEATH: APR 11 06, 1993
MORNING DAY YEAR

COUNTY OF DEATH: Cook
CITY/TOWN/TWP./OR ROAD/DISTRICT NUMBER: Berwyn
HOSPITAL OR OTHER INSTITUTION: MacNeal Hospital
MARRIED, NEVER MARRIED, WIDOW, SURVIVING SPOUSE: MARRIED (MARRIED 8 YEARS)
MARRIED, DIVORCED (REASON):
SOCIAL SECURITY NUMBER: 320-22-3849
RESIDENCE (STREET AND NUMBER): 1907 S Maple Ave, Berwyn, Ill 60402
CITY/TOWN/TWP./OR ROAD/DISTRICT NO: Berwyn, Ill 60402

FATHER'S NAME: John Vokaty
MOTHER'S NAME: Janice M Rochelle
RELATIONSHIP: HUSBAND
MARRIED, NEVER MARRIED, WIDOW, SURVIVING SPOUSE: MARRIED (MARRIED 8 YEARS)
MARRIED, DIVORCED (REASON):
SOCIAL SECURITY NUMBER: 320-22-3849
RESIDENCE (STREET AND NUMBER): 1907 S Maple Ave, Berwyn, Ill 60402
CITY/TOWN/TWP./OR ROAD/DISTRICT NO: Berwyn, Ill 60402

17a. PART I: Cause of Death (Final disease or condition leading to death)
17b. PART II: Conditions (if any) which gave rise to immediate cause (a) stating the underlying cause (b) due to OR AS A CONSEQUENCE OF
17c. PART III: Conditions (if any) which gave rise to immediate cause (a) stating the underlying cause (b) due to OR AS A CONSEQUENCE OF
17d. PART IV: Conditions (if any) which gave rise to immediate cause (a) stating the underlying cause (b) due to OR AS A CONSEQUENCE OF

18. DATE OF OPERATOR, IF ANY: 04-05-93
19. NAME AND ADDRESS OF CERTIFIER: Raymond Tepitz, M.D., 3239 S. Grove, Berwyn, Ill 60402
20. NAME OF ATTENDING PHYSICIAN OR OTHER TRAINED CENTER: Forest Park, Illinois

21. FUNERAL CREMATION, REMOVAL (CITY/TOWN/STATE): Forest Park, Illinois
22. FUNERAL HOME: Woodlawn
23. FUNERAL DIRECTOR'S SIGNATURE: Wayne F. Hojman

24. LOCAL HEALTH DEPARTMENT: Wayne F. Hojman

25. LOCAL HEALTH DEPARTMENT: Wayne F. Hojman

26. LOCAL HEALTH DEPARTMENT: Wayne F. Hojman

27. LOCAL HEALTH DEPARTMENT: Wayne F. Hojman